and nurse, continuity of care, length of medical visit, communication and expectations. Finally, patients are asked for suggestions for improvements at the clinic in an open-ended question. The first measurement was conducted in the winter 2000/2001, and the last in the spring 2004 and during that time period, efforts to improve care were implemented.
**Results:** A total of 316 patients completed the questionnaire in 2000/2001 and 287 in 2004. Statistically significant improvements were found for 8 of the 12 items: waiting time (2), length of medical visit (2), information (1), expectations (1) and continuity of care (1). Regarding continuity of care, a higher proportion of patients reported having met the same doctor at the previous visit in 2004 compared to in 2000. No differences were found regarding the importance of meeting the same doctor, the evaluation of physicians' and nurses' interpersonal skills, feeling cared for at the clinic. Further results will be presented and the changes in the clinical practice will be discussed.
**Conclusions:** The questionnaire captured positive changes in patient satisfaction between the two measurements. One of the improvements concerned the continuity of care. However, further improvements are still requested.

**1302** PUBLICATION

**Cancer pain: Multicentre epidemiological and longitudinal study on opioid instauration/rotation (OR) in advanced cancer patients**

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**Aim:** To know the natural history of the use of opioids in far advanced cancer, the effectiveness of OR and the causes to do it.
**Method:** We designed a descriptive, longitudinal and multicenter study, enrolling advanced cancer patients from their first visit in a Palliative Care, Medical Oncology or Radio-Oncology Services and followed up till 3 months. The study was approved by a Ethical Committee and was carry on in 7 Spanish communities. We record any switch of opioid, considering or change of route, cause of OR, and its effectiveness using verbal rating scale (VRS) (0–10) at day 0 and 7. Evaluation was done even by phone or visit in the clinic.
**Results:** 257 patients have been enrolled from May 2004 to March 2005, 68.9% were men. Lung cancer (23.7%) and head-neck cancer (20.6%) were the most frequent tumours and the pain was somatic in 40.9% of patients and constant (72.4%). We recorded 155 instaurations and 225 OR. The main cause of instauration was pain unrelieved. Most used starting opioid in naïve patients were fentanyl (45.8%) and buprenorphine (25.2%). In OR the most frequent opioid used to switch was morphine (45.8%). Principal cause of OR was pain unrelieved (50.4%). The mean VRS reduction after instauration was 2.77 (SD 2.31) and mean VRS reduction after rotation was 2.27 (SD 2.54). The rotations made because of uncontrolled pain were the most effectiveness. 72.5% of instaurations and 59.4% of rotations were efficacy. Regarding the drug used the proportion of effectiveness was: buprenorphine (67.9%), morphine (58.7%), fentanyl (55.6%)
**Conclusions:** We describe clinical practice in our country regarding starting and switch opioids and we have found that both practices are effectiveness although there are differences between opioids. Comparative studies are necessary to confirm these results.

**1303** PUBLICATION

**Efficacy of once weekly 30,000 IU Epoetin beta in daily practice: results from a post marketing surveillance study**

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**Background:** Anaemia commonly occurs in malignant disease and is aggravated by most antitumoral therapies. Erythropoiesis stimulating factors have been available since more than 12 years, and a once weekly dosing regimen in now the standard practice, also supported by the recently published guidelines from the EORTC. To monitor routine use of Epoetin beta (NeoRecormon®), we have conducted a post marketing surveillance study with Epoetin beta in Germany. In the present analysis we compare the efficacy of once weekly (qw) versus three times per week (tiw) administration of Epoetin beta in an unselected patient population in daily practice.
**Methods:** Recruitment started in February 2003, and patients documented until April 2005 were included in this analysis. The course of anaemic cancer patients over 18 years old who gave their informed consent and who received Epoetin beta as standard therapy could be documented. Patients with both solid and haematological tumors were included. Of the 630 patients documented by 149 centres, the 362 pts. (57.5%) who received 30,000 IU Epoetin beta once weekly (qw) and the 180 pts. (28.6%) who received 3 × 10,000 IU Epoetin beta per week (tiw) were analysed.
**Results:** Patient characteristics in both treatment groups were comparable. Mean age was 60.7 (qw) and 62.9 (tiw) years. 42.8% (qw) and 40.6% (tiw) of patients were female. Mean weight at baseline was 70.6 kg (qw) and 68.4 kg (tiw). Mean hemoglobin values at baseline were 9.77 g/dl (qw) and 9.78 g/dl (tiw) and increased in both groups steadily to 10.3 g/dl at week 4 and to 11.3 g/dl at week 16. Median Epoetin beta dose was stable at 30,000 IU per week and identical in both arms.
**Conclusion:** The efficacy of anaemia treatment with Epoetin beta given once weekly at a dose of 30,000 IU or given 3 times weekly at single doses of 10,000 IU is comparable in this unselected patient population. Both administration schedules led to a significant and steady increase in hemoglobin values at comparable average doses.

**1304** PUBLICATION

**Assessment of bone turnover markers in breast cancer or multiple myeloma patients with bone metastases treated with intravenous ibandronate infused over 15 minutes followed by daily oral ibandronate**

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**Background:** Bisphosphonates are the standard of care for metastatic bone disease. Ibandronate is a single-nitrogen, non-cyclic bisphosphonate available in intravenous and oral formulations. In phase III trials of metastatic breast cancer, both formulations decreased the incidence of skeletal-related events and reduced metastatic bone pain scores. Bone turnover markers are prognostic indicators of skeletal complications. This 12-week trial examined bone turnover marker responses following a single rapid infusion of intravenous ibandronate followed by daily oral ibandronate.
**Materials and methods:** Patients (n = 39) with advanced multiple myeloma or breast cancer and ⩾1 confirmed lytic or mixed bone lesion received a single 15-minute infusion of intravenous ibandronate 6mg followed by 12 weeks of oral ibandronate 50 mg once daily. Markers of bone resorption (cross-linked C-terminal telopeptide of type I collagen in serum [S-CTX]) and bone formation (bone specific alkaline phosphatase [S-bALP], amino-terminal procollagen propeptide of type I collagen [P1NP], osteocalcin [OC]) were measured at various timepoints. Safety assessments, including adverse event monitoring, serum chemistry, and urinalysis, were performed.
**Results:** Intravenous followed by oral ibandronate resulted in a rapid decrease in S-CTX by 77% from baseline within 2 weeks of treatment, and this was maintained throughout the 12-week trial. At study end, S-bALP, P1NP, and OC had decreased by 27%, 42%, and 24% from baseline, respectively. The treatment schedule was well tolerated with few adverse events.
**Conclusions:** Treatment with a single dose of intravenous ibandronate 6 mg infused over 15 minutes followed by daily oral ibandronate 50 mg causes a marked decrease in bone turnover markers with no safety concerns. This treatment regimen is undergoing further assessment.

**1305** PUBLICATION

**Results of the ESOPE multicentre study on electrochemotherapy**

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**Background:** The objective of the ESOPE project was to define and validate European Standard Operating Procedures for ElectroChemoTherapy (ECT). ECT is a combination of a physical effect, electroporation (EP) and drug administration. Cell exposure to sufficiently high intensity electrical pulses results in enhanced cell membrane permeability. This EP is exploited to deliver anticancer drugs directly into the cells otherwise, these large molecules cannot cross the cell membrane.
**Materials and methods:** Fifty-five patients were treated with ECT, and 37 met inclusion criteria. There were 163 nodules included in the analysis