Conclusions: We could observe a tendency of fewer SREs in TG compared to CG. More patients will be needed to get statistically significant differences according to treatment arms.

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Approach of pulmonologists to euthanasia
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Introduction: Euthanasia has taken its place again in discussion agenda after the legal arrangements permitting active euthanasia in the Netherlands and Belgium were made. Physicians’ views, especially of those working in the field of oncology, are very important in revealing the views on euthanasia. Our study was conducted to show the approach of the pulmonologists heavily working in the field of oncology in Turkey.

Materials and Methods: In our survey study, 110 physicians working in pulmonary medicine in Turkey were accessed, and the data were assessed by SPSS program.

Results: The mean age of the pulmonologists participating in our study was 32.90±7.01 years, and 40.8 % of these stated not being against euthanasia. Of the participants, 22.7 % stated encountering “wish for euthanasia”, and 46.7 % stated believing that euthanasia is being performed hiddenly though for bidden.

Conclusion: The views on euthanasia and patient rights of the physicians attending terminal-stage patients are very important. The participating physicians frequently encountering “wish for euthanasia” and their extensive beliefs about that euthanasia is being performed hiddenly shows this issue should absolutely be discussed in our country.

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The prevalence and risk factors of pneumonia after cytotoxic chemotherapy in advanced lung cancer patients
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Background: Previous studies have shown that antibacterial prophylaxis after cytotoxic chemotherapy reduces the incidence of febrile episode and infection. However the role of prophylactic antibacterial agents after chemotherapy remains controversial. The meaning of febrile episode and infection is vague as outcome variable after cytotoxic chemotherapy, but pneumonia in lung cancer after cytotoxic chemotherapy can bring life-threatening consequences on patients.

The purpose of this study is to demonstrate the prevalence and risk factors of pneumonia after cytotoxic chemotherapy in advanced lung cancer patients.

Methods: 229 patients took cytotoxic chemotherapy in Seoul National University Hospital for advanced lung cancer progressed during a year 2005, and 12 patients who took prophylactic antibiotics were excluded from this study. Therefore 217 patients were retrospectively analyzed. Those patients, who had not taken chemotherapy or radiation therapy previously with ECOG performance status 0-2, stage III or IV NSCLCa and SCLCa, were eligible for this study. Pneumonia after chemotherapy was defined as pneumonia which developed after first cycle of first line chemotherapy. Risk factors such as age, sex, ECOG performance status, pathological diagnosis, stage of disease, smoking, COPD (FEV1/FVC less than 70%), tumor position and pneumonia history were analyzed.

Results: The mean age was 61 years (range, 31-85). The number of male patients were 171 (79%), and ECOG 2 patients were 40 (18%). COPD patients constituted 18% (40 patients) out of all the patients. Pneumonia occurred in 10 patients (4%) out of 217 after cytotoxic chemotherapy, and the occurrence rate was significantly higher in COPD patients, compared to non-COPD patients (13% vs 3%, P=0.02), and also higher in patients with ECOG 2 compared to those with ECOG 0~1 (10% vs 3%, P=0.09). One patient out of ten with pneumonia died from sepsis, the other one could not received further cytotoxic chemotherapy.

Twelve patients had taken antibacterial prophylaxis after pneumonia before chemotherapy, and a pneumonia developed in one patient (8%) after chemotherapy. Four patients hadn’t taken antibacterial prophylaxis after outbreak of pneumonia, and the one among 4 of them (25%) had developed into pneumonia.

Conclusions: This study demonstrated that the patients with COPD, defined as FEV1/FVC less than 70% and the ones with poor performance significantly showed higher incidence of pneumonia. A prospective study is required to verify the risk factors that affect incidence of pneumonia after cytotoxic chemotherapy, and to clarify the effect of antibacterial prophylaxis on patients at high risk.

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Prevalence of malnutrition in lung cancer patients: a one-day survey
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Introduction: In 1980, Dewys WD et al. (Am J Med 1980;69:491-7) have demonstrated a high prevalence of malnutrition in cancer patients, including lung cancer. The aim of the present study was to re-evaluate, 25 years later, the prevalence of malnutrition in a non selected population of cancer patients and also the nutritional support to these patients.

Methods: A prospective one-day prevalence survey was carried out in 154 wards of private or public hospitals in 24 cities in France. Height, actual and usual body weight were systematically assessed in outpatients and inpatients who were present that day. Malnutrition was defined as a BMIs18.5 (for 18-74 aged patients) or BMIs21 (for patients of 75 years or more) and/or a loss of body weight ≥ 10% from the beginning of the disease.

Results: 2,068 patients (1,189 men and 879 women) aged 59.3 ± 13.6 years were evaluated and nutritional status was available in 1,903 patients: 247 patients had lung cancer (72% of inpatients and 28% of outpatients); 1821 patients had head and neck, leukemia/lymphoma, colon/rectum, stomach, oesophagus, pancreas, breast, ovary/uterus, prostate cancer. Lung cancer was local in 9% of patients, loco-regional in 25% and metastatic in 66%. Within lung cancer patients, 89% of