enrolled in ACAS. Although the majority of MEWACAS pts (79.6%) and ACAS (85.4%) had WHO Performance scores of 0 or 1, low Hb levels were associated with poor WHO scores (2–4). Of the 858 MEWACAS pts with Hb values for analysis, 79.0% were anemic at some time during the survey. Anemia was most frequently reported in pts who received CT (81.3%), while anemia occurred in 74.6% of pts who did not receive cancer treatment at any time during the survey. Of the 602 ACAS pts with Hb values for analysis, 58% were anemic at some time, including 86% CT pts and 55% with no cancer therapy. Of the ever anemic pts, 66% MEWACAS, 77% ACAS and 61% ECAS pts did not receive anemia treatment. Of those who were treated, 16% MEWACAS, 7% ACAS and 3% ECAS received iron; 10% MEWACAS, 19% ACAS, and 15% ECAS were transfused; and 8% MEWACAS, 1% ACAS and 17% ECAS received epoetin. Hb at first transfusion was 8.7 g/dL MEWACAS, 8.8 g/dL ACAS and 8.6 g/dL ECAS and Hb at epoetin initiation was 8.9 g/dL MEWACAS, 9.7 g/dL ACAS and 9.9 g/dL ECAS

Comparisons among ECAS, MEWACAS and ACAS demographics

Variable	ECAS	MEWACAS	ACAS
Mean age (yrs)	57.8	50.9	59.7
Males	44%	38%	39%
% on CT	40%	44%	64%
Mean Hb level at enrolment	12.3 g/dL	11.5 g/dL	12.5 g/dL
% anemic at enrollment	39%	54%	35%
% Solid/% Hem tumors	79%/21%	83%/17%	72%/28%
Breast pts (%)	22	37	26
Lung pts (%)	14	9	8
Gynecological pts (%)	12	5	6
GI/colorectal pts (%)	17		

Conclusions: Data analyses from MEWACAS, ACAS and ECAS, although somewhat different in absolute numbers, produced similar conclusions: the prevalence and incidence of anemia are high and correlate significantly with poor performance status. Importantly, treatment for anemia is not optimized; only a minority of anemic pts is receiving treatment, despite accepted anemia treatment guidelines. Understanding these results may lead to better management of anemia in cancer pts with the goal of optimizing pt quality of life.

1285 POSTER

High incidence of hypocalcemia in patients with bone metastases from different kinds of neoplasms, treated with pamidronate and zoledronate

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Background: Pamidronate and zoledronate are generally used for the treatment of bone metastases from different kind of neoplasms. Hypocalcemia and elevation of serum creatinine are expected adverse events during these therapies, although their actual incidence is unknown. The use of serum calcium and creatinine is therefore recommended. The aim of this retrospective study was to verify the real incidence of hypocalcemia and the elevation of serum creatinine during bisphosphonate treatment in patients with normal calcium and creatinine levels at baseline.
Patients and methods: We reviewed data from 187 consecutive patients (72 males, 115 females, mean age 61 years, range 32–88 years) affected by metastatic osteolitic (36.9%), osteoblastic (4.3%) and mixed (38.5%) bone lesions from different kinds of solid tumors (breast 44.4%, lung 26.2% prostate 4.3%, others 20.3%) and multiple myeloma (4.8%). Seventy-seven patients (41.2%) were treated with pamidronate (median numbers of cycles 6, range 1–26), 79 patients (42.2%) with zoledronate and daily calcium supplementation (median number of cycles 7, range 1–42) and 31 patients (16.6%) with both sequentially (pamidronate followed by zoledronate+calcium supplement). The normal ranges for calcium and creatinine were 2.10–2.60 mmol/l and 0.60–1.20 mg/dl respectively. Abnormal values were assessed according to the CTC Version 2.0.
Results: Overall, 92/187 patients (49.1%) had hypocalcemia: grade 1 in 43 patients (46.7%), grade 2 in 37 patients (40.2%), grade 3 in 11 patients (11.9%), grade 4 in 1 patient (1.1%); 17/172 patients (9.9%) had increased serum creatinine: grade 1 in 13 patients (76.5%), grade 2 in 4 patients (23.5%). All patients were asymptomatic. No significant correlation was found between serum abnormalities and type of primary tumor, type of bone metastases or type of bisphosphonate administered.
Conclusions: Our retrospective analysis shows a high incidence of grade 3–4 hypocalcemia. These results are significantly worse than expected and strongly support the need for monitoring plasmatic calcium and creatinine levels.

1286 POSTER

Living alopecia: Study on the impact of chemotherapy-associated alopecia in quality of life and daily activities in women with breast cancer

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Background: Alopecia has been cited as one of the most disturbing anticipated side effect by women preparing for chemotherapy. The aim of this study was to evaluate the impact of chemotherapy-associated alopecia in quality of life (QoL) and daily activities in women with breast cancer (BC).
Methods: Consecutive BC patients (pts) under chemotherapy (at least 2 sessions) were enrolled in eight Portuguese oncology services between 2004 and 2005. The pts were asked to fulfil a questionnaire about chemotherapy side effects and alopecia impact on their QoL. Social support was also evaluated trough Lubben Social Network Scale.
Results: 463 pts were included. Mean age was 53.9±11 years, 10% had less than 40 years. Mean age at diagnosis was 50.5±11 years. 87% underwent different variants of mastectomy (66% performed radical mastectomy). The majority (88%) had a high social support level with a low risk for isolation, according with Lubben Social Network Scale. Since the beginning of chemotherapy 98.5% had at least one adverse effect (AE). 91.4% had alopecia, 79.9% fatigue, 74.5% nausea and 67.2% vomiting. The most distressing anticipated AE was alopecia, referred by 56% of the pts (followed by nausea, referred by 9% and vomiting 12%). 13% of the pts that anticipated alopecia as the most distressing adverse event considered not to do chemotherapy due to this effect. The mean age of those who considered alopecia as the most distressing AE was 52.8 vs 55.1 years (considering other AEs), $p = 0.02$. The groups were not significantly different in what concerns to marital status, educational level or surgery. When asked about what AE they would avoid, if possible, alopecia was referred by 48%. These pts considered that, in the family the ones that attribute greater importance to their physical aspect (alopecia) are their children. 66% of the pts considered the hypothesis of using a wig and 72% considered the use of a headscarf. 55% felt depressed and 45% took medication. Despite 12% of these pts mentioned that alopecia is worst than the cancer itself, 90% would chose a very effective treatment that provokes alopecia instead of a less effective treatment that not causes alopecia.
Conclusion: This study confirms that alopecia is one of the most important chemotherapy associated adverse effect with major impact in patients' quality of life.

1287 POSTER

Palonosetron plus aprepitant and dexamethasone is a highly effective combination to prevent chemotherapy-induced nausea & vomiting after emetogenic chemotherapy

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Background: Palonosetron (PALO) is a pharmacologically distinct, second-generation 5-HT_3 receptor antagonist (RA) approved for prevention of chemotherapy-induced nausea & vomiting (CINV) after moderately and highly emetogenic CT. Aprepitant (APREP) is a NK_1 RA approved for prevention of CINV after highly-emetogenic chemotherapy (CT) when used with a 5-HT_3 RA & dexamethasone (DEX). The effect of the combination of this highly effective 5-HT_3 RA and APREP + DEX in patients receiving a variety of moderately to moderate-highly emetogenic chemotherapy is reported.
Methods: This multicenter, open-label pilot study evaluated the safety and efficacy of a single IV dose of PALO (0.25 mg on Day 1) in combination with 3 consecutive daily oral doses of APREP (125 mg on Day 1 and 80 mg on Days 2 and 3) and 3 consecutive daily oral doses of DEX (12 mg on Day 1 and 8 mg on Days 2 and 3) in the prevention of moderately emetogenic chemotherapy-induced nausea and vomiting. Complete response (CR; no emetic episodes, no rescue medication), patients with no emetic episodes