

## Maintenance Hormone Therapy as a good therapeutic option in metastatic breast cancer patient

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**Background:** The maintenance hormone therapy (MHT) after cytotoxic chemotherapy is widely used by many clinicians in metastatic breast cancer (MBC) patients with limited evidences. We evaluated the efficacy of MHT and identified those who had benefited the most from it. **Methods:** MBC patients who had been treated with MHT from 2006 to 2010 in a single institute were retrospectively reviewed. By definition of MHT, the patients should not have progressed during prior chemotherapy. Progression free survival (PFS) was a primary endpoint and predictive factors for PFS were analyzed. **Results:** 90 patients were reviewed with a median age of 53 (range, 33-70). The median PFS was 13.0 months (range, 1-66). Prolonged PFS was associated with less previous palliative chemotherapy (1 vs 2 vs >2, 16.6 vs 7.4 vs 6.0months, respectively ;  $p=0.006$ ) and less metastatic sites (1 or 2 vs >2, 15.7 vs. 5.5 ;  $p=0.03$ ) Multivariate analysis showed that only the number of previous palliative chemotherapy remained as significant variable. (HR 1.59, 95% CI 1.11-2.20;  $p=0.01$ ) Most patients have not experienced any serious side effects, and only three patients (3.3%) discontinued MHT due to arthralgia, general weakness, and depression. **Conclusion:** MHT demonstrated considerable efficacy and excellent tolerability in this study. It could be considered as a good therapeutic option in the MBC patients who have not progressed on the cytotoxic chemotherapy. **Key Words:** Breast cancer, Hormone therapy, maintenance therapy

## The effectiveness of inpatient self-reported pain assessment tool for improving cancer pain management

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Pain is common in cancer care and patients' self-report of pain is an essential first step in ideal cancer pain management. However, many studies have reported that pain is often managed inadequately because we tend to underestimate their cancer pain. The aim of this study was to evaluate the effectiveness of self-assessment of pain intensity for inpatients by means of a self-reported pain board. A self-reported pain board using self-moving indicators, which represents 0-10 numeric rating scales(NRS) and the frequency of breakthrough pain, was distributed on the bedside for 3 days. Thirty consecutive inpatients admitted in the Oncology Department of Chungbuk National University Hospital were included in this observational prospective study from February 2011 to June 2011. The self-reported pain board improved medical staff's attitudes that the reliability of patients' pain increased from 59.4% to 76.1%. Patients' reliability over medical staff's confidence of one's pain increased from 77% to 99%. The NRS gap between patient and matched medical staff decreased from 2.47 to 0.77 after applying the self-reported pain board. The dose of morphine(mg/day/patient) for continuous pain control increased from 71.8 to 92.7. As a result, the level of patients' satisfaction with pain management increased from 50% to 66.7%. Moreover, the work load of medical staff to assess the patients' pain decreased from 46.4 to 24.3. We suggest that the self-reported pain assessment tool is a reliable and effective instrument for inpatient cancer pain assessment.

