

Conclusions: The majority of patients with anal carcinoma can be treated with curative intent using a sphincter-sparing approach of radiochemotherapy even with advanced disease. Challenges to be met in the future include the prevention of metastases and tumour recurrences.

doi:10.1016/j.ejcsup.2008.06.043

CETUXIMAB INDUCED CUTANEOUS RASH: DOES IT AFFECT PSYCHOLOGICAL WELL-BEING IN COLORECTAL CANCER PATIENTS?

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Introduction: Colorectal cancer (CCR) is one of the most common invasive cancer in western countries with 20% of patients being initially diagnosed with locally advanced or metastatic disease. In the last decade, remarkable progress have been made in the treatment of metastatic CCR, owing to the introduction of drugs targeting epidermal growth factor receptors (EGFR) like cetuximab. Cetuximab is characterised by a peculiar skin toxicity including maculo-papular rash, that, when serious, could led patients to interrupt therapy, since it brings pruritus and deteriorates one's own physical appearance. There is a paucity of studies on psychological impact of cutaneous disfiguring conditions on cancer patients, thus it is not known how much skin rash can affect patients' psychological well-being.

Methods: Patients affected by advanced CRC and treated with cetuximab based-therapy entered the trial, if: (1) aged 18-75; (2)

with ECOG: 0-2; and (3) have received a minimum of four cycles of cetuximab. The following questionnaires were used: The functional assessment of cancer therapy-colorectal (Fact-C) for quality of life (QoL), and psychological distress inventory (PDI). It was added a single question about social avoidance 'I avoid going out or seeing persons because of my skin toxicity', on a five-point likert scale.

Results: Seventy-nine advanced CRC patients were recruited, aged 33-74 years old (M = 59); 57% men, 43% women, with the following skin toxicity (NCI-2): no rash: 9%; G1: 45%; G2: 28%; G3: 15%; and G4: none (missing 3%). Thirty-two percent of patients shows psychological distress. To what concerns social avoidance, 22% of patients answered that they did avoid 'very much' going out. The remaining patients did not avoid going out or only 'in a certain way'. Social avoidance was not found to correlate to skin rash, but only to QoL. The correlation between cutaneous rash and psychological distress was not found also when controlling for patient's gender. A significant correlation was found between patient's psychological distress and overall quality of life (Pearson correlation coefficient = -0.67; $p < 0.0001$).

Discussion: In this sample, cutaneous rash does not negatively impact psychological distress. Two explanations were found: firstly, patients with a longer experience in cancer consider skin rash as part of the physical and psychological sufferance for cancer. Secondly, patients are encouraged by oncologists to carry on with treatment, because of a possible correlation between skin rash and illness' response. This expectation helps patients to find a meaning in bearing side effects: personal meaning is related to lower psychological distress because of the heightened sense of control on a specific event.

doi:10.1016/j.ejcsup.2008.06.044
