

**136/ A PROSPECTIVE RANDOMIZED STUDY ON THE IMPACT OF PSYCHOONCOLOGICAL INTERVENTION IN CANCER PATIENTS INCLUDING QUALITY OF LIFE AND PSYCHO-ENDOCRINO-IMMUNOLOGICAL PARAMETERS**

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The objective of this study was to evaluate psychooncological support for inpatients with colorectal cancer undergoing surgery. The design was a randomized controlled trial with repeated measurements. Patients in the experimental group received individualized psychotherapeutic support during the stay; those in the control group were provided with a daily program of classical music. All patients were assessed 1 day before surgery and 10 days and 3 months after surgery using the EORTC-QLQ-C30 for Quality of Life, and the STAI-X1 for State Anxiety (SA). Measurements of the cortisol level (IMMULITE), activity of Natural Killer (NK) cells (LDH) and counts of NK and T cells (FACS) were made. Of 203 patients screened for the study, 106 met the inclusion criteria, 53 in each group. Results indicated that the groups were comparable at baseline on socio-demographic and clinical characteristics, SA and all scales of the QLQ. At baseline, there were significant correlations between SA and Global Health Status (QL) ( $r=0.41$ ) as well as with five other scales of the QLQ. Preliminary results using 57 of 106 patients showed significant correlations between counts of NK cells and SA ( $r=-0.30$ ) and QL ( $r=0.44$ ) at baseline. General Linear Models showed, that the number of treatment sessions in combination with the group allocation had significant effects on Emotional Functioning (EF), Cognitive Functioning, Fatigue and Pain. For example, EF demonstrated a significant within subject effect over 3 months ( $F(df=2)=6.23$ ) with significant between subject effects for the type of group (exp./control) ( $F(df=1)=4.71$ ) and the number of treatment sessions ( $F(df=1)=4.43$ ). The number of treatment sessions were dependent on postoperative length of stay, suggesting that the amount of intervention may be important in determining patient outcomes. The study was sponsored by German Cancer Help.

**137/ QUALITY OF LIFE IMPACT ON SATISFACTION WITH CARE IN CANCER INPATIENTS**

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There is an increasing interest to incorporate patient views into a comprehensive assessment of quality of care. The aims were to investigate satisfaction with care and its possible relationships to quality of life (QoL) at admission and QoL changes after discharge among cancer inpatients. Three hundred and fifty-one patients completed three QoL questionnaires (SF-36, EuroQoL, EORTC QLQ-C30) at admission and received the Patient Judgments of Hospital Quality (PJHQ) questionnaire and the same QoL questionnaires fifteen days after discharge. Construct validity of PJHQ French version was checked. Multiple linear regression was used to determine relationships between QoL levels of satisfaction with care ratings. Responses were obtained from 75.5 % of patients. Overall scores of 265 respondents on the PJHQ questionnaire (0-100 scale) were high (means ranging from  $72.5 \pm 16.1$  for "Hospital environment and ancillary staff" to  $87.7 \pm 15.2$  for "Recommendations and Intentions"). High levels of internal consistency, items convergent and discriminant validity were achieved except for the two-items dimensions "Recommendations and Intentions" and "Overall quality of care and services". We identified several QoL determinants of highest postdischarges patients ratings of satisfaction with care: decrease of physical functioning, low initial pain ratings, high initial social functioning and fatigue levels. Satisfaction with care is correlated to QoL level at admission and QoL changes fifteen days after discharge. Adjustment for QoL is essential to evaluate satisfaction with care. QoL measurement is of high interest in interpreting results of satisfaction questionnaires. Work supported by a PHRC 1996 grant.

**138/ IMPACT OF COPING, FUNCTIONALITY, AND SYMPTOMS ON THE QUALITY OF LIFE OF HAEMATOLOGICAL CANCER PATIENTS**

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The aims of the present study is to identify the contribution of coping variables, health status variables, and demographic variables, to the prediction of Quality of Life of haematological Cancer Patients. The sample includes 122 haematological cancer patients (52.5 % females), aged between 18 and 74 years ( $M=45.95$ ); 63.9% are married; school level  $M=9.7$  years. We use the EORTC QLQ-C30 (v.3), a 30-item scale that includes five functional scales, three symptom scales, six single symptom items, and a global health status/QOL scale. We use also one coping scale based on the Mental Adjustment to Cancer Scale with four dimensions: Fighting Spirit; Helpless/Hopeless, Anxious Preoccupation, Fatalism. A standard multiple regression analysis was performed between the QOL scale as the dependent variable (DV), and the four scales of coping, and the 14 dimensions of QLQ-C30, as independent variables (IV). Analysis was performed using SPSS regression (Stepwise procedure). The IVs, Fatigue ( $p=.0001$ ), Dyspnoea ( $p=.0001$ ), Fatalism ( $p=.01$ ), Financial Difficulties ( $p=.02$ ), and Pain ( $p=.07$ ), stay in the equation, and contributed significantly to the prediction of QOL. All the other variables were excluded from the equation. The four IVs in combination predicted 50.88% (48.27% adjusted) of the variability of QOL. Results suggest that for this group of patients, the specific cancer items (or the symptom items) more the fatalistic scale of the coping scale (accepts the diagnosis, does not seek further information, adopts a fatalistic attitude) where the best predictors of QOL.

**139/ AN EMPIRICAL META-ANALYSIS OF FIVE DIFFERENT STUDIES EXPLORING QUALITY OF LIFE AFTER PROSTATE CANCER**

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Recently the debate on the impact of different treatment modalities for patients with prostate cancer on different aspects of quality of life has increased among urologists. One of the mayor issues of this discussion in Germany is which instrument to use to cover not just general quality of life aspects but as well prostate specific symptoms. Between 1996 and 2000 5 different groups (Ester, M., Klän, R., Galalae, R., Biermann, C., Kurek, R.) conducted retrospective studies using the EORTC QLQ-C30 and the disease specific module on prostate cancer developed by Biermann and Kuchler (1996). We performed an empirical meta-analysis on those five studies with a total N of 1185, of which 947 had complete quality of life data. First steps of analysis indicate the overall good psychometric properties of the module which divides into the following nine factors: "urination," "continence," "erection," "sexuality," "relationship," "psychic strain," "pain," "heat," and "diet" in which Cronbach's alpha ranks from 0.70 to 0.86 except for "urination" ( $\alpha = 0.61$ ) and "diet" ( $\alpha = 0.57$ ). Since these retrospective data cover up to 10 years after cancer treatment (for very few patients even more:  $N=23$ , max. 14.38 years), we are able to present results that show the development of various (especially prostate specific-) quality of life aspects within this comparatively large timeframe. In short, "physical functioning" and "role functioning" tend to decline over the years while "global health" remains relatively stable on a moderate level between 60 and 70. We found that erectile dysfunctions (av. mean on symptom scale > 90) and a related decrease in sexual pleasure and activity (av. mean on symptom scale > 80) are main problems after treatment, which seem to stagnate. Furthermore, QLQ-C30 and prostate module both indicate a slow and steady rise of "pain" beginning two years after treatment.