

Supportive Care in Cancer

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Main Topic

- Euthanasia and Supportive Care
- Supportive Care in Eastern European Countries
- Abstracts of the 14th MASCC International Symposium Boston, USA



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CHARACTERISTICS OF DEATHS IN RADIATION ONCOLOGY INDOOR UNIT

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The aim of the present study was to analyze the characteristics of all the patients who died in the indoor unit of Radiation Oncology department of our hospital between January 1991 and December 1995. A total of 40 case records were analyzed retrospectively. There were 24 males and 16 females patients. The age of these patients ranged from 2-70 years (median 39.5 years). Common underlying malignancies encountered were as follows: head & neck cancer 10; lymphoma 8; breast cancer 5, and cervical carcinoma 4. Twenty six (65%) patients had recurrent/progressive disease at the time of admission. The common symptoms were pain (45%), fever (38%), bleeding (23%) and dysphagia (20%). Parenteral nutrition and antibiotic therapy were prescribed to 36 patients and 25 patients respectively. Twelve patients received opioid analgesics. The average duration of the indoor stay before death was 8 days (range 1-51 days, median 3 days). Three patients died on the same day of admission. The common antecedent causes of death were progressive disease (18 patients), septicemic shock (6 patients), renal failure (5 patients) and treatment related toxicity (5 patients). No patient attempted to or requested for suicide. Nineteen (48%) deaths occurred in the third quarter of the day (18.00 hrs-24.00 hrs). There was no difference in the distribution of deaths occurring according to days of week however there was slight preponderance in the number of deaths (20/40 deaths) occurring during the months of summer (April to July). Survival period calculated from date of first visit in hospital (date of registration) to date of death ranged from 2-54 months (median 4 months). To conclude, in developing countries, radiation oncology is the major oncology specialty catering to the needs of terminally ill patients. Profile of cancer deaths in radiation oncology indoor units should be regularly evaluated in order to improve the quality of care to the dying patients. Simultaneously, the palliative care, hospice and home care services should be promoted.

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WORK STRESS AND COPING STRATEGIES IN HEALTH STAFF CARING FOR PATIENTS WITH CANCER*

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Aim: Caring for patients with cancer may lead to stress, lack of work satisfaction, psycho-physiological disorders, unwillingness to work, or resignation among health staff. The aim of this study was to determine the stress experienced by physicians and nurses and coping strategies they use.

Methods: Data were collected by interviews with health staff (52 physicians; 57 nurses) working at five oncology hospitals in Ankara between January and June 2001. The participants filled in a questionnaire composed of 21 questions on socio-demographic features, certain characteristics of working places and work stress. Work Stress Scale and Coping Strategies Scale were used.

Results: Work stress scores of physicians were found to be comparable (30.53 and 31.00 respectively). Both physicians and nurses were observed to use more frequently the coping strategy based on problem (the scores of physicians and nurses from self confident approach were 1.89 and 1.92 and from optimistic approach were 1.72 and 1.69 respectively) but the score they obtained from this coping strategy was not very high. They were least frequently found to use submissive approach, one of the coping strategies based on feelings (1.03 and 0.85 respectively).

Work stress scores of both physicians and nurses were found to be related to marital status, experience, lack of appreciation by their seniors, unjust promotion, imbalance between authority and responsibilities, frustration at work, conflicts with their colleagues, lack of authority in decision making, responsibilities dictated by work, and intensity of the responsibilities.

Conclusion: Health institutions place more emphasis on programs attempting to decrease work stress and to increase work satisfaction and motivation in health staff. In this study, we found that health staff showed the physical and psychological signs of work stress. The obtained results are of importance in that they reflect the general status of health staff that are responsible for looking after patients with cancer.

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EFFECTS OF SODIUM LOADING HYDRATION ON THE PLASMA CONCENTRATION IN CHILDREN WITH ACUTE LYMPHOBLASTIC LEUKEMIA TREATED WITH HIGH-DOSE METHOTREXATE THERAPY

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PURPOSE: Delayed methotrexate (MTX) elimination remains a significant problem of high-dose methotrexate (HD-MTX) therapy. We conducted a controlled trial using two hydration regimens containing different sodium doses in the intravenous fluid to test whether a higher sodium dose may facilitate faster MTX elimination as compared with a lower sodium dose.

PATIENTS AND METHODS: MTX pharmacokinetics was studied in 30 children with acute lymphoblastic leukemia who received HD-MTX as a consolidation therapy on the L95-14 protocol of the Tokyo Children's Cancer Study Group (TCCSG). Intravenous fluids with alternate doses of sodium (regimen A, 70 mEq/L; regimen B, 100 mEq/L) were given to each patient in two courses of HD-MTX therapy in a randomized cross-over fashion. The plasma MTX concentration measured by fluorescence polarization immunoassay every 24 hours from the beginning of MTX administration were compared between the two hydration regimens. The toxicities associated with HD-MTX treatment were also compared.

RESULTS: The median plasma MTX concentration was similar in the two hydration regimens at 24 hours (A, 50.9 (7.4 SE) vs B, 40.9 (5.4 SE) μM , $P = .17$), but was significantly lower in regimen B at 48 and 72 hours (A, 0.65 (0.17 SE) vs B, 0.27 (0.03 SE) μM , $P = .04$; and A, 0.14 (0.03 SE) vs B, 0.05 (0.01 SE) μM , $P = .003$). Four children had the plasma concentration of $> 1 \mu\text{M}$ at 48 hours on regimen A, but none had that of $> 1 \mu\text{M}$ at 48 hours on regimen B. The incidence of toxic events was similar between the two regimens ($P = .$).

CONCLUSION: Hydration with a higher sodium dose facilitated faster drug elimination following HD-MTX therapy. Sodium loading hydration may be useful to prevent delayed MTX elimination on HD-MTX therapy.

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TOPICAL TREATMENT WITH THETA, A NEW DERMATOLOGICAL CREAM, TO PREVENT CUTANEOUS TOXICITY FROM BREAST CANCER ADJUVANT RADIOTHERAPY.

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Despite technical progresses, local adjuvant radiotherapy for breast cancer may have cutaneous side effects interfering with quality of life for many patients. Theta is a cosmetic cream with cytoprotective and anti-oxidizing properties *in vitro*. We report the results of a preliminary clinical evaluation of Theta cream for prevention of skin toxicity related to local radiotherapy after conservative surgery for localized breast cancer. Theta cream was used by local application 2x daily, beginning 1 week before radiotherapy, to 2 weeks after radiotherapy completion. Objective evaluation included the grading (according to RTOG criteria) of erythema, pruritus, desquamation and local pain; this was performed by the physician before, during (week 3, 4, 5) and 2 weeks after radiotherapy completion. The need for analgesic or anti-inflammatory drugs was recorded. An overall subjective scoring (0 to 5; 0=very bad, 5=excellent) of the efficacy of Theta cream was also asked both to the patient and the physician.

Results: 55 patients from 3 French Oncology Centers were included; all gave informed consent, age was 34 to 79 years (median 57), radiotherapy procedure was identical for all patients (external beam radiotherapy (linear accelerator), dose: 45 Gy to the breast, 4 sessions per week for 5 weeks).

Tolerance of Theta cream was excellent, there were no side effects related to its use. The table summarizes the severe (grade 3 or 4) skin toxicities as reported:

Number of patients with	erythema	pruritus	desquamation	pain
week 5	9	1	4	0
2 weeks after RT	3	0	0	0

Global subjective evaluation was quoted as excellent by all but 2 of the patients themselves, and for all but 3 patients by the physicians.

Conclusion: this study confirms the good tolerance of Theta cream. Skin toxicity of the radiotherapy as reported here seems to compare favorably with usual observations during adjuvant breast cancer radiotherapy. A phase III double blind study against placebo (excipient of Theta cream) is planned to confirm these preliminary data.