

AV, of whom 22/69 pts (32%) receiving ApAR had no DV while 20/136 pts (15%) receiving SAR had no DV. Although pts with no AV were more likely to have no DV, 204/838 pts (24%) with no AV still had DV. However, the similar magnitude of improvement in the prevention of DV with ApAR in pts with AV (17%) and with no AV (16%) showed that the effect of Ap on DV is a pharmacologic effect rather than simply a "carryover" effect of prevention of AV.

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POSTER

### Compulsory constipation? - an evaluation of the prevalence and management of constipation in palliative care

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**Background:** Constipation is a side effect of many drugs commonly used in palliative care. About 50% of patients admitted to British hospices cite constipation as a major concern. There has been little evaluation of the effectiveness of constipation management or assessment of the effect of constipation on the quality of life of patients with palliative care needs. A multi-centre study was conducted to evaluate: 1) how effectively constipation is managed in different palliative care settings; and 2) any differences in perceptions of the effect constipation has on quality of life between patients and their carers.

**Methods:** Patients (in-patient and day therapy) were recruited from the Marie Curie Cancer Care specialist palliative care services across the UK. Self administered questionnaires incorporating the Patient Assessment of Constipation Symptoms, the Palliative Care Outcome Scale and study-specific questions were completed by patients, their named nurse and where possible their main family carer. Informed consent was obtained. Questionnaires were completed on day 1 and 7 - 10 days later.

**Results:** 413 patients completed both questionnaires (207 in-patients and 206 day patients).

**Conclusions:** Results from the questionnaire data will be discussed. Differences in the management of constipation across the care settings will be highlighted together with variations in patients' perception of constipation and actual constipation symptoms. Laxative efficacy varied between individuals supporting the notion that laxative type and dose should be titrated to patient response. Variations in perception of the impact of constipation on quality of life between patients and their carers will be discussed.

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POSTER

### Chemotherapy-associated anemia in breast cancer patients: Prevalence and incidence from the European Cancer Anemia Survey (ECAS)

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New treatment (tx) regimens and chemotherapy (CT) agents have increased chances for survival for breast cancer (BC) patients (pts). Anemia remains a significant adverse effect of BC and its tx, and is reported in substantial numbers of pts treated with conventional and new agents (Groopman 1999). The large, prospective, multinational ECAS followed pts for up to 6 months to evaluate prevalence and incidence of anemia (hemoglobin [Hb]  $\geq 12$  g/dL, respectively). Only 26% of BC pts who had anemia during ECAS received anemia tx. Mean Hb level was 9.0 g/dL for first transfusion and 10.4 g/dL for first administration of epoetin. These results show that the prevalence and incidence of anemia in pts with BC is high regardless of CT regimen. Anemia is a serious consequence of tx with newer agents and regimens, as well as standard, non-platinum regimens. Despite the significant negative impact of anemia on PS, most anemic BC pts did not receive anemia tx.

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POSTER

### The "comprehensive geriatric assessment" evaluation: a selection of informative questionnaires for essential parameters. Preliminary experience by a single institution

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Comprehensive geriatric assessment (CGA) is a structured approach aiming at measuring the most important parameters to identify needs and

to plan care in elderly patients. They may be identified as: functional, cognitive, presence of comorbidity and nutritional. The selected instruments were: the activity of daily living (ADL) and the instrumental activities of daily living (IADL) scales in addition to PS for function, the Mini-Mental Status Examination and the Beck's Depression Inventory (cognitive); the Charlson's scale (comorbidity) and the Mininutritional Assessment (MNA) for nutrition. The aim of our study was to develop a best-practice model both exhaustive and feasible for geriatric assessment of elderly cancer patients (i.e. aged 65 years or older). 58 elderly patients (M/F: 31/27, mean age 72 years, range 65-86) with cancer at different sites were assessed. 10% of patients had stage II, 22% stage III and 68% stage IV disease. 13.8% of patients had PS 0, 62% PS 1, 13.8% PS 2, 5.2% PS 3 and 5.2% PS 4. Overall, 46.6% of patients had no limitations for ADL, 6.8% were completely dependent. Approximately 30% of patients had no limitations for IADL. 53.4% showed symptoms of depression (15.4% of them had an heavy depression). 39.7% of patients showed a mild to serious cognitive defects: no correlation was observed with increasing age and education. 43.1% of patients showed comorbidities and 17.3% were malnourished. Patients showed an optimal compliance for the instruments used. The study is ongoing to assess the prognostic role of CGA on the disease outcome.

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POSTER

### Fecal human DNA as a marker of intestinal toxicity in patients undergoing abdominal radiotherapy

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**Background:** Radiotherapy can damage intestinal tissues and impair gut function. Specifically, radiation impairs crypt cell proliferation and induces epithelial denudation and atrophy. Acute toxicity is manifested by symptoms of diarrhea, proctitis and colitis. There is no reliable biological marker to evidence and quantify intestinal toxicity. The aim of the study was to evaluate the relations between acute intestinal toxicity and epithelial exfoliation in patients submitted to therapeutic pelvic radiation.

**Material and methods:** Twenty-four patients ongoing radiotherapy for various tumour sources were studied: 54% rectum, 25% endometrium, 13% cervix uteri and 8% prostate. Four stool samples were collected on each patient (before starting the treatment, between the second and third week of radiotherapy, at the end of treatment and two weeks later). Exfoliation of the epithelium was determined in these samples by quantitative PCR amplification of a fragment of the human beta globine gene from purified DNA. This gene is not encountered in bacteria present in the gut, and therefore specific for host DNA. Results were expressed as copies of DNA per milligram dry weight of stool. In parallel, severity of diarrhea associated with radiotherapy was scored according to the CTC (Common Toxicity Criteria) into four levels: degrees 0 to 3 of diarrhea.

**Results:** Fecal DNA levels expressed as median (range) in the four groups classified according to severity of diarrhea were: Degree-0:  $1.8 \times 10^3$  ( $7.0 \times 10^1$  -  $4.6 \times 10^4$ ); Degree-1:  $4.2 \times 10^3$  ( $3.9 \times 10^2$  -  $1.1 \times 10^6$ ); Degree-2:  $2.2 \times 10^4$  ( $1.2 \times 10^3$  -  $3.4 \times 10^6$ ); Degree-3:  $1.1 \times 10^4$  ( $8.0 \times 10^2$  -  $6.2 \times 10^6$ ). Analysis of variance (Kruskal-Wallis) showed statistical differences among groups ( $p=0.006$ ). Spearman's rank correlation between fecal DNA and severity of diarrhea was significant ( $r=0.33$ ,  $p=0.002$ ).

**Conclusions:** Fecal DNA may be a good quantitative marker of intestinal radiotoxicity.

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POSTER

### Darbepoetin alfa significantly improved fatigue in patients with lymphoproliferative malignancies undergoing chemotherapy: results of a phase 3 multicenter, randomized, double-blind, placebo-controlled study

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**Background:** Anaemia-related fatigue is associated with reduced quality of life in patients undergoing cancer chemotherapy. Elevation of haemoglobin by treatment with erythropoietic agents, darbepoetin alfa and recombinant human erythropoietin, has been shown to reduce fatigue and improve other patient-reported outcomes in patients with solid tumors (Kallich et al, 2002; Berndt et al, 2002). This phase 3 study in patients with lymphoproliferative