Session H: Palliative Care

H1 PAIN MONITORING AND TREATMENT IN HOSPITALISED PATIENTS WITH METASTATIC CANCER: A PILOT STUDY AT A HOSPITAL CANCER CENTRE

Giovanni Vassini, Antonino Musolino, Beatrice Pisaneli, Deborah Pezzuolo, Simona Bertolini and osanna Carpi, Donatella Sartori, Maria Paola Cellino, Roberta Camisa, Andrea Ardizoni

Department of Medical Oncology, University of Cagliari, Italy

Background: A phase II non randomized study has been designed to enroll 39 advanced cancer patients with symptoms of CACS/OS to evaluate the efficacy and tolerability of an innovative approach consisting of: diet with high polyphenols content (400 mg), oral pharmaco-nutritional support enriched with n-3 PUFA (EPA, DHA) 2 can/day, medroxyprogesterone acetate 500 mg/day, antioxidant treatment (alpha lipoic acid 300 mg/day + carboceysteine lysine salt 2.7 g/day + vitamin E 400 mg/day + vitamin A 30000 IU/day + vitamin C 500 mg/day), selective COX-2 inhibitor Celecoxib 200 mg/day.

Patients and Methods: 39 patients with advanced tumors at different sites (mainly head and neck and lung) have been enrolled. The treatment duration was 16 weeks. The following parameters have been evaluated: 1) clinical (objective clinical response and ECOG PS); 2) nutritional (Lean Body Mass, LBM, appetite and resting energy expenditure, REE); 3) laboratory (proinflammatory cytokines and leptin, reactive oxygen species (ROS) and antioxidant enzymes); 4) quality of life (EORTC QLQ-C30, EQ-5D and MSFI-SF).

Results: At March 2005 32 patients are evaluable at 4 months of treatment. LBM increased 0.9 kgs (+3.3%, N.S.) after 1 month, 1.1 kgs (+4.5%, P = 0.046) after 2 months and 1.8 kgs (+7.4%, P = 0.047) after 4 months. Appetite increased significantly after 1, 2 and 4 months of treatment. The REE studied in 3 patients decreased after 4 months of treatment. The serum levels of proinflammatory cytokines IL-6 and TNFalpha significantly decreased during treatment. ROS levels decreased significantly during treatment. As for QLQ evaluation, the EORTC QLQ-C30, EQ-5D and MSFI-SF scores significantly improved after 1, 2 and 4 months of treatment. The interim analysis on 32 patients currently evaluable shows 17 responses (13 ‘responders’ and 4 ‘high responders’).

Conclusions: According to the 2-stage Simon’s design criteria for Phase II studies the treatment is to be considered effective. Moreover, the treatment has demonstrated to be safe. The accrual has been completed. The study is in progress and the final evaluation is expected at the end of April 2005.

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H2 USE OF NT-proBNP AS A MARKER OF CARCINO-TOXICITY DURING ANTIBLASTIC CHEMOTHERAPY

E. Piazza, E. Schiavello, V. Gambi, C. Fasola, S. Piva, M.T. Cattaneo, V. Filippazzi, L. Dalla Vecchia, A. Gambaro, N. Tosca, G. Esani, S. Ferrario, L. Isabella, E. Damiani Oncology and Cardiology ‘L’Sacco’ hospital, Milan, Italy

Background: NT-proBNP is the inactive fragment of the Brain Natriuretic Peptide hormone, produced by human cardiomyocytes in a stage of congestive heart failure* Because many chemotherapy treatments have a high cardiotoxicity, we started a study to evaluate the changes in the plasmatic concentration of BNP in patients undergoing chemotherapy.

Method: In 65 patients (33 F. and 32 M.) between 18 and 80 years, in first line chemotherapy (41), or a subsequent one (24) we tested, before the therapy and after 3 months, the plasmatic concentration of BNP with an radioimmunoassay in electrophoresis. (ECLIA), 35 patients were treated with cardiotoxic proven drugs (anthracyclines,5FU, taxanes, trastuzumab) while the others with non proven cardiotoxic drugs (gemcitabine, cisplatin, vinorelbine). Exclusion criteria were: hypertension, diabetes mellitus and heart disease not adequate treated.

Results: We monitored the changes in the levels of BNP after 3 months in 63/65 patients involved because 2 early death. In 55 patients (84.6%) basal levels of BNP were normal while in 10 (15.4%) there were pathological levels. After 3 months 44 patients (69.8%) showed normal levels and 19 (30.2%) pathological ones. The 61% of patients that had an increased level of BNP were treated with cardiotoxic drugs (especially 5FU) and the 39% with unproven cardiotoxic drugs. Nobody had heart clinical manifestations.

Conclusions: We recorded an increase in the levels of BNP in 30.2% of the patients treated with cardiotoxic drugs, with unexpected 60% in schedules containing 5FU. We have not observed differences between patients VAS score in first or second line chemotherapy. We think that the effect detectable with BNP would be an early onset compared to the minimum dose drug still known necessary to cause cytotoxic damage. The advantage of using BNP is a simple and frequently monitoring of heart function to reduce the number of patients to risk cardio toxicity during chemotherapy. More data are available to confirm these suggestive results.


H3 A PHASE II STUDY WITH ANTIOXIDANTS, PHARMACO-NUTRITIONAL SUPPORT, HORMONETAGEN AND ANTICOX-2 SHOWING EFFICACY AND SAFETY IN PATIENTS WITH CANCER-RELATED ANOREXIA/CACHEXIA (CACS) AND OXIDATIVE STRESS (OS)

Giovanni Mantovani, Clelia Madeddu, Giulia Gramignano, Maria Rita Lusso, Elena Massa, Roberto Serpe, Laura Deiania, Marielle Desi, Alberto Stara, Antonio Maccio, Giorgio Astara

Department of Medical Oncology, University of Cagliari, Italy

Background: Despite the availability of effective methods of controlling pain, many patients continue to receive inadequate pain relief. An audit was carried out on a 1-year period to identify the prevalence, severity and management of cancer pain in the hospital in-patients referred to the Medical Oncology Unit of the University Hospital of Parma between April 2004 and March 2005.

Patients and Methods: A multidisciplinary team of physicians and nurses directly responsible for the patients provided prospective data by reporting both the diagnostic and therapeutic interventions performed and the degree of pain control achieved. Two daily pain assessment, which was based on patients report by a visual analogue scale (VAS), was performed during hospitalisation.

Results: Over the first 6 months, 426 admissions (200 patients) were recorded. Pain was registered in 171 of these (40%) corresponding to 61 patients (25 men and 36 women; median age 57 years, range 21–90 years). The median VAS score (10 = greater intensity) was 3.5 (range 1–10) and a VAS score of >5 was a feature of 171 cases (44%). A total of 150 therapeutic interventions were undertaken, including chemotherapy and/or radiotherapy, and analgesic medication was changed in 87 admissions (51%). No associations with pain level score >5, the quantitative evaluation showed a significant pain reduction between admission and discharge pain means—median pain reduction: 4.5 (P < 0.001).

Conclusions: This preliminary analysis shows that a highly-motivated hospital palliative care team facilitates pain diagnosis and monitoring, is effective at improving pain control, and contributes to the appropriate management of cancer patients hospitalised in medical oncology divisions. Final results according to study period will be presented at the meeting.

H4 THE NURSE SYMPTOMS ASSESSMENT CHART (SAC) ALLOWS A BETTER EVALUATION OF CANCER PATIENTS NEEDS IN THE CLINICAL PRACTICE

L. Fioscchetti, P. Bastianelli, R. Civilliotti, M. Rossi, F. Nelli, I. Spender1, L. Moscetti, C.F. Pollera

Department of Oncology, Ospedale Belcolle, ASL Viterbo, 1Biostatistics Unit, Regina Elena Cancer Center, Rome, Italy

Background: A nurse SAC may represents a valuable tool to better address the clinical problems of cancer patients and to evaluate the needs related to both symptoms and adverse events of treatments. Since 2003 in our department a dedicated SAC was adopted by nurses for hospitalized patients. This retrospective survey was conducted to evaluate the usefulness of SAC in combination with both medical records and QLQ-C30 questionnaires.

Material and Methods: Seven common symptoms (asthenia, dyspnea, sleep disturbance, appetite disturbance, nausea or vomiting, diarrhea and constipation) were evaluated by our SAC at the first hospitalization. The NCI-CTC was used to define the severity of symptoms. The results from SAC were integrated with patients’ and physician’s reports derived from QLQ-C30 selected items and visits records, respectively.

Results: The individual data from 100 patients were surveyed. Main characteristics were as follows: M/F 55/45; median age 65 years (range 39–81); with breast, lung and gastrointestinal cancer in 80% of cases; metastatic disease in 85%; reason for admission: 1st line treatment in 62%, diagnosis in 14%, palliative care in 6%. A full symptom description was reported in 95.5% vs 33.5% for SAC and medical records respectively. As compared with the patient opinion (QLQ-C30), the accuracy of SAC was > 80% for asthenia, constipation, diarrhea, nausea/vomiting and appetite disturbance, and >70% for dyspnea and sleep disturbance. The accuracy of medical records, however, was usually lower except for dyspnea, asthenia and constipation. Agreement on the presence of symptoms between QLQ-C30 and SAC was found to be moderate (κ correlation >0.40) for 5 of 7 symptoms evaluated.

Conclusions: The SAC has demonstrated to identify the patients’ symptoms and their severity showing a greater coherence with QLQ-C30 as compared to medical records. A closer integration between physician and nurse’s tools is needed to better address the patients needs.

H5 IMPLEMENTATION OF A COMMUNICATION NETWORK IN A HOME PALLIATIVE CARE SERVICE FOR TERMINAL CANCER PATIENTS

Laura Belli, Giancarlo Corbelli, Antonino Tesoriere, Fabio Romano, Mauro De Clementi, Rossana Lucera, Riccardo Fragomeni, Stefano Fragomeni, Giovanni Creton, Andrea Ardizzoni

Ryder Italia Onlus, Ryder Italia Onlus, Assistenza Domiciliare a Pazienti Oncologici Terminali, Roma, Italy

Background: Ryder Italia Onlus is a Rome-based, non-profit organization delivering free home care to terminal cancer patients 24 h a day, 7 days a week. Staff includes physicians, nurses,
The continuity of care is considered an index of the quality of care; it is an indicator of the satisfaction assessment is ongoing and no data are still available. The continuity of care against the symptoms of advanced or terminal disease, while satisfaction with the quality of life evaluated by the following three criteria:

2. Symptom management: Assessment of the management of symptoms such as pain, nausea, and fatigue.

Methods: To create a PCN in our department, we promote the creation of a multidisciplinary team (MT) with oncologists (2), palliativists (1), psychologists (1), and nurses (2) with the aim of favouring the continuity of care along all the phases of the disease. The MT gathers the competencies of the oncologic and palliative care units, and is co-ordinated by the responsible of the supportive and palliative care unit of the district. A personalised project is elaborated for every enrolled patient, assembling his medical, psychosocial and spiritual needs. Mean duration of home care was 30.1 days; the palliative consultation service), some critical areas are still open, as follows:

- Developing palliative care-educational initiatives to improve knowledge and skills for GPs
- Establishing continuous evaluation of the quality of palliative care services (structure, process and delivery)
- Building specific pathways of care for 'frail' patients (protected hospital-discharge, psychological support to the relatives, breaking bad news.)
- Managing the palliative care project are weekly updated by the MT. The activity of the MT is evaluated with the feedback of the oncologist that treated the patient before the admission, and the palliative care team members, so far mainly based on cellular phones, is being implemented. A touch-screen personal computer (PC) is placed at the patient’s home, so that symptoms and events can be communicated to Ryder Italia in real time; staff members are equipped with hand-held PCs. The system records the patient’s medical history, all significant laboratory and imaging data, past and current treatment, and all other relevant information. All changes in the patient’s status and symptoms and the consequent therapy adjustments, novel laboratory data and any additional instrumental findings (i.e. X-rays, ECG) are likewise recorded and made available to the palliative care team members. The patient’s caregiver uses the PC to report emergency conditions which are automatically transmitted to the physician on duty, who manages the situation and records the intervention details. The information submitted by the caregiver or by the staff members are also used by the coordinator to schedule the daily program of intervention of the various professionals. The effects of the new communication system both on the patient’s subjective state and on the quality of care are being analyzed.

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H6 THE CANCER PALLIATIVE CARE NETWORK (PCN): THE ONCOLOGICAL DEPARTMENT AND A MODEL TO FAVOUR THE CONTINUITY OF CARE IN THE DISTRICT OF RIMINI


1Supportive and Palliative Care Service; 2Hospice and Palliative Care Unit; 3Home Care Service; 4Oncologic Unit, Department of Oncology, City Hospital, Rimini, Italy

Introduction: Medical oncology and palliative care are often distant dimensions in the treatment of patients with cancer. A personalised project is elaborated for every enrolled patient, assembling his medical, psychosocial and spiritual needs. Mean duration of home care was 30.1 days; the palliative consultation service), some critical areas are still open, as follows:

- Enhancing a key-role of palliative home care specialist nurses.
- Building specific pathways of care for ‘frail’ patients (protected hospital-discharge, psychological support to the relatives, breaking bad news.)
- Establishing continuous evaluation of the quality of palliative care services (structure, process and delivery)
- Developing palliative care-educational initiatives to improve knowledge and skills for GPs
- Assuring a multidisciplinary approach and comprehensive care for ‘big’ elderly cancer people (136/354 patients = 38.4% are > 75 and < 84 years old, 56/354 = 15.8% are > 84 years).
- Enhancing a key-role of palliative home care specialist nurses.

H8 EXPERIMENTATION OF A ‘DISTANCE EDUCATION PROJECT’ IN THE ONCOLOGICAL FIELD FOR GENERAL PRACTITIONERS

Libero Ciuflifreda, Luca Mainz, Patrizia Piana, Mariola Gianinni, Davide Ottaviani, Guido Giustetto, Andrea Morra, Salvatore Di Gioia, Roberto Russo, Oscar Bertetto

1Medical Oncology – COIS ASO S. Giovanni Battista Torino; 2Department of Public Health of the University of Turin, Italy; 3General Practitioner

The General Practitioner (GP) does not only play an active role in the homecare of the cancer patient and in the interactions with his caregivers (specially relatives), but he must also be involved in the diagnosis, diagnostic-therapeutic pathway and in the design and realization of prevention projects. In order to promote the integration between Hospital and GP in the preventive-diagnostic-therapeutic pathway of this kind of path, the Oncological Network of Piemonte and Valle d’Aosta (O.N.) and the Department of Public Health of the University of Turin planned the ‘SOPHIA PROJECT’ for the Education at Distance (EAD) of the GP in cancer management. To focus on a formative approach appears essential because of the increasing of the neoplastic diseases, their transformation in chronic pathologies due to high survival and the consequent elevated resources absorption.

Objectives: To promote through an EAD program the cultural and clinical integration between GP and O.N. for the corrected management of the cancer patient.

Methods: We choose the EAD model for several reasons:

- The high number of GP interested (about 4000), the minor expenses compared with residential formation, the possibility to standardize the didactic modalities, the quality and the contents (the residential formation would need too many teachers with consequent problems of standardization), the temporal limits (the formation for the first GP participants would become obsolete before you finish the formation for all).

The project is started in March 2005 and is organized in three levels:

1. Consultation: putting at GP's disposal articles, Guidelines, specific experiences and useful documents on the cancer management

H9 DARBEPOETIN ß AND ORAL CHEMOTHERAPY IN METASTATISANAEMIC PATIENTS: QUALITY OF LIFE EVALUATION

T. Posca1, M. Cotiolo2, V. Pepe2, R. Zammuto3, S. Pollio1, M. Di Grazia1, L. De Luca3, N. Lambiase3, R. Aldisi2, S. Del Prete2

1Casa di Cura Maria Rosaria Pompei Oncologia e Ginecologia; 2A.S. Av1 Ariano Irpino div. di Oncologia; 3Osp. S. Rocco Sessa Aurunca D.H. Oncologico; 4Osp. S. Maria Misericordia Sorrento div. di Oncologia; 5As. Ospedaliera S. Sabastiano Caserta div. di Oncologia; 6Osp. Oliveto Citra ASL 2 Salerno div. di Oncologia; 7Osp. S. Giovanni di Dio Frattamaggiore div. di Oncologia, Campania, Italy

Since 2000, A.S.L. 3 Liguria has activated a Palliative Home Care Unit (PHCU) for advanced cancer patients by introducing a highly-integrated community-model with General Practitioners (GPs) and Hospital Units. During 2004, 354 cancer patients were referred by PHCU (153 F, 201 M, mean age 75.2 range 32–91 years) in a holistic approach and attention devoted to quality of life, multi-dimensional assessment, clinical, psychosocial and spiritual needs. Mean duration of home care was 30.1 days; the patients spent only 495 out of 12 271 (4.40%) days in hospital units during their care. Despite the high informational level achieved (75% of GPs have activated the PHCU and participated to weekly clinical audit, 6 urban hospitals have created a regular palliative consultation service), some critical areas are still open, as follows:

- Creating a culture of supportive care for health providers, especially in rural and remote communities.
- Moving beyond the traditional approach and encouraging coordination of care among different specialists.

94 patients (pts) from January 2004 to February 2005 with documented evidence of metastatic breast cancer and metastatic lung cancer were treated with oral Vinorelbine (60 mger weekly for 16 weeks) and Darbepoetin ß (Aranesp 150 mcrg s.c weekly for 24 weeks). The Vinorelbine induced the midolary toxicity. Objective of this study is the quality of life evaluated by the following three criteria:

1) The hemoglobin (HB) level during the treatment with Darbepoetin.
2) The pain level with the Visive Analoghical Scale (VAS).
3) The measure of KPS with the Eastern Cooperative Oncology Group (ECOGPS)

Number of pts 94 Mean age 65.3 (range 50–75) Male 56 pts Female 38 pts. Metastatic lung cancer 64 pts – Metastatic breast cancer 30 pts ECOGPS = 2: Life Expectancy > 6 months.

Previous chemotherapy: Documented evidence of the moderate anaemia: HB g/dl 8.00–10.00; did not receive blood transfusion or Darbepoetin. In all pts the state of the pain was 9–10 of the VAS. Actually 70 pts have been evaluated. Early diet 15 pts; in treatment 23 pts.
Medium value of the hemoglobin was: HB g/dl 10.2 (range 8.0–12.0). The treatment with Darbepoetin during 8 weeks an increase of the medium value of hemoglobin equal to HB 1.00 g/dl (range 0.8–1.5 g/dl). After 12 weeks the value was: HB 2 g/dl (range 1.5–2.5 g/dl). In 20 pts with moderate anaemia (mean value HB 8.5 g/dl) the treatment with Darbepoetin did not change in the first 4 weeks the level of HB, and subsequently, after 12 weeks, was an increase of the HB equal to 1.5 g/dl. The pain (according to VAS), reached in 40 pts the value of 6. The study shows that in the pts with HB > 8 g/dl, ECOG PS = 2 the treatment with Darbepoetin is effective and improved the quality of life.

H10 PERTUCANEOUS OSTEOPLASTY (PO) IN PAINFUL BONE METASTASIS NOT RESPONDING TO CONVENTIONAL TREATMENTS: A PERSPECTIVE STUDY
G.C. Anselmetti, C. Ortega, G. Grignani, R. Fagiuolo, F. Debernardi, M. Aglietta, D. Regge
Radiology Department, Medical Oncology, Anesthesiology Department. Institute for Cancer Research and Treatment, Candiolo, Turin, Italy

Introduction: Bone pain is the most common cause of cancer-related pain; 30–50% of patients (pts) with bone metastases (mts) treated with standard treatments (radiation therapy, anticancer medical therapy, surgical therapy, radiomohabical therapy, angesic medication) continue to experience significant pain and their quality of life (QoL) decreases because of associated side effects. Vertebroplasty is the injection of poly-methylmethacrylate (PMMA) bone cement into the osteolytic spine defect, under fluoroscopic or combined fluoroscopic and computed tomographic (CT) guidance. Although this procedure is performed for the treatment of painful benign and malignant lesions of the spine, clinical experience about the activity, feasibility and safety in treating painful bone lesions outside the spine (Percutaneous Osteoplasty – PO), are preliminary.

Aim: To assess the efficacy of PO in reducing pain and consolidating bone in osteolytic painful bone mts not responding to conventional therapy.

Patients and Methods: From 6/2002 to 12/2004, 32 pts (17 male and 15 female, mean age 67) with life expectancy >5 mos., underwent PO with PMMA after giving informed consent. 45 osteolytic painful bone mts not responding to conventional analgesic therapy were treated. Primary tumours were: breast (11 mts), lung (10), kidney (11), colon (5), GIST (3), thyroid (2), others (3). Bone lesions were ubiquitary, except spine. Procedures were performed under fluoroscopy or CT guidance with local anesthia. 6 pts were large mts also underwent concomitant radiofrequency thermoblation (RFT). Pain was prospectively evaluated with visual analog scale (VAS) before and after the procedure during a follow-up from 3 to 30 months, considering clinical response a VAS difference equal or more than 2 points.

Results: Mean VAS score was 9.09 ± 1.09 (from 10 to 6) before the procedure, and 2.22 ± 2.37 (from 8 to 0) after. All patients reported pain regression (in 25% complete) and improvement of mobility. All pts suspended narcotic drugs and in 15 patients (47%) pain was controlled by non-steroidal anti-inflammatory drug. No statistical difference was demonstrated between osteoplasty and osteoplasty plus RFT. No complications arose during the procedure. Two patients had metastases in the femoral diaphysis: in both cases a fracture occurred one month after the treatment.

Conclusion: PO is an active procedure to obtain pain regression in painful bone metastases not responding to conventional analgesic therapy; bone consolidation cannot but be obtained in the diaphysis of long bone.

H11 MALE GENDER, LOW EDUCATION AND COGNITIVE DEFICIT, RATHER THAN OLDER AGE IN ITSELF, PREDICT LIMITED MEDICAL KNOWLEDGE IN ELDERLY CANCER PATIENTS
Umberto Basso, Claudia Pogliani, Antonella Brunello, Lara M. Pasetto, Elena Rossi, Silvio Montanari
Division of Medical Oncology, Azienda Ospedaliero Universitaria, Padova, Italy

Background: The elderly often display limited medical knowledge due to short school education and heterogeneous cognitive decline, which may seriously hamper their access to the healthcare system.

Objective and Methods: To evaluate prospectively the medical knowledge of elderly cancer patients by means of twenty multiple choice questions dealing with the most frequent diseases of the older age, cancer screening, complications of chemotherapy and ability to name home medications. Age, gender, education (more or less than five years of school) and cognitive function (MMSE score (P = 0.37) were found not associated. 91% of women correctly identified mammography as a screening procedure for breast cancer, only one third of men knew what PSA test is. Only one fourth of patients knew the consequences of leukopenia and thrombocytopenia, and one half could promptly tell the name of their oral medications. Although up to 72% could name an antipyretic drug, as low as 16% knew the trade name of an antibiotic. Both shorter school education (P = <0.0001) and low MMSE score (P = <0.0001) predicted a global score <60%. While age over 75 years did not

(P = 0.37). Female gender predicted a higher chance of answering correctly to 12 or more questions (P = 0.024).

Conclusions: Male gender, short education and MMSE <24, but not chronological age alone, may allow one to identify elderly patients who are potentially at risk of not using preventive measures and of developing severe toxicities from chemotherapy.

H12 HOSPITAL HUMANIZATION PROJECT (HHP) IN AN ONCOLOGY DEPARTMENT: SPACE AND TIME CARE TO REDUCE PATIENTS AND SANITARY PERSONNEL STRESS
S. Marsicano, L. Tedeschi, L. Pucci, M. Calabrò, S. Ambrosot, G. Sala, A. Romanelli, D. Tabacchi
Oncology Dept., Azienda Ospedaliera San Carlo Borromeo, Milan, Italy

Introduction: In the late 25 years, cancer pts needs have been modified: the illness chronic phase between cancer diagnosis and death increased and most of this period was spent in hospital. This fact has deeply modified in the Oncology Depts the ambients and job organization, changing and renewing the relationship between pts, their relatives and sanitary personnel. Compared to the past, today chronic illnesses, like cancer, engage sanitary equipment and pts for a long time, with critical survival perspective: people cannot easily stand emotions that death phantom develops. In Oncology Depts it is becoming more and more important to guarantee instruments to be used in daily life time in order to live and temporarily remove life end thought.

Methods: Since 1994 in our Department we developed an HHP. In the first two years, a sample on about 4000 pt/year, their relatives and sanitary personnel (about 25 nurses and 12 doctors) have been informally interviewed, to focus key factors that troubled cure, related to inside hospital’s situations. Differences between daily life and habits were evidenced as main complaints: wake-up and meals time, no privacy, poor and limited ambient, lonely afternoon-evening-weekend time, waiting times for outpatients visits, discontinuity among hospital-ambulatory-home, communication misunderstandings.

Results: The outcome key factors focused the HHP on ambient, education, organization. Psycho-Social-Educational Service (PSES) cooperated with the sanitary equipament to project space and time. The spaces were modified furnishing and reorganizing living-room, dining-room, game and TV areas. Circadian cycles suggested a change of hospital habits regarding awake, personal hygiene, breakfast, lunch, dinner, after dinner socialization, sleep according to social habits. Saturday night, weekend, festivity, anniversary, public holidays have been specially taken into considerations for social group activities. These space logistic, educational programs and new job organization had improved life-time setting. We observed a decrease in relatives anxiety and pressure on nurses and doctors, pts mood improved together with overall quality of life and customers satisfaction.

Conclusion: Thanks to above mentioned 12 years experience, the Lombardia Regional Government assigned in 2004 to PSES Oncology Dept (with Pediatric Oncologic Clinic, S.Gerardo Hosp., Monza and II Infetivology Dpt, L. Sacco Hosp., Milan) to issue by 2007 HHP Guide Lines.

H13 THE PERCEPTION OF ILLNESS IN CANCER PATIENTS: THE EXPERIENCE OF A SINGLE INSTITUTION
Medical Oncology and Hematology Department ‘C. Poma’ Hospital, Mantova, Italy

Introduction: The concept of patients’ perception or awareness of their illness is difficult to define from a psychological point of view because of the internal and external variables of each individual patient. It does not represent a static situation but a process through which the patient emotionally faces the illness and through time comes to terms with it.

Materials and Methods: This study was carried out on 300 adult cancer patients undergoing chemotherapy treatment in January and February 2005. The study if part of a much larger project which is aimed at collecting information on the quality and characteristics of the personal and interpersonal needs of patients. A self-evaluation questionnaire was given to each patient to complete. The first part requested general information; age, sex and level of education. The second part asked patients to identify the illness for which they were undergoing therapy.

Results:

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<th>Correct diagnosis</th>
<th>Ambiguous diagnosis</th>
<th>Incorrect diagnosis</th>
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<td>300 patients*</td>
<td>54%</td>
<td>20%</td>
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<tr>
<td>Men</td>
<td>55%</td>
<td>19%</td>
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<td>Women</td>
<td>60%</td>
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<td>Age (years)</td>
<td>≤40 89%</td>
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<td>40–50</td>
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Conclusions: The results of this study demonstrate the strong influence of age and
and treatment determined a positive trend of the event. Deep venous thrombosis turned
metastatic intestinal neuroendocrine carcinoma. This was a subject affected by disseminated intravasal coagulation associated with syndrome (3 cases). In just one patient (2.8%) the oncological emergency caused death. The most frequent emergency directly correlatable to the tumour was metastatic spine adjuvant treatment with 5-Fluorouracile, with no apparent risk factors for the onset of venous thrombosis (6 cases, equal to 17.6% of the total events). These were patients on one episode of paraoxystic strial fibrillation) the emergency was resolved in the day-catheters (2 cases). In the remaining 15 cases (45.8%), on the other hand, the emer-
12 months’ observation 34 acute events were recorded (9.7% of the studied popula-
We have analysed 533 admissions relating to 211 patients in the period January-June 2003. A V AS ≤2 was found in 60 patients (28.4%) (in 142 admissions; 26.6%); the mean V AS score was 3.4: V AS 1–3 18.5%, V AS 4–6 7.1% and V AS 7–10 2.8%. There were no significant differences based on sex, age and primary tumour site. The analysis of the admissions has shown that upon entrance an analgesic therapy with a programmed daily administration (PT) was taken by 24.6%, a need therapy (NT) by 11.6% and no analgesic therapy (noT) by 63.8%. noT or NT was performed in 35% of the cases of V AS 4–6 and in 29% with V AS 7–10, respectively. The PT consisted in the administration of FANS in 5%, tramadol in 37%, fentanyl in 48% and slow-release morphine in 10%. After a mean hospitalisation duration of 6.5 days, upon dismissal a V AS ≤2 was found in 56 patients (26.5%) (in 144 hospitalisations = 27%); the average V AS score was 3.2: V AS 1–3 14.7%, V AS 4–6 10.4% and V AS 7–10 1.4%. Of the 75 hospitalisations that presented V AS >3 upon entry, 20 upon dismissal had V AS 0. Upon dismissal, a PT was taken in 20% of the cases, a NT in 46% and noT in 34% of cases. Conclusions: In our inpatient unit, 28% of the patients requires a better pain control; by modulating the therapy on the basis of the V AS this is tendentially established even in the space of a short hospitalisation. The PCI index expressed by the difference between the mean V AS upon entrance and upon dismissal could be an expression of the team’s capacity to control the pain.

H14 INCIDENCE OF MEDICAL EMERGENCIES IN TUMOUR PATIENTS

Pierluigi Ballardini, Elena Incasa, Loretta Gulinmi, Guido Margutti, Marzio Mattei
U.O. di Medicina Interna, Day-Hospital Oncologico, Ospedale del Delta, LagoSanto (FE), Italy
Cancer and cancer therapy may lead to urgent conditions requiring swift intervention to avoid death or severe permanent damage. In order to evaluate the incidence and the type of oncological emergencies in the patients undergoing treatment at our Oncological Day Hospital we followed up 350 consecutive subjects over a period of 12 months (February 2004 – January 2005) and have recorded every clinical emergency correlat-
able to the neoplasia or to the treatments used for the tumour treatments. During the 12 months’ observation 34 acute events were recorded (9.7% of the studied popul-
ation), all of which in different subjects. In 19 cases (54.2%) the emergency was due to chemotherapy treatments or to complications in the positioning of the central venous catheters (2 cases). In the remaining 15 cases (45.8%), on the other hand, the emergence-
was the direct consequence of the tumour. Emergency hospitalisation was made necessary in 32 cases (91%), while in 3 cases (2 anaphylactic reactions to Taxans and one episode of paraoxystic strial fibrillation) the emergency was resolved in the day-
hospital. The most frequent event correlatable to the treatments resulted to be the deep venous thrombosis (6 cases, equal to 17.6% of the total events). These were patients on adjuvant treatment with 5-Fluorouracile, with no apparent risk factors for the onset of thrombotic events. The complications all appeared within the second treatment cycle. The most frequent emergency directly correlatable to the tumour was metastatic spine cord compression (14.7% of the total events), followed by the superior vena cava syndrome (3 cases). In just one patient (2.8%) the oncological emergency caused death. This was a subject afflicted by disseminated intravasal coagulation associated with metastatic intestinal neuroendocrine carcinoma.

Conclusions: In the population we studied, the medical emergencies in the oncological patients controlled in the day-hospital regime evidenced an incidence equal to about 10% per year. In most of the cases hospitalisation was required. Early diagnosis and treatment determined a positive trend of the event. Deep venous thrombosis turned out to be the most frequent event.

H15 NUTRITIONAL SUPPORT WITH TOTAL PARENTERAL NUTRITION (TPN) IN CANCER PATIENTS TREATED WITH HIGH DOSE CHEMOTHERAPY FOLLOWED BY PERIPHERAL BLOOD PROGENITOR CELLS (PBPCs) TRANSPLANTATION: OUR EXPERIENCE

A. Tartaroni1, G. Romano1, R. Ardit1, A. Capobianco1, A.M. Bochichio1, M. Coccaro1, P. Di Leo1, R. Matera1, S. Mazzuoli1, N. Di Renzo1
1Division of Medical Oncology and Hematology; 2Unit of Dietetics and Nutrition
Centro di Riferimento Oncologico della Basilicata, Rionero in Vulture (PZ), Italy
Background: High dose chemotherapy (HDC) followed by autologous bone marrow (BM) or peripheral blood progenitor cells (PBPCs) transplantation represents a recog-
nized option in the treatment of solid tumors and hematologic diseases. Patients (pts) receiving HDC are traditionally supported with TPN with the aim to prevent malnu-
trition secondary to the gastrointestinal toxicity and metabolic alterations induced by the conditioning regimens, although well defined guidelines for its use in this clinical setting are lacking.

Material and Methods: from December 2001 to January 2005 45 pts (20 non Hodgkin lymphoma; 4 Hodgkin lymphoma; 12 metastatic breast cancer; 2 ovarian cancer; 2 testicular cancer; 5 multiple myeloma) were treated with HDC and supported with TPN. TPN was administered through a central venous catheter (CVC) starting on day +1 after transplantation; it was continued until the haematological recovery and reso-
lution of the gastrointestinal toxicity. We used Baxter Centrimix N14G30 parenteral nutrition bags that include a combination of amino acids, dextrose and fluids: the basic composition of the solution was completed by the addition of minerals, vitamins, electrolytes, lipids and additives such as insulin and antacids. Patients were monitored daily by measuring weight, fluid balance, serum glucose, urea, electrolytes, plasma proteins, and liver function tests.

Results: we reported a mean of 13.5 days of TPN with no significant patient weight loss; main metabolic complications recorded according to NCI-CTC included hyper-glycemia G2-3 (15%), electrolyte abnormalities G2-3 (17.5%), abnormalities in liver enzymes G1-2 (25%).

Conclusions: in our experience TPN in transplanted patients was well tolerated and permitted a good maintenance of the nutritional status; moreover, TPN allows for a better modulation of fluid, electrolyte and other elements, which is of pivotal import-
ance when complications occur.

H16 FROM THE SYSTEMATIC MONITORING OF THE VAS TO THE DEVELOPMENT OF A PAIN CONTROL INDEX (PCI) IN ONCOLOGY

Antonia Cricca, Claudia Degli Espositi, Giuseppina Rocchi, Vilma Garelli, Andrea Martoni
Medical Oncology Unit, S.Orsola-Malpighi Hospital, Bologna, Italy
Aims and Methods: Previously we had demonstrated the feasibility of the systematic pain monitoring with VAS by the nursing staff in the patients admitted to our inpatients unit (AIOIM. 2003 abstract E25). The present study has been performed in order to 1) analyse the incidence of pain and the variations in the VAS upon admission and at dismissal 2) identify an index (PCI) that could express the team’s capacity to control the pain.

Results: We have analysed 533 admissions relating to 211 patients in the period January-June 2003. A V AS ≤2 was found in 60 patients (28.4%) (in 142 admissions; 26.6%); the mean V AS score was 3.4: V AS 1–3 18.5%, V AS 4–6 7.1% and V AS 7–10 2.8%. There were no significant differences based on sex, age and tumour site. For all the admissions the values of VAS upon admission and at dismissal were expressed by the mean V AS score. By comparing the VAS upon entry with the VAS at dismissal we obtained a V AS variation (VAS = V AS upon entry - V AS at dismissal). The average V AS variation was 1.4%. Of the 75 hospitalisations that presented V AS >3 upon entry, 20 upon dismissal had V AS 0. Upon dismissal, a PT was taken in 20% of the cases, a NT in 46% and noT in 34% of cases.

Conclusions: In our inpatient unit, 28% of the patients requires a better pain control; by modulating the therapy on the basis of the V AS this is tendentially established even in the space of a short hospitalisation. The PCI index expressed by the difference between the mean V AS upon entrance and upon dismissal could be an expression of the team’s capacity to control the pain.

H17 THE ROLE OF NUTRITIONAL SUPPORT IN CANCER-RELATED WEIGHT-LOSS

A. Trapani, F. Rahimi, C. Finocchiaro, M.C. Scigliano, T. Monge, V. Caudera, A. Novarino1, I. Chiappino1, A. Addio2, A. Palmo and O. Bertetto3
Clinical Nutrition Unit ASO S. G. Battista Turin, 1Medical Oncology-COES ASO S.G. Battista, Turin, Italy

Introduction: The purpose of the study was to evaluate prevalence of malnutrition and impact of nutritional support in 348 cancer patients (pts) admitted to an Oncology Day Hospital (pts 1213) from January to December 2004.

Results: Mean age was 64 (range 25–88); M/F 230/118; 13% of pts were in specific oncological setting are lacking.

Material and Methods: from December 2001 to January 2005 45 pts (20 non Hodgkin lymphoma; 4 Hodgkin lymphoma; 12 metastatic breast cancer; 2 ovarian cancer;
**Discussion:** Currently only 28% of cancer pts go to assessment nutrition. These pts are already severely malnourished at T0 (10% weight less of UBW). Dietologic support improve nutritional status through PC-SGA. Nutritional assessment is a specific tool against nutritional depletion.

**H20 COMPREHENSIVE GERIATRIC ASSESSMENT (CGA): GONG (ONCOLOGIC GERIATRIC GROUP), EXPERIENCE**

Marina Mangia1, Maria Dieli1, Ermengildo Arnoldi1, Roberto Labianca2, Bruno Minetti1

1Division of: Internal Medicine, 2Medical Oncology, Ospedali Riuniti di Bergamo, Italy

Aging is a process different from person to person, which is influenced by several factors. CGA should lead to a more scientific approach to the elderly cancer patients, aimed to the identification and sometimes treatment of oncological and medical problems. We have studied GONG model (several medical and surgical departments of our hospital participated) for CGA with the purpose of selecting patients eligible for oncological treatment or supportive care only, and then used it to evaluate 95 patients from March 2004 to March 2005. Their mean age was 76 years old, male/female ratio was 1:2. Tumor types were: lung (39%), gastroenterological (34%), breast (17%) cancers and a small percentage of other neoplasms (urological, head and neck, gynecological cancers), not including hematological disorders. Our model included three categories of patients: Frail (at least one of the following items: ADL <80, ≥3 comorbidities unrelated to the tumor according to Charlson Index, performance status ≤2, recording respectively to Karnofsky and ECOG scale, ≥2: gastrointestinal syndrome); Border-Line (frail patients with a good functional status); Not Frail. Our evaluation included also nutritional (Body Mass Index, BMI), psychological (Geriatric Depression Scale, GDS) and cognitive (Mini Mental State Examination, MMSE) assessment. Seven patients were classified as frail (7.4%), twenty as borderline (21%), sixty-eight as not frail (71.6%). Of interest, 95% of Border-Line and 43% of Frail patients underwent oncological treatment: the follow-up is still ongoing. Our preliminary data suggest that GONG model is fit for a CGA aimed not only to tailor, in a standardized fashion, diagnostic and therapeutic strategies to the individual patient, also to concentrate medical and financial efforts only on the patients more susceptible of a clinical benefit. Besides performance status seems to be a strong determinant of the functional status: the follow-up of the provisional category of Border-Line patients will help to confirm this observation.

**H21 THE IMPACT ON BONE METASTASIS SYMPTOMS OF ZOLEDRONIC ACID**


UOC Oncology A, BMI 08, University of Rome “La Sapienza”, Italy

**Background:** The management and treatment of 9 million new patients (pts) with symptomatic bone metastasis implies the research and the usage of effective therapies on symptoms.

**Aim:** This study was designed to evaluate pain responses, progression of disease and quality of life, using zolendronic acid in pts with bone metastasis from various solid tumors.

**Materials and Methods:** In the past three years we have been treating 36 pts with a median age, 70 years (range 31–86) with bone metastasis (20 breast, 10 prostate cancer, 3 lung, 2 colorectal, 1 soft tissue sarcoma) all diagnosed by bone scintigraphy and/or NMR and/or CT scan. 69.4% of cases had multiple bone lesions and 30.6% had single lesion, the most frequent disease sites were the spine (thoracic and lumbar vertebrae) in 28.5% of cases and pelvis in 19.7%. Bone pain was assessed with VAS scale with a mean value of 6.6 (range 2–8). Zoledronic acid was administered with the dose of 4 mg, intravenous (iv) every 4 weeks (range 3–36 cycles).

**Results:** In 55.5% of cases pain was frankly reduced, in 25% reduced, in 19.5% stable. Analgesics used in 58.3% of cases were reduced down to 32% during treatment. We evaluated a stable bone disease in 48% of pts (mean, months 24). In 52% of cases we observed a disease progression either in bone and viscera. No bone fractures were recorded. The 74% toxicity was seen in just the first 2 cycles with pyrexia (41.4%), hypercalcemia (2.3%), renal toxicity (2.6%), myalgiae and arthralgues (3.1%), no patients dropped out. Our responsive patients had an improvement of performance status (PS).
Conclusion: Our results show that zoledronic acid in bone metastasis disease plays a key role on the inhibition of bone demineralization, with a consequent symptoms control, without bone fractures and with a better quality of life.

H22 EXPERIMENTAL PROJECT BY ‘RETE ONCOLÓGICA DEL PIEMONTE E DELLA VALLE D’AOSTA’: REHABILITATION IN CANCER PATIENTS

M.P. Schieron1, M. Carloni1, C. Mariani1, S. Vesco1, O. Bertetto1, L. Cuiffreda2
1S.C. di Recupero e Rieducazione Funzionale, 2Oncologia Medica dell’Ospedale S. Giovanni Battista-Molinette di Torino, Italy

Early diagnosis and integration of more therapies lengthen survival and give good possibilities in recovering cancer patients. The rehabilitation process follows the patient in the whole process of the disease, from the diagnosis, through all the thera- peutic steps until the ending stage and is aimed to help patients fitting in normal life and maintain the best possible quality of life.

Starting from those evidences, the ‘Rete Oncologica del Piemonte e della Valle D’Aosta’ promoted a seminal project (activated in 2004 and actually implemented in 8 different hospitals in Turin’s area), called ‘Rehabilitation in Cancer Patients’. The purposes of this project are: 1) linking oncology and rehabilitation structures in Turin area, 2) understanding the needs in terms of quality and quantity of rehabilitation in breast, head-neck, lung, bowel, prostate, primitive and secondary bone cancer 3) enhancing the main objectives to all the Rete Oncologica del Piemonte e della Valle D’Aosta.

In this study a rehabilitative appropriate evaluation protocol will be used, and the following items will be evaluated for every cancer site: 1) the number of patients visited and treated; 2) the main rehabilitation problems; 3) the rehabilitative indications; 4) the main rehabilitative goals; 5) the rehabilitative prescriptions; 6) the most appropriate rehabilitation structures.

This Project will analyse the rehabilitation’s reality in Turin area at present and will represent an important step in promoting cooperation with oncologists, to realize a rehabilitation network aimed at increasing the quality of rehabilitative therapy.

H23 THE RADIOMETABOLIC TREATMENT OF BONE METASTASIS: OUR EXPERIENCE WITH 153 Sm EDTMP

M. Povolato1, M. Prina1, L. Barsacchi2, E. Bianchi2, E. Cagna2, L. Fazzangia2, L. Scandolaro2, M.C. Valli2, A. Corso2, M.A. Trombeta2, M. Cacciatori2, M. Frigerio2, A. Ostielli2, D. Cosentino2, O. Geatti1
1Medicina Nucleare Ospedale S.M. Misericordia Udine; 2Radioterapia oncologica Ospedale S. Anna Como, Italy

Introduction: Our aim was to ascertain whether the radiometabolic treatment vs biphosphonates treatment may exert a beneficial effect on pain from bone metastasis in patients affected from prostate, breast and others malignacies using the Visual Analog Scale (VAS).

Material and Methods: From 09/2003 to 28/2/2005 nineteen evaluable patients with histologically proven carcinoma (66% breast cancer,34% prostate cancer) and documented bone metastasis, had been treated with 153 Sm EDTMP.

Exclusion criteria were: Kamofsky performance index <60, DIC, myelossupression (white blood cells count less 3200/mm3, plateled less than 13000/mm3), chronic renal failure, bone marrow depression, no parenchymal metastasis, no bone fracture, last chemotherapy in one month time. Inclusion criteria was bone metastasis positive at bone scan. All patients were monitored after therapy with blood cells count, VAS and clinical visits.

Results: We observed:
- No Grade IV haemartological toxicity (WHO international Grade)
- mild myelosuppression
- complete relieve from pain in 2 patients
- partial response in 14 patients
- no response in 1 patients
- patients have not been evaluated yet.

Conclusion: In our experience, all the patients remain free from pain for a long time (8–12 months). An interim statistical analysis with the Tstudent – Test gives no statistical differences (P = 0.295) between the two groups of patients for Visual Analog Scale. We are interested in optimizing the schedule (i.e. time, treatment interval, dose of radiometabolite) of the over mentioned treatment in order to ameliorate the response and reduce the use f external radiotherapy in selected case.

H24 TALKING ABOUT LUNG … A PROJECT OF WIDE BREATH

Vincenzo de Pangher Manzini, Annaluisa Frigo
Ass N. 2 ‘Isonita’, Ospedale Di Monfalcone, U.O. Di Oncologia, Italy

Background: transversal training in Oncology is a qualifying condition for the con- struction of a network, answering the needs of cancer patients.

Purpose: (1) To involve the various actors dealing with the disease allowing them to get to know each other, to share their approaches, to discover and to appreciate the value of specific roles and functions in relation to the disease; (2) To discuss guidelines in the therapy for the main cancer pathologies.

Materials and Methods: we started in 2002 by analysing the needs of the patients of the Oncology Operative Unit in the Gorizia and Monfalcone hospitals and we com- pared them with the normative needs expressed in 2003 by operators of various hospital and local services, starting in 2004, on the basis of these results, the first course in Oncology involving 25 operators coming from different operational areas. At the end of the course, an Oncology Group formed voluntarily, proposing new normative solutions around various themes of broad impact (especially in the territory of Monfalcone owing to the high incidence of asbestos-related tumours); the lung carcinoma. Based on that topic, in a two-year time-span a series of courses will be held, regarding medical matters (epidemiology, prevention, diagnosis and therapy), ethical ones (information and consent, life choices, life quality, spiritual and emotional ones. A new basic course on reception will facilitate the broadening of the training of additional operators and the implementation of new techniques regarding auto-formation and the analysis of problem areas (Teatro Forum).

Results: a project of wide perspective creating formative experiences, not only be- tween different professions, but also with the world of Voluntary action and occasions to inform the population in order to build a shared culture in the field of Oncology.

Conclusions: a training in Oncology must be continuous, transcending the strictly specialist field, and extending it to include different perspectives, thereby guaranteeing the quality and continuity of the therapy.

H25 ‘NEED EVALUATION QUESTIONNAIRE’ (NEQ) IN CANCER PATIENTS (PTS)

Fabio Malagani, Katia Dell’Agostino, Brunella Vanotti, Mario Fiumanò, Ornella Fusco, Alessandro Bertolini
S.O.C. Oncologia Medica, Azienda Ospedaliera della Valtellina e Valchiavenna, Struttura di Sondrio, Italy

Between October and December 2004, we administered the NEQ to a sample of 70 pts in course of chemotherapy at our Day-Hospital to evaluate their unsatisfied needs for reducing their discomfort ameliorating their quality of life. In the current opinion, the most important needs of neoplastic pts should consist in the knowledge of the diagnos- sis, the prognosis and the treatment proposed. From our results, the answers to these needs are exhaustive and understandable respectively in the 70% and 78.57% of the cases and the staff members are considered sincere by the 77.14% of the pts. The 67.14% of pts isn’t interested to know all about their disease, but the 54.28% of them wants to know more about the natural evolution of their disease. No particular needs in knowing specific exams and therapies (77.14%) or in participating to therapeutic choices (81.42%). The family has a crucial role in supporting pts: the 37.14% of them would feel more useful into his/her family and only the 11.42% thinks to be abandoned by the family. The needs are exhaustive and understandable respectively in the 70% and 78.57% of the pts.

H26 EVALUATION OF PAIN CONTROL IN CANCER PATIENTS WITH BONE METASTASIS OR MULTIPLE MYELOMA IN ZOLEDRONIC ACID THERAPY: OBSERVATIONAL CLINICAL STUDY

L. Montanari1, G. Cruciani2, D. Tassinari2, E. Montanari3, L. Amaducci2, F. Carrozza2, M. Montanari1, C. Dazzi4, P. Turci2, F. Brahimi2, M. Maltoni4
1Medical Oncology Lugo (Ra),2Palliative Care Unit Forlìimpolosi (Forlì),3Oncology Rimini, 4Istituto Oncologico Romagnolo, 5Medical Oncology Faenza (Ra), 6Medical Oncology Ravenna, 7Medical Oncology Cesena, Italy

Background: Pain associated with metastatic bone disease is present in 70% of onco- logical advanced patients, reduce quality of life and performance status of patients. The use of Biphosphonates, which inhibit the osteoclastic bone resorption, play an import- ant role in management of pain in association with analgesic drugs Zoledronic acid, is a new bisphosphonates recommended in treatment of skeletal complication, reduced calcemia and pathologic fractures.


Patients and Methods: eligible patients with histological diagnosis of Carcinoma or Multiple myeloma, at least one bone metastasis with radiological diagnosis, bone pain, previous survival at least 6 month, written informed consent. Not eligible patients: concomitant radiotherapy for bone pain control, radiometabolic therapy, not therapy with Pamidronate in the last month, not therapy with Zoledronic ac in the past.

Treatment: Zoledronic acid 4 mg administered as a 15 min infusion in 100 cm3 of normal saline every 4 weeks. Pain assessment with Brief Pain Inventory (B.P.I.) and Analogic Score. Evaluation of Quality of Life with questionnaire FACT-G.

Conclusions: the study started in January 2005. The Centres partecipantes are the Medical Oncology Unit of Palliative Care of Oncological Institute of Romagna (I.O.R.); Forlì, Lugo, Rimini, Faenza, Ravenna, Cesena. Actually 44 patients are enrolled in this study. Final accrual about 150–180 patient in 3 years.
H27 PAIN TREATMENT WITH OSSECODONE PLUS PARACETAMOL. OUR EXPERIENCE WITH 20 PATIENTS: RESULTS AND QUALITY OF LIFE VALUATION

Cotroneo Gianluca, Bonassi Lucia, Roda Giovambattista, Nastasi Giuseppe U.O. Oncologia Medica, A.O. ‘Bolognini’ – Seriate (BG), Italy

Depalgos®, useful to control the neuropathic suffering from moderate to serious (II and III phase of the oncological suffering classification according to WHO), is a mix of quick-release ossecodone (dose of 5–10 mg) and regular doses of paracetamol (325 mg). Hydrochloride ossecodone is a strong half synthetic opioid, produced by thebaine and agonist of μ and κ receptors, that carries on its analgésic effect both on an encephalic level (bulbomencesefalic region and thalamic nucleous) for interaction with μ receptors, and on a spinal level for interaction with κ receptors. Our hospital treated 20 oncological patients suffering from moderate-serious suffering (VAS consideration between 8–10) with a varying doses of Depalgos® between 10 and 20 mg given 4 times a day. Our aim was: a) to gauge the efficacy of the medicine; b) to gauge its side effects; c) to value its subjective judgment of acceptability; d) to gauge the intensity of suffering before and after the treatment; e) to gauge the QoL on patients who took Depalgos®.

Results:
a) 90% of patients obtained a control of the analgesic symptomatology within 2 weeks since medicine was taken; b) 50% of patients complained of somnolence and sedation state; 18% complained of nausea; 10% emesis; 20% abundant perspiration; 30% constipation; 5% slight terrors; c) we also valued, through a schedule, the subjective judgment of acceptability of the medicine after 4 weeks treatment, with the following results: 0% until, 22% excellent, 58% good, 20% sufficient; d) suffering intensity after 4 weeks, daily gauged through VAS scale, passed from 7–8 step of a first evaluation to a 2–3 step at the end; e) we also valued the QoL of these patients through a schedule which pointed out a strong improvement in concomitance to the control of suffering. During our short experience, the mix ossecodone/paracetamol has been really effective to control the suffering from cancer of a medium-high intensity, with a good profile of tolerability and with a moderately good acceptability by the patients.

H28 TERMINAL SEDATION IN PATIENTS WITH CANCER AND REFRACTIVE SYMPTOMS AT THE END OF LIFE

Ottolini Luca, Lombardi Alessandra Servizio Cure Palliative Domiciliari Distretto Trento, Italy

Objectives: The results of a retrospective study carried out in the terminally ill cancer patients who received sedation during the cure of Home Palliative Care Service (PCS) in a designated geographic area in Italy (District of Trento) is reported.

Introduction: The literature defined ‘sedation as a medical procedure to palliate patient symptoms refractory to standard treatment by intentionally dimming their consciousness’.

Method: The following data were collected: number of patients who underwent sedation, patients’ characteristics (sex and age), symptoms requiring sedation, mean duration of admission, drug used (parenteral midazolam equivalent), types of neoplasms. Results: In the year 2004, 200 patients (78 women and 122 men) were admitted to the PCS and 38 of them (19%) presented refractory symptoms and underwent sedation. Symptoms requiring sedation were dyspnoea (47%), delirium (28%), pain (18%), haemorrhage (7%). The primitive neoplasms were almost of the digestive tract (42%) and pulmonary (23%). The patients died after 30 min - 5 days from the beginning of sedation. The drug administered for sedation were midazolam, the beginning of the sedation were obtained with a dose from 2.5 to 5 mg (with a daily dose from 10 to 120 mg). The drug were administered continuous intravenous infusion (IV) or continuous subcutaneous infusion (SC).

Discussion: The elaboration of the data evidences a substantial alignment to the majority of the most valid international experiences: 1) dyspnoea and agitation are the main symptoms that most frequently require terminal sedation in cancer patients; 2) midazolam is the favourite drug for: quick onset of action, short half-life, reversible effects (Rumazenil) and can be given subcutaneously without great problems of tolerance and efficacy. No differences were reported in the tolerance and management to domicile between sedated IV or SC.

Conclusions: This study confirms that the minority of patients who are sedated for pain domicile between sedated IV or SC.

H29 CHEMOTHERAPY IN PSYCHIATRIC PATIENT WITH MALIGNANT NEOPLASM: EFFICACY, TOLERABILITY AND CLINICAL CARE

Barbato Enrico, Balivo Andrea, Esposito Luigi Departmental Operative Unit of Medical Oncology – General Hospital ‘S.G. Moscati’ – ASL Caserta 2 – Aversa (CE), Italy

Background: the cancer in psychiatric patients is frequently observed but it not necessarily arises more often in than others, but it can be complicated by interferences on relational and clinical level. Our three year experience.

Patients and Methods: Between 2002–2004, six male patients (average age 60 years, range 48–75) and three females (average age 68 years, range 60–76) have been hospitalized in Day Hospital with a diagnosis of neoplastic and psychiatric disease already established. Five patients were affected by chronic psychosis (two lung cancer and three colorectal cancer), three by depressive neurotic disorders (one breast cancer, one gastric cancer, one lung cancer) and one with Alzheimer’s Disease (colorectal cancer). Seven patients were already taking major neuroleptic and/or SSRI antidepressant psychoactive-drugs, while two patients were taking anxiolytic psychoactive-drugs only. All the patients have been submitted to clinical and psychiatric check-up to evaluate their general conditions in order to insert them in therapeutic protocols used for non-psychiatric patients. The informed consensus has been obtained by the patient and by a direct relative. No patients showed psychic compensation at the beginning of the adjuvant (three males and two females) or advanced phase (three males and one female) chemotherapy (CHT).

Results: All the patients have completed the cycle of CHT without changes of the expected doses. None of them has showed nausea/vomiting during or after the CHT. The frequency and degree of the common complications related to antiblastic drugs have not been significantly different from those ones showed in the others patients except a small increase of values of hepatic cytolysis and thrombocytopenia G2. The two patients in treatments with anxiolytic drugs only have showed moderate depressive symptoms in the middle chemotherapeutic cycle. They have been treated with SSRI antidepressant drugs and psychological or psychiatric counselling.

Conclusions: The chemotherapy in neoplastic patients with a concomitant psychiatric disease is practicable even if with more clinical care, frequent specialized counseling and appropriate support therapy.

H30 TAILOR-MADE CANCER PAIN THERAPY BETTER MEETS PATIENTS’ NEEDS

Filomena Narducci, Tiziana Trapasso, Antonio Bucciulli, Emanuela Magnolfi, Giovanni Cianci, Anna Maria Fariello, Teresa G. Campanacci Department Medical Oncology-Sora -Frosinone, Italy

Pain is one of the main symptoms of cancer, both for the high frequency and for the impact on the oncological patient’s quality of life. The control of pain, at present, is not optimal. The clinical evaluation of pain and to interview patient is very important. Often it occurs a discrepancy between the patient’s and the doctor’s – or nurse’s- evaluation of pain’s intensity. In clinical practice, an accurate evaluation of pain makes the therapy’s monitoring possible and improves doctor-patient communication. The severity of pain can be evaluated through several methods, among which visual analogical scale (VAS) is a very useful one. From January on, in our Department, a multidimensional evaluation sheet for patients in need of support therapy has been included in the medical record. In particular, besides the other instruments evaluating patient’s progress, symptoms and needs, we introduced the VAS, which is daily administrated by the doctor. It is a scale 10 cm. long, with colour shades varying from white (minimum pain) to red (maximum pain). This scale is very appropriate for the evaluation of pain intensity, even though instructions for its compilation must be given with great care, especially to patients whose cultural level is poor or with elderly patients. To the present day, 50 patients have been administrated daily. The VAS has been administrated at the moment of admission to hospital and, daily, in order to monitor the antalgic treatment. We compared the value of VAS before the administration of hospitalization the mean VAS was 3.94 (SD = 3.307). At the moment of discharge the mean VAS was 2.25 (SD = 2.652); P value < 0.001. In our clinical experience we noticed that the use of a visual analogical scale is very useful both for the patient- who is not always even able to see the doctor- but also for the doctor himself/herself, who can easily monitor the pain intensity and change the antalgic therapy.

H31 ADMINISTRATIVE OPERATOR IN THE ONCOLOGIC DH AT THE S. CROCE GENERAL HOSPITAL

Paola Monchiero, Silvia Violante, Luisa Allari, Giuseppe Panebianco, Marco Merlano Medical Oncology, S. Croce General Hospital – CUNEO, Italy

Our study describes administrative activity in our day-hospital, and points out time requested to specific administrative activities (AA). Analysis takes into account the interactions with both oncologic staff and Pts. Indeed the AO governs the bi-directional relationship between staff and Pts. Study objective is the measurement of the working-time (WT) required by SAA.

Method 1. Recognising SAA.: SAA were defined, as activities not required outside our DH to an ordinary AO.

AO-Physicians interaction includes development (11/year) and compilation (18/week) of forms; pick-up and delivery of labs/radiological reports (28/week and 19/week respectively); phone-answering (22/week).

AO-Pharmacists interaction allows the computerised management of statistics (97/year), bookins (8070/year); clinical records archives (806/year) and displacing (7200/year); recover/allocation of pathological reports (1700/year).

AO-Pts interaction was evaluated as the median time given to each patient accessing to the DH (2 min /Pts) considering that AO is his first contact.

A1 was expressed as hour-per-month (HMP). WT required by SAA was established as the median time recorded in a sample period, multiplied by the number of SAA.
H32 PAIN: RELIEF AND TREATMENT IN CANCER INPATIENT IN MEDICAL ONCOLOGY UNIT: OUR EXPERIENCE

Francesca Consoli, Vittorio D. Ferrari, Salvatore Grisanti, Vito Amoroso, Francesca Valcamonica, Simona De Ponti, Lucia Vassalli, Giovanni Rangoni, Eda Simoncini, Patrizia Marpicati, Elisabetta Montini, Giovanni Marini
U.O. Oncologia Medica – Fondazione Bertetta Spedali Civili, Brescia

Aim: All patients with cancer experience pain in their life. The purpose of our prospective trial was to determine the prevalence and the control of pain in in-patients treated in Our Oncology Unit.

Methods: The target population were all cancer in-patients admitted to our Unit from 21 June to 21 July 2004. Pain was rated with linear visual analog scale (VAS).

Patients were evaluated by the same operator, once a day, every day throughout hospitalization to obtain an accurate assessment of pain. Complete data were available for 61 (37 M/24 F) patients. VAS was 0–1 (37 pts), 2–10 (3 pts), 3–6 (6 pts) and 4–8 (6 pts).

Primary tumor site was gastrointestinal in 17 pts, lung and thoracic chest in 10 pts, breast in 7 pts, H&N in 5 pts, brain in 4 pts, urological in 4 pts, other in 4 pts. 45 pts underwent chemotherapy, 3 pts radiotherapy, 13 pts supportive care. 9 patients had a prognosis <90 days, one of them died during hospitalization. Complete data were available for 94.9% of pts at the end of the study.

Conclusion: We obtained a good pain control in all pts using the WHO ladder with 10.3% and >7 in 5.1% of pts; at the end of the study 94.9% of pts had a VAS between 1 and 4.

H33 KNOWLEDGE AND RISK PERCEPTION IN WOMEN WITH A BACKGROUND OF BREAST AND OVARIAN CANCER OR TESTED POSITIVE FOR A DELETHERIOUS MUTATION IN BRCA1/BRCA2 GENES: PRELIMINARY RESULTS

Grazia Artioli, Martina Mattazzini, Malinhe Shams, Maria Ormella Nicoletto
ION/IRCSS Ospedale Busonera Padova, Italy

This study examines the knowledge, opinions, and predictors of interest in genetic testing for breast and ovarian cancer risk. Women participated to this study answered a questionnaire about breast and ovarian cancer risk counselling methods. Materials and Methods: Patients were identified because they underwent to genetic counselling in our Institution. Twenty one were tested positive for a deleterious mutation in BRCA1 or BRCA2 genes, 5 were tested negative for a specific mutation, 5 had a non informative result and other 5 were counselled but no tested. Questionnaire of 27 items was sent to 75 women, 35 answered, giving us information on sociodemographics, attitudes toward health care providers, breast cancer screening behaviours, as well as to evaluate psychological distress, beliefs, knowledge, and attitudes related to genetic testing and life style. The aim was the evaluation about perception of their own breast and ovarian cancer risk and the comprehension of surveillance program or prophylactic procedures.

Results: The results showed that 94.2% had an important family history for breast and ovarian cancer (>3 first degree relatives affected by cancer). Twenty-eight percent estimated their risk of breast cancer and 51.4% overestimated their risk of ovarian cancer. A good comprehension of breast screening was appreciated in 91%, while only 65% realized ovarian cancer screening very well. Seventy-four percent would suggest genetic counselling and test to a friend because screening is considered an important prevention tool.

Conclusions: Our study would provide information for designing a genetic education and counselling intervention for families with a important history for breast and ovarian cancer. Test result showed that a high proportion of women had knowledge deficits about genetic testing and to overestimate their risk to have a cancer. Psychological aspects to evaluate risk perception and changing of life style after genetic counselling will be analyzed and the results of this study are still ongoing.

H34 PROPER INDICATION TO A PROGRAM OF EXCLUSIVE PALLIATIVE TREATMENT: CRITICAL EVALUATION ON BEHALF OF THE PALLIATIVE CARE OPERATIVE UNIT OF PIEMONTE (UOCP)

Incoronata Romaniello1, Venerando Cardillo1, Maria Emanuela Negri1, Chiara Saggia1, Giorgio Forti2, Simone Piazza2, Giovanna Massara2, Elena Castiglioni2, Oscar Albisso3, Andrea Roccac
1Stazione Semplice a Valenza Dipartimentale (SSVD) di Oncologia dell’Ospedale SS. Trinità di Borgomanero (NO), 2UOCP – Oncologia dell’Ospedale di Gattinara (VC) e 3UOCP dell’Ospedale SS. Trinità di Borgomanero (NO), 4Cattedra di Oncologia Medica della Università del Piemonte Orientale, Novara e, 3EIO di Milano, Italy

Purpose: the study aims to evaluate the correctness of the indication to exclusive palliative treatment for cancer patients referred to the UOCP of Borgomanero.

Patients and Methods: from January 2003 to December 2004 the UOCP and the SSVD of Oncology of Borgomanero’s Hospital made a critical and systematic evaluation of all the patients of Northern Areas of ASL13 referred to UOCP by Family Doctors or by Oncologists or by Medical Doctors of other Hospitals to verify the real indication for a palliative treatment. During the last two years the oncologists at UOCP visited 254 patients with an age under 60 in 17% of cases, between 60-80 in 58% and over 80 in 26% (average age 73 years). The patients had previously been followed at the Hospital of Borgomanero (50% of cases), at the Oncology Unit of Novara (22%) and other Hospitals out of Piemonte (28%). Karmofsky PS was: 20 in 1.6%, 30-40 in 64%, 50 in 27% and over 60 in 7.4% of the cases. Seventy nine percent of the patients had a metastatic disease with more than one organ involved in 39%. Forty percent of the patients received at least one line of chemotherapy for metastatic disease. For each patient we collected data on the following features: age, PS, type of cancer, clinical history, previous treatments, prognosis and the possible impact of chemotherapy on prognosis. Based on these data indication to exclusive palliative treatment was deemed correct in the 86% of the cases.

Conclusions: Our data suggest that indication to UOCP is given properly in 86% of cases.

H35 PROSPECTIVE OBSERVATIONAL MULTICENTRIC CASE-CONTROL STUDY ABOUT ‘FATIGUE’ IN PATIENTS WITH HISTORY OF BREAST CANCER

Raffaella Gualandi1, Daniele Santini1, Alessandra Fabi2, Adriana Romiti1, Bruno Vincenzi1, Laura Rocci1, Cristian Massaccesi1, Francesco Cognetti1 and Giuseppe Tonini1
1Medical Oncology, Campus Bio-Medico University, 2Medical Oncology, Istituto ‘Regina Elena’, 3Medical Oncology, Ospedale di Ancona, 4Medical Oncology, University ‘La Sapienza’, Sant’Andrea, Italy

Background: ‘Fatigue’ can persist for months or even for years after the end of treatment. Aims: Our study’s aim was to verify the presence of absence of ‘fatigue’ in women with history of breast cancer after 1–5 years from end of primary treatment and to assess the correlations between fatigue and some considered variables. Materials and Methods: Prospective observational multicentric case-control study. Inclusion criteria: history of non metastatic breast cancer; interval time from the end of treatment between 1 and 5 years, age over 18 years. Exclusion criteria: actual neoplastic or history of treatment for other types of tumor, any severe uncontrolled disease. Control sample: 100 women with no history of cancer or other severe uncontrolled diseases. Functional Assessment of Cancer Therapy-Fatigue (FACT-F) has been used to measure ‘Fatigue’. Results: 117 women with history of breast cancer. Median age: 60 years (37–83). 83 patients submitted to adjuvant chemo-therapy. Healthy sample: 100 women with median age of 58 years (34–78). A statistically significant difference in terms of fatigue between studied group and control group has been observed (P = 0.052). On the contrary, a progressive and statistically significant reduction of fatigue levels has been observed in the studied group with the passing of time (P = 0.036). Besides, neither adjuvant chemo-therapy (P = 0.430) nor hormone-therapy (P = 0.296) have presented a correlation with ‘fatigue’. A correlation between age and ‘fatigue’ levels has not found (P = 0.282). Fatigue levels between women with nodal disease or without nodal disease have been compared but there was not a statistically significant difference (P = 0.526).

Conclusions: Number of patients included in this study is higher than in the major part of the studies in literature. The results of the present study do not show any difference in term of ‘fatigue’ between a healthy control group and a group with history of breast cancer.

H36 CANCER PREVALENCE IN NAPLES: ANALYSIS IN A GENERAL PRACTITIONERS NETWORK

Claudia Pizzi, Giuseppe Acampora, Nadia Aiello, Augusto De Rosa, Immacolata Diaferia, Alessandro Di Nunzio, Giuseppe Fragna, Amedeo Franco, Maria Russo, Fulvia Sansone, Carmela Scarpati, Giuseppe Moxedano, Antonio Spinuso, Gaetano Piccinochi, Cooperativa di MMG MEDI.CO., ASL NA1 Società Italiana di Medicina Generale (SIMG) Sezione di Napoli

Italian cancer registries network has been scarcely developed in the South. The General Practitioners (GPs) know exactly prevalence, incidence and mortality for oncological pathology of their patients. On the basis of these considerations the GPs network Cooperative Società MEDI.CO., ASL NA1, elaborated a protocol of study to estimate
the impact of cancer in their patients population. The characteristics of the cases studied have been collected by interview or electronic sanitary folder and recorded on paper or magnetic supports, opportunely organized, and conformed according to the current privacy Law. Data are centralized, archived, codified and periodically elabo-

cated by CTS of MELCO. In electronic data-sheets.

The study started on 15 September 2004, the first in itinere analysis was performed on 31 October 2004 when Prevalence was assessed. The geographical area considered regards the Naples’ historical center and corresponds to the DSB 49 (115.000 pts), ASL NA1 (11.000 pts). The results have been collected over 16 927 men and women (age range 6–93 yrs) offered to the ambulatories of 12 GPs who accepted the protocol. The population analysed is the 14.7% of the general population living in the core community. We have identified 352 (2.6%) pts with cancer, 143 (0.8%) males and 199 (1.2%) females (M:F = 0.7), 10 of them, 5 M and 5 F had a double cancer so that a total of 352 malignant diseases was characterized. Cancer prevalence was 200/100 000 abs. This estimate is lower respect to the national prevalence (268/3/100 000 abs) but higher respect to the southern areas. Single GP prevalence varied by 1.1 to 3%. Results, distributed for ICD-9, sex and age, demonstrated that more frequent cancers in the population living in Naples are breast cancer (among females), urogenital tumors and colorectal cancer, respectively.

We can conclude that epidemiological oncological studies can be easily and accurately conducted by GPs associated in network and data considered of great interest to monitor cancer impact and to elaborate protocols of surveillance and assistance direct to the oncological population.

H37 EVALUATION OF THE EFFECTIVENESS OF TREATMENT WITH ERYTHROPOIETIN ON ANEMIA, COGNITIVE FUNCTIONING AND PSYCHIATRIC IMPACT IN ELDERLY CANCER PATIENTS WITH ANEMIA RELATED TO CANCER CHEMOTHERAPY

Elena Massa, Clelia Maddeddu, Maria Rita Russo, Giulia Gramignano, Giovanni Mantovani

Department of Medical Oncology, University of Cagliari, Italy

The primary aim of the present study was to examine the relationship of changes in hemoglobin levels following rHuEPO treatment to changes in cognitive functioning studied by Mini Mental State Examination (MMSE) in elderly cancer patients undergoing chemotherapy treatment. The secondary aim was to assess the relationship of changes in hemoglobin levels following rHuEPO treatment to changes in functional status such as ADL, IADL, GDS and MNA. To this end, hemoglobin levels and cognitive functioning were evaluated in a sample of cancer patients prior to the start of chemotherapy treatment and again after 4, 8 and 12 weeks of treatment with chemotherapy plus rHuEPO. Ten elderly patients (mean age 71.4 years) were enrolled. At baseline enrolled patients had a mean Hb value of 10.3 g/dL. After 4 weeks of rHuEPO treatment Hb values increased significantly (P < 0.0001), with a mean increase of 1.2 g/dL (range: 0.2–2.1). Remarkably, 8 out of 10 (80%) showed an increase of Hb levels +/- 1 g/dL in comparison to baseline and therefore were considered responders. At baseline 4 patients (40%) showed a normal cognitive impairment, whilst 6 patients (60%) showed a normal cognitive function. After 4 weeks of rHuEPO treatment 9 patients (90%) showed a significant improvement of cognitive functions in comparison to baseline (P < 0.005). 6 of them were responders also to rHuEPO in terms of correction of anemia. The patients’ rank correlation test showed a statistical significant correlation between Hb increase and increase in cognitive functioning assessed by MMSE after 4 (P = 0.049), 8 (P = 0.044) and 12 (P = 0.031) weeks of rHuEPO treatment. Therefore, the findings of this study provide support for the hypothesis that signification increases in hemoglobin over the course of chemotherapy treatment with rHuEPO administration would be accompanied by significant improvement in cognitive performance over the same interval.


H38 MULTIDISCIPLINARY APPROACH TO PATIENTS WITH BONE METASTASES: OSTEONECROLOGY CENTER (OC) IN FORLÌ – A NEW ORGANIZATIONAL MODEL

Toni Ibrahim1, Patrizia Serra2, Marco Maltoni2, Roberto Casadei1, Oscar Bazzocchi1, Riccardo Galassi1, Massimo Giannetti2, Maria Renata Rossi7, Francesco Lijsi2, Roberta Nuzenelli2, Rossana Tedaldi2, Anna Pizzigati1, Dino Amaducci1

1Department of Medical Oncology, Morgagni-Pierantoni Hospital, Forlì; 2Institute Onco-

ologico Romagnolo, Forlì; 3Palliative Care Unit, Forlimpopoli Hospital, Forlimpopoli; 4Department of Oncological Orthopedics, Istituti Ortopedici Rizzoli, Bologna; 5Depart-

ement of Radiology, Morgagni-Pierantoni Hospital, Forlì; 6Department of Radiotherapy, Morgagni-Pierantoni Hospital, Forlì; 7Department of Physiatrics, Morgagni-Pierantoni Hospital, Forlì; 8Department of Traumatology and Orthopedics, Morgagni-Pierantoni Hospital, Forlì; 9Department of Clinical Pathology, Morgagni-Pierantoni Hospital, Forlì; 10Istituto Scientifico Romagnolo per lo Studio e Cura dei Tumori (IRST), Forlì-Meldola, Italy

Metastases are the most common malignant bone lesion and are responsible for high morbidity in cancer patients. In addition to pain, other severe complications often occur: pathological fracture, bone marrow compression, hypercalcemia, and bone mar-

row suppression. Patients are generally referred to a series of specialists, often with long waiting lists, and this creates great psychophysical discomfort. For this reason, it is vital, in the management of patients with bone metastases, that the work of the oncologist be supported by specialists in other fields. After 4 years of scientific preparation, an Osteo-Oncology Center (OC) was opened in January 2005 under the auspices of Forlì Local Health and Social Services (AUSL Forlì) and Istituto Scientifico Romagnolo for Oncology (IRST, Forlì-Meldola). The Center is coordin-

ated by an oncologist who works closely with specialists in palliative care, radiotherapy, orthopedics, nuclear medicine, radiology, physics, clinical pathology, and pathology, and is flanked by a data manager, biologist and nurse. The Center holds a weekly multidisciplinary clinic, with appointments divided into three phases. First, a data manager completes a questionnaire on the quality of the service provided. From January to March 2005, 102 patients were evaluated in the Center by the osteo-oncol-

ogy team. An overall positive judgement of the Center was given. Our aim is to establish an organizational model that will reduce the high morbidity of this pathology, diminish treatment-related costs, and, most importantly, lessen the psychophysical suffering of these patients to ensure a better quality of life.

H39 IMPACT OF HAEMOGLOBIN LEVELS IN PSYCHIATRIC PATIENTS WITH CANCER

Elvira De Marino, Luciano Bellani, Gabriele Biaggi, Sara Lattuada, Domenico Manzoni, Alberto Santagostino, Oscar Alabiso, Massimo Giannetti, Maria Elena Capuano, Flavia Carle2, Alma Contegiacomo3

Medical Oncology, S. Andrea’ Hospital, Vercelli; Medical Oncology Institute, East Piedmont University, Novara, Italy

Background: previously, we reported toxicity in a series of 26 psychiatric patients with cancer that underwent to chemotherapy (De Marino et al., Proc. ASCO 2003). Updat-

ing our data on 27 patients,13 with haematological (H) and 14 with solid (S) tumour we observed heavy psychiatric episodes in 102/27(37%)during treatments. In order to assess associations among chemotherapy related toxicities and attacks we performed the following analysis.

Methods: the records of 10 patients with psychiatric acute episodes were reviewed retrospectively with regards histology, sex, age, mental disorders according to standard psychiatric Diagnostic and Statistical Manual (DSM IV), haematological pattern, up-

rising modality and length of attacks, treatment changes.

Results: Of the 10 patients, median age 69 years (range 58–85), 8 males and 2 females, 7/10 (70%): H: 3 Non Hodgkin’s disease, 2 Multiple Myeloma, 1 Myelodysplasia and 1 Chronic Myeloid Leukemia while 3/10 (30%) S: 2 breast, 1 lung. Mental disorders were: 4: organic psychosis and dementia (F.00.10); 2 heavy recurrent depression (F.33); 3 schizophrenia (F.20); 1 personality disorder (F.21); 1 adjustment disorders (F.43.20). In 8/10 (80%) patients, psychiatric episodes occurred during chemotherapy (7/8 at nadir and 1/8 during bleeding) but in 2/10 patients not (progressive disease). Haematological toxicity was: neutropenia G3 in 5/10 (50%), anaemia G2 in 10/10 (100%). All were outpatients and had recovery in isolation ward during psychotic episodes and received sedatives by psychiatrist. Psychotic episodes were transient (<3 days), became evident together with anaemia (HB <9 g/dL), disappeared when haemoglobin reached at least 9 g/dL due to blood transfusions. No lasting changes in psychiatric treatment were made.

Conclusion: our preliminary experience indicates the possible interplay between ane-

mia and psychiatric episodes in patients with mayor mental disorders and malignancy, especially H. More patients are needed to confirm potential utility of this observation to monitor correctly according to current nosologic multiansial system.

H40 HEREDITARY AND FAMILIAL BREAST CANCER: PSYCHOLOGICAL DISTRESS ASSESSMENT DURING ONCOGENETIC COUNSELING

Caterina Condello1, Rosaria Gesuita2, Matilde Pensabene3, Ilaria Spagnolletti1, Ida Capuano1, Flavia Carle2, Alma Contegiacomo3

1Area Funzionale di Screening e Follow-up dei Tumori eredi-familiari-Università ‘Pederico II’ di Napoli; 2Centro di Epidemiologia Biostatistica ed Informatica medi-

ca-Università Politecnica delle Marche, Italy

Introduction: The discovery of the BRCA1 and BRCA2 genes led to the concept of breast cancer predisposition. The psychological impact of hereditary and familial can-

cer risk perception and the communication of genetic test results are often associated with high levels of psychologic distress. Together with psychologic distress, the communication of genetic test results in patients at risk for breast cancer are of particular concern.

Aim: We have compared the outcomes of psychological distress assessments made at the various steps of oncogenetic counseling. We also evaluated psychological distress at the crucial steps of onco genetic counseling in relation to presence/absence of cancer, manchastic risk perception and the communication of genetic test results.

Methods: The multistep onco genetic counseling model involves sessions with the psychologist. Psychological distress was assessed with a semi-structured interview at baseline, after risk communication and information of the genetic test results. Anxiety and depression levels were also evaluated with the HAD scale. For Fisher exact test, the analysis of variance of repeated measures and linear regression analysis were performed to evaluate data.
Session H: Palliative Care

H41 COLLECTION OF ADVERSE EVENTS (AE) DUE TO CHEMOTHERAPY (CHT): RESULTS OF A PILOT STUDY EVALUATING TWO DIFFERENT MODALITIES

E. Ferro, M.T. Losi, M.E. Cazzamigga, E. Cavallieri, A. Astori, S. Papini, F. Franzin, M. Mandatàl, M. Cremonesi, M. Cabiddu, S. Barni

Oncology Unit, Treviglio Hospital, Italy

The collection of AE due to CHT is one of the most important aspects of the oncological practice, because the typology and the severity of AE could be the CHT modifications, including delay and dose reduction. We prepared a simple card which contains 7 boxes, one for each day of the week, for reporting AE and their severity: on the left side the AE were listed, as well as the scale (1 = mild; 2 = moderate; 3 = intense; 4 = severe) for intensity. Nurse instructed 20 patients (pts) to fill in the boxes with their daily disturbances, to graduate them according to the 4-point scale and not to tell their doctor they were using the diary. At the same time, doctor continued to collect AE directly during the medical visit, according to the usual modality. When pts gave back their diaries, AE as reported and graded by the pts and AE collected by the doctors have been compared. In 8 cases out of 20 (40%), a complete discordance between pts’ and doctor’s collection has been found: various AE have been reported by the pts and none by the doctors. In 7 cases, pts reported more AE than those collected by the doctors (median AE: 4.7 vs 1.1), in 2 cases no AE was reported both by the pts and the doctors, in 2 cases doctor reported more AE than the pt (median AE: 0.5 vs 1.3), while in the remaining case both pts and doctor reported 3 AE but they were completely different. The most common AE perceived by the pts were: pain (10/20, 50%), altered taste (9/20, 45%), diarrhoea (8/20, 40%), difficulty in digestion (8/20, 40%), conjunctivitis (7/20, 35%), nausea (7/20, 35%), sensation of burning in the mouth (4/20, 20%), headache (4/20, 20%), constipation (2/20, 10%), vomiting (2/20, 10%), and asthenia (2/20, 10%). On the other hand, the most common AE reported by the doctors during visits were: pain (4/20, 20%), diarrhoea (2/20, 10%), nausea (2/20, 10%), vomiting (1/20, 5%), constipation (1/20, 5%) and asthenia (1/20, 5%). In our experience, the number and typology of AE due to CHT are often underestimated during the clinical visit: possible explanations are that pts do not have the time or the possibility to describe their experiences or that doctors do not give much importance to the so-called ‘minor symptoms’.

H42 SIGNS AND SYMPTOMS CONTROL IN TERMINALLY ILL PATIENTS (PTS) WITH SARCOMA: AN OBSERVATIONAL STUDY

Alessandro Comandone, Cristiano Oliva, Antonella Boglione, Ferdinando Garetto, Giancarlo Gino1, Elena Brach del Prever1, Paola Bergnolo, Orietta Dal Canton, Simona Chiado Cutin, Manuela Biscardi, Paolo Pochettino, Roberto Musella1, Alessandro Valles


Terminal disease is defined as the moment in which the specific anticancer care have no more place and the control of signs and symptoms of the disease is the unique goal, in order to improve the quality of life. From 1998 to 2005 we have followed 178 terminal pts for at least 3 months whose initial neoplasm was sarcoma. 93 were males, 83 females. Median age was 57 years. Median PS was 50 Karnofsky, 7 had Ewung sarcoma, 28 osteosarcoma and 143 soft tissue sarcoma. The initial site of disease were extremities 60 (33.7%), abdomen 52 (29.2%) and trunk 39 (21.9%), other sites 27 (15.2%). The most common causes of terminal illness were: pulmonary metastases (85.2%), bone metastases (77.8%), limb pain (77.8%), and asthenia (77.8%).

Results: During the period between June 2004 and December 2004 we recorded 27 extravasations out of a total 12,908 chemotherapies (index: 0.002) administered in the outpatient and inpatient setting in the whole Department of Oncology and Haematology. The EL, according to the type of device adopted, was as follows: PVC 26/7288 = 0.003, PAC 1/1602 = 0.0006, CVC 4/4040 = 0.001.

Conclusions: Extravasation monitoring can be considered one of the means for improving the quality of the cytotoxic administration procedure. We have defined a recording index and these data confirm that CVC is a modality that leads the incidence of extravasation to zero.

H43 THE ‘COMPREHENSIVE GERIATRIC ASSESSMENT’ (CGA) AS AN INSTRUMENTAL TOOL FOR THERAPEUTIC DECISION MAKING AND THE CORRESPONDENT EVALUATION OF CLINICAL OUTCOME IN ELDERLY CANCER PATIENTS

Giancarlo Gino2, Elena Brach del Prever2, Paola Bergnolo, Orietta Dal Canton, Alessandro Comandone, Cristiano Oliva, Antonella Boglione, Ferdinando Garetto, Giovanni Mantovani

Department of Medical Oncology, University of Cagliari, Italy

The aim of this study was two-fold: 1) to verify the correlations between the single instruments of CGA and the most significant parameters of neoplastic disease (stage, ECOG) and disease outcome (survival), 2) to verify the feasibility of using the CGA as an instrumental tool for therapeutic decision making and the correspondent evaluation of clinical outcome in elderly cancer patients. At March 2005, 209 patients (mean age 72.4 years; range 65–93) with cancer at different sites have been evaluated at baseline using the CGA. The Spearman’s correlation test has highlighted a correlation of: 1) cognitive function (evaluated with MMSE) with PS ECOG (P < 0.001), 2) age with IADL (P < 0.001) and ECOG (P < 0.001), 3) age with PS ECOG (P = 0.001), 4) age with IADL (P = 0.001) and PS ECOG (P = 0.001). A significant correlation was also observed in the study of the feasibility of the therapeutic choice in accordance with the CGA evaluation and the correlation with disease outcome is also currently underway. The therapeutic decision making was as follows: ‘fit’ patients = standard chemotherapy as for adult patients, ‘intermediate’ patients = tailored (chemo) therapy, ‘frail’ patients = monotherap- (as ‘supportive therapy’) or only ‘supportive therapy’. At March 2005, 27 patients were enrolled: mean age 74.4 years, range 65–82, M/F 15/12. Ten patients are currently evaluable, 7 are currently under treatment and are too early to be evaluated and 10 received only supportive therapy and died early. Out of the 10 evaluable patients 3 were ‘fit’, 3 ‘intermediate’ and 4 ‘frail’. The 3 patients ‘fit’ completed the standard chemother- apy treatment: 2 are PR and 1 NED. The 3 patients ‘intermediate’ completed tailored chemotherapy: 1 is NED and 2 are PD. Out of the 4 patients ‘frail’, 3 received ‘supportive chemotherapy’ and 1 radiation therapy: 3 patients completed the treatment whereas 1, SD, is continuing the treatment. Out of the 3 patients who completed the treatment 1 is PR and 2 died PD. The study is in progress.

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H45 SAFETY OF TOTALLY IMPLANTABLE CENTRAL VENOUS ACCESS PORT (TIA) IN PATIENTS WITH SOLID TUMORS: RESULTS OF A MONOCENTRE SERIES

Maria Laurenti, Maria Grazia Monorchio, Giovanna Ielo, Domenico Siclari, Sandro Corigli, Serena Morabito, Roberto Massimo, Mario Nardi

U.O.C. Oncologia Medica A.O. ‘Bianchi-Melacrin-Morelli’ Reggio Calabria, Italy

A central venous access is often necessary for the administration of conventional chemotherapy in patients with solid tumors. Tunneled, cuffed silastic catheters currently represent the most frequently adopted intravenous line. Several studies have reported high rates of infection for external devices compared with TIA. From September 2000
to December 2004 we have placed 74 TIAPs in 71 pts with metastatic solid tumors receiving weekly chemotherapy. The primary sites were: 36 colorectal cancers, 16 breast, 4 gastric, 4 pancreatic, 4 ovarian cancers, 4 head and neck tumors, 2 bladder, 4 prostate, 4 gastric, 4 pancreatic, 4 ovarian cancers, 4 head and neck tumors, 2 bladder, 4 prostate, 4 head and neck tumors. The primary sites were: 36 colorectal cancers, 16 breast, 4 gastric, 4 pancreatic, 4 ovarian cancers, 4 head and neck tumors, 2 bladder, 4 prostate, 4 head and neck tumors. Each pt underwent the placement of a single type of TIAP, constructed from titanium and in the subclavian vein. All interventions were performed in the Oncology Unit of the Spedali Civili, Brescia and the U.O. Oncologia Medica – Fondazione Beretta Spedali Civili, 1Clinica Medica I- Geriatria Università degli Studi, Brescia, Italy

Background: Comprehensive Geriatric Assessment (CGA) is a validated instrument capable of providing full details of the global status of old cancer patients, and it is necessary for the management of cancer in the elderly.

Methods: From February 2004 to December 2004 in the I Clinical Medical University Unit and in the Oncology Unit of the Spedali Civili, Brescia we analyzed 60 in-patients, 40 men and 20 women, median ages was 73.3 (range 65–88) years; PS (ECOG) was 0–1 (55%), 2 (33%) and 3 14% pts received chemotherapy, 5 pts chemoradiotherapy, and 4 only radiotherapy. In this observational study whole pts were first cancer’s diagnosis and everybody was valuated comorbidity (CIRS, Charlson Comorbidity Index and Index of Geriatric Comorbidity), cognitive status (MMSE), functional status (PS–ECOG, BADL, IADL), depressive symptoms (GDS) and sociodemographic status, with the purpose to analyse the parameters that influence the choice of treatment. Results: were divided into 2 groups: pts who received specific cancer treatment (n = 31) and patients who underwent supportive care. We found no significant statistical evidence between the two group for median number of disease and stage of tumour

Results: In the univariated analysis we observed that the choice of tumour-therapy was made for younger elderly, more autonomous patients according to PS, BADL and IADL, in old patients with a better MMSE and a better nutritional status.

Conclusions: The main evidence of the study are the following: the multidisciplinary approach allows one not only to increase patient’s survival and quality of life, but also to manage the patient’s needs, when weekly MEC or LEC are administered.

H48 TOO MUCH CHEMOTHERAPY NEAR THE END-OF-LIFE

R. Sabbioni, S. Zuliani, P. Manno, G.L. Cetto
Dept. Of Medical Oncology, University of Verona, Verona, Italy

Purpose: to characterize the type of end-of-life treatment for cancer patients in a period of development of palliative care.

Results: Assessable data were available for 88 patients (47 females and 41 males). Median age of dead pts was 59 years (range 17–80 years). At the moment of the recovery 3 patients had a performance status ECOG 1, 24 pts ECOG 2, 52 pts ECOG 3 and 8 pts ECOG 4. Some laboratory-based parameters were evaluated: median hemoglobin level (Hb) was 11.3 g/dl (range 6.1–16 g/dl), median albumin was 24 g/l (range 12–45 g/l), white blood cell count (WBC) was < 8500/µl in 41 pts, between 8500–11 000/µl in 14 pts and > 11 000/µl in 33 pts. Causes of recovery were: general condition deterioration (26 pts), diaphoresis (18 pts), pain (9 pts), gastro-intestinal symptoms (15 pts), chemotherapy toxicity (7 pts), beginning or carrying on chemotherapy (13 pts). 81 pts had just received a disease-specific treatment (chemotherapy, radiotherapy or homonotherapy) and 46 were continuing to received it at the moment of the recovery; only 42 pts were following a program of symptomatic therapy. The median period of hospitalisation was 11 days (range 1–83 days). The median time since diagnosis was 465 days (range 34–5110 days); 9 pts were recently diagnosed (within 6 weeks). The median time since the last treatment was 32 days (range 1–365 days); 13 pts died within 10 days from chemotherapy.

Conclusions: The treatment of cancer pts near the end-of-life is too aggressive. Chemotherapy or others disease specific curative treatments are today preferred to supportive care in terminal pts. There are no clinic or laboratory-based parameters than can help physician to understand the correct moment for beginning a palliative treatment. Future work could analyze the palliative role of chemotherapy.
H50 MONITORING OF RADIATION-INDUCED SKIN REACTIONS: ROLE OF THE NURSE

L. Di Iulio, R. Caporossi, A. Moricci, A. Nardi, A. Paolini, F. Zangarelli
Cattedra di Radioterapia Dipartimento di Bissimmagno e Scienze Radiologiche, UCSC, Roma, Italy

Background: Acute radiation-induced dermatitis is a possible adverse side effect in patients undergoing radiotherapy. It shows a range of severity and rarely does it require therapy discontinuation. Visualization, staging and systematic documentation of skin reactions are the essential elements in the management of skin toxicity. The incidence and factors associated with skin reaction are analyzed in this report. The reliability of an instrument for skin reaction detection is evaluated.

Materials and Methods: The analysis was conducted on a series of 70 breast cancer patients undergoing conservative surgery and candidates for breast adjuvant radiotherapy. Each patient was assessed weekly during radiotherapy and after it when needed. Monitoring of adverse reactions on the irradiated skin was focused on erythema, moist or dry desquamation and edema. To monitor adverse skin side effects a specific clinical chart was created. Skin toxicity was classified according to the RTOG scoring system for acute effects. The clinical evaluation was in two steps: first the nurse who performed the visual assessment, scores skin reaction recording the sites involved on the survey chart with selection of skin reaction at risk. Subsequently the patient is assessed by the radiotherapist for management of major side effects.

Results: The sites at risk of major reaction were the submammary folds and the axillary cavity. No patients developed a severe acute skin reaction (RTOG – G4). 87% of patients developed a mild skin reaction (RTOG 1 or 2).

Conclusions: Although nursing research represents an important and ambitious end-point there is some resistances at the national level. Our experience intends to prove that this research if applied in clinical practice, with an instrument easy to use could be very useful to support clinical practice especially if based on a multi-professional approach.

H51 ‘LIFE SOUND PROJECT’ EVALUATION OF ANXIETY LEVELS

Medical Oncology and Hematology Department C. Poma Hospital, Mantova, Italy

Summary: For the hospitalised cancer patient time takes on a different rhythm from the external reality. In fact, time spent in hospital is often governed more by organisational necessities than by existential needs and therefore changes the patient’s routine and lifestyle. Based on the idea that time represents a fundamental dimension of human existence and is connected to future plans, time spent waiting and memories, we carried out this study entitled ‘Life Sound Project’. We met with patients, family members, friends, volunteers and department personnel (doctors, psychologists, nurses) in a room in the Oncology Department set aside specifically for recreation activities such as having a cup of tea while listening to music, talking, joking, calembour, listening to people’s memories and celebrating birthdays, anniversaries and other special days. The objectives of the project were to experiment different and unusual ways of spending time in hospital, to improve the quality of life of the hospitalised cancer patient, to help the patient adapt to the hospital environment, to encourage awareness of self and to give a different meaning to time spent in hospital. In particular we evaluated the reduction in the levels of anxiety, in psychological suffering and the improvement in communication. The study, which involved 236 patients, produced the following

Conclusions: the ‘Life Sound Project’ encourages the emergence of positive feelings, the emergence of renewed willingness to invest in personal and caring relationships, which are connected to the patient’s ability to face this illness, and the opening of new channels of communication with family members and hospital staff.

H52 PATIENTS’ NEEDS REGARDING THE RELATIONSHIP WITH THE DOCTOR

A. Sempreboni, P. Alcotti, L. Focesi, D. Campbell, G. Cavazzini, B. Vivorio,
M.A. Perrone, P. Morselli, E. Aitini
Oncology and Haematology Department – C.Poma’ Hospital, Mantova, Italy

Introduction: Numerous studies have been carried out in many countries with the objective of highlighting the orientation and attitudes of medical personnel regarding the patient/doctor relationship and its characteristics. The object of this present study is the analysis and evaluation of patients’ perceptions regarding the relationship with the doctor.

Materials and Methods: The study was carried out in January and February 2005 on 300 adult cancer patients undergoing chemotherapy. It is part of a much larger study aimed at gathering information on the perception/awareness of illness and the needs expressed by patients. Patients were asked to complete a self-evaluation questionnaire. The first part asked for general information such as age, sex, level of education. The second part also asked patients to define what they considered to be important in the relationship with the doctor.

Results: The most significant responses have been grouped into three areas:

The need to form a relationship (dialogue, trust, consideration, kindness, comprehension, attention).

The need for information/communication (clear, simple, comprehensive explanations, sincerity, honesty).

The need for professionalism (competence, preparation).

Once the health status is defined, the patient is considered frail or unfrail and an appropriate treatment to each patient, a multidisciplinary approach is recommended. Since March 2004 the Oncologic-Geriatric Group (GONG) is working at our hospital. The group consists of specialists from all the units involved in the treatment of elderly oncologic patients: surgery, internal medicine, medical oncology, pneumology, urology, psychology. The purpose of group is to identify frail/unfrail patients and to define a tailored therapy. After diagnosis and staging of the neoplasm, the patients are given a comprehensive geriatric assessment (CGA), (see table below):

<table>
<thead>
<tr>
<th>Area</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional</td>
<td>Performance Status (PS) Activities of daily living (ADL) Instrumental activities of daily living (IADL) Nutritional</td>
</tr>
<tr>
<td>Emotional</td>
<td>Geriatric depression scale (GDS)</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Mini Mental State (MMS)</td>
</tr>
<tr>
<td>Socio-economic</td>
<td>Life conditions Familial caregivers</td>
</tr>
<tr>
<td>Physical status</td>
<td>Comorbility Disability</td>
</tr>
</tbody>
</table>
be a way to optimize sanitary resources and to improve therapeutic and assistential outcomes.

**H54** OSTEONECROSIS OF JAW (ONJ) DURING TREATMENT WITH BISPHOSPHONATES (B) IN CANCER PATIENTS: A RETROSPECTIVE STUDY

Gabriella Farina, Riccardo Ratti, Karen Borgonovo, Nicola Laverde, Donata Perdetti, Silvia Perrone, Celso Bianchi, Rossella Rovej, Stefano Cobelli, Cristina Mantica, Mariastella Dimaiuta, Paola Burletti, Alberto Scanni

D.O.M.C. Ospedale Fatebenefratelli e Oltamico, Milano, Italy

**Background:** Bisphosphonates (B.) reduce complications of bone metastases in patients with multiple myeloma (MM) and solid tumors, inhibiting osteoclastic function and decreasing bone turnover. Recently were reported dental complications and ONJ, related to treatment with B., probably due to modified bone homeostasis, especially in patients of long-term therapy. Since the improved blood supply, leading to ischemia complicated with osteomyelitis. Risk factors were identify in cancer diagnosis, concomitant treatments (steroids, thalidomide), chemotherapy (CT), orphantherapy (OT) and radiotherapy (RT), co-morbid conditions (anemia, coagulopathy, infections, alcohol consumption, smoke) and dental extractions.

**Patients and Methods:** From 10/2003 to 12/2005 we treated 112 pts. (61 females, 51 males) with bone metastases by zoledronic acid (ZA) 4 mg/monthly or pamidronic acid (PA) 60–90 mg q 21 days, alone or with CT and/or OT. Primary tumor sides were: 50 breast, 18 prostate, 15 lung, 9 gastrointestinal, 5 haematological disease, 16 other sides. We evaluated clinical features, radiologic images and histologic samples.

**Results:** Recurrent alveolar abscesses arose in 8 pts (7.1%), median age 64.8 years (range 56–77), 3 females, 5 males, complicated by osteomyelitis of the jaw in 6 pts. All pts were treated with ZA, with total 120 cycles (range 8–28; median cycle/pts 16.1) and 3 pts also with PA with total 100 cycles (median cycle/pts 33.3, range 12–45). Primary tumors sites were: 3 breast, kidney, 2 lung, 1 head and neck, 1 thyroid. 6/8 pts were also treated with CT. 1 pt. was submitted to encephalic RT for brain metastases. No other RT was administered in head and neck region. All 8 pts previously underwent dental extractions. Lesions were resistant to antibiotic and conservative treatment; odontojatric surgery was performed in all patients with histologic samples in 6/8 pts, resulting 5 ONJ (1 with acute flogosis), 1 osteomyelitis. All pts underwent suspension of treatment with B.

**Conclusions:** We recently noted an increasing rate of ONJ related to delivery of B (only 3 cases within 2003 in our institution) also because of cumulative effects and duration of treatment, as reported in literature. Recommendations in cancer patient are prevention of mucositis and B. delivery, good oral hygiene and inspection prior CT or B., avoid dental extractions or elective jaw procedures; recommended treatments are non surgical approach preferred, antibiotics and antifungal agents, antiseptic-containing oral rinses, cessation of B. if oral surgery is required. Further studies are needed.

**H55** QUALITY OF LIFE (QOL): PRIMARY ENDPOINT OF NUTRITIONAL SUPPORT IN CANCER PATIENTS DURING CHEMO AND/ OR RADIOTHERAPY


1U.O.C. of Emergency Surgery – Clinical Nutritional Service; 2Department of Oncology, Cardarelli H., Naples; 3Oncologia Falck, Ospedali Niguarda Ca’ Granda, Milano; 3Medical Oncology, ‘A. Manzoni’ H., Lecco; 4Oncology Unit, ‘Ma- donna del Soccorso’ H., S. Benedetto del Tronto; 5Oncology Dept., II University of Rome ‘La Sapienza’, S. Andrea; 6Medical Oncology, Circolo H., Varese; 7Clinical Oncology, University of Udine; 8Oncology Unit, Ospedali Riuniti, Foggia; 9Oncologia – San Anna, University, Trieste, Italy

**Background:** Involuntary weight loss (range 13% ± 7) was observed in 109 patients (39.34%) and QoL (EORTC QLQ-C30 FS baseline 65.0 ± 20.2 – after 4 weeks 72.8 ± 12.1). Weight loss significantly correlates with weight loss and the moment of the ‘last’ CT was 90–100, 80–70 and <70 in 26%, 41% and 33%, respectively; d) KPS at the moment of the ‘last’ CT was 90–100, 80–70 and <70 in 26%, 41% and 33%, respectively; d) KPS at the moment of the ‘last’ CT was 90–100, 80–70 and <70 in 26%, 41% and 33%, respectively.

**Aims:** The aim of this study is to evaluate the relationship between the ‘last’ CT and death in pts with advanced tumor assisted by Medical Oncology Unit (MO) of S. Orsola-Malpighi Hospital, Bologna; ‘Fondazione ANT Italia, Bologna, Italy

**Aims and Methods:** This study analyzes the time-interval between the ‘last’ CT and death in pts with advanced tumor assisted by Medical Oncology Unit (MO) of S. Orsola-Malpighi Hospital in Bologna and the oncological Bologna hospital-at-home (HOH), respectively.

**Results:** Between January 2003 and April 2004, 670 deceased patient were detected (MO: 189 and HOH: 481). Gender was male 54% and female 46%; median age was 74 (range 27–103) with a difference between the 2 series (MO: 66 and HOH: 77 years). The responders were: breast, lung and pleura (22%), colon-rectum (16%), and breast (12%). 323 pts (48%) had previously received CT (MO: 166 = 88% and HOH: 157 = 32%). KPS at the moment of the ‘last’ CT was 90–100, 80–70 and <70 in 19%, 66% and 15%, respectively. The time-span between the ‘last’ CT and death is reported in the table below:

<table>
<thead>
<tr>
<th>No. pts</th>
<th>Interval between last CT and death</th>
</tr>
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<tbody>
<tr>
<td>30–45 days</td>
<td>&gt;45 days</td>
</tr>
<tr>
<td>Lung &amp; Pleura</td>
<td>83 (25.7%) 50.00</td>
</tr>
<tr>
<td>Colon-rectum</td>
<td>48 (14.9%) 91.00</td>
</tr>
<tr>
<td>Breast</td>
<td>44 (13.6%) 80.50</td>
</tr>
<tr>
<td>Others</td>
<td>148 (45.8%)</td>
</tr>
</tbody>
</table>

The analysis limited to pts who received CT in the last month of life shows: a) CT included ‘old’ drugs in 68% and ‘new’ drugs (gemcitabine, capcitabine, taxanes, oxaliplatin, irinotecan, etc.) in 32%; b) CT was of 1st, 2nd or subsequent line in 51.5%, 35.5% and in 13%; c) the number of cycles was 1, 2 and ≥ 3 in 26%, 41% and 33%, respectively; d) KPS at the moment of the ‘last’ CT was 90–100, 80–70 and <70 in 8%, 46% and 46%, respectively.

**Conclusions:** Twenty percent of pts had received palliative CT in the last 30 days of their life and some of them with costly new generation drugs. This is particularly true
for pts with advanced lung and pleura tumors. The need to lay down indicators for an appropriate use of so-called palliative CT and specific predictors of imminent death is suggested.

H58* BONE PAIN RELIEF IS CORRELATED WITH CLINICAL RESPONSE IN ADVANCED BREAST CANCER (ABC) PATIENTS (PTS) WITH BONE METASTASES (BM). RESULTS FROM THE MOON STUDY

M.E. Cazzaniga, V. Torri, S. Barni, L. Dogliotti, R. Labianca, S. Cascinu, S. Chiara, L. Pasetto, P.F. Conte, G. Gasparini
Medical Oncology, Treviglio, Torino, Bergamo, Ancona, Genova, Padova, Modena, Roma; Oncology Unit, M Negri, Milano, Italy

MOON study aimed at investigating BM and correlated symptoms in 459 ABC pts. Pain intensity has been graduated according to a 4-point scale, impact of pain on daily life considering 4 categories, whereas analgesics have been collected and classified in 4 categories: none, NSAD, weak opiates and major opiates. Clinical response has been evaluated according to UICC criteria. The use of more potent analgesics increased together with the severity of bone pain: in the case of mild or moderate pain, NSAD and weak opiates were the preferred drugs (47.5% and 23.3%, respectively). Major opiates were reserved to serious pain (33.6%). The correlation between type of analgesics and pain severity is statistically significant ($P<0.0001$). The typeology of analgesics also correlates with the impact of pain on daily life: pts able to do normal working activity preferentially need NSAD (57.4%), whereas in the case of inability of working or need for help, weak and major opiates were the preferred drugs (41.2% and 41.8%). The correlation between type of analgesics and impact of pain on daily life is statistically significant ($P<0.0001$). The typology of analgesics also correlates with the impact of pain on daily life: pts able to do normal working activity preferentially need NSAD (57.4%), whereas in the case of inability of working or need for help, weak and major opiates were the preferred drugs (41.2% and 41.8%). The correlation between type of analgesics and impact of pain on daily life is statistically significant ($P<0.0001$). The correlation between type of analgesics and impact of pain on daily life is statistically significant ($P<0.0001$). Bisphosphonates were used in 67.1% of the pts, median time of bisphosphonate use was 6.45 months (0–35.8) and median percentage of bisphosphonates use in relation to survival was 57% (6.70–97.9). In conclusion, medical treatment of ABC pts with BM offers the possibility of pain relief in the case of clinical response and the decrease of bone pain intensity can conduct to the improvement of daily life and the reduction of analgesics.