

cases. In rest 33.3% cases jaundice did not come down and those were managed with other palliative care. Average cost of the procedure was 35Euro (approx) where average cost of successful metallic stent was 800Euro (approx).

Conclusion: We concluded that Percutaneous Transhepatic Biliary Drainage was cost effective method of reducing obstructive jaundice in advanced hepatobiliary & pancreatic cancer. It was well tolerated by the patients.

1146

POSTER

Cost-effectiveness of zoledronic acid in the prevention of fractures in postmenopausal women with early breast cancer receiving aromatase inhibitor: Application to the United Kingdom

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Background: The Z-FAST trial demonstrated that zoledronic acid (ZA) prevents aromatase inhibitor (AI)-induced bone loss in postmenopausal women with early-stage breast cancer. The present analysis assessed, from the UK's National Health Service perspective, the cost-effectiveness of ZA in this patient population, stratified by baseline BMD levels.

Materials and Methods: A Markov model was developed to project the lifetime incidence of osteoporotic fractures, quality-adjusted life years (QALYs), and healthcare costs as a function of BMD for women with early-stage breast cancer (aged 60 years old at therapy initiation) on AIs (for 5 years) with or without ZA (twice per year). Risk equations were obtained from the literature as were the estimates of the effects of fractures on costs, quality of life and mortality. Distinction was made between three levels of fracture risk as measured by the mean baseline femoral neck BMD [0.8258 g/cm² (consistent with trial baseline); 0.8000 g/cm²; and 0.7500 g/cm²] corresponding with a remaining lifetime hip fracture risks of 13.4%, 15.5% and 20.2%. The change in BMD levels (and predicted risk of fractures over time) were taken from the first 2 years of Z-FAST and extrapolated to 5 years, consistent with the duration of AI therapy. After the first 5 years, BMD was assumed to change at the rate observed in the general population of same age. Future costs and effects were discounted at 3.5% annually. Results are presented when only considering hip fractures, (for which economic data are better documented), and when considering the cost of all fractures.

Results: In the primary analysis, ZA is projected to decrease the cumulative risk of fractures from 8.6% in the low risk, to 10.0% in the medium risk and 13.4% in the high risk group. When only including the effects on hip fractures costs per QALY gained are estimated at £29,661, £24,938, £17,867. When also including the impact on the costs associated with other fractures ratio's result of £19,302, £14,645 and £7,724 per QALY, all well below a £30,000 per QALY threshold.

Conclusions: This analysis suggests that ZA is cost effective in the prevention of fractures in postmenopausal women with early breast cancer receiving AI in the UK. The cost effectiveness improved when baseline BMD dropped and when all fractures were included. These results are likely conservative as the effect on quality of life associated with preventing non-hip fractures has not been included.

1147

POSTER

The role of transient liminality in expressed expectations for breast care and treatment

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Background: The intervening time period between presenting in primary care with a breast concern and receiving an appointment in a symptomatic breast clinic is an atypical instance when a woman is neither healthy nor ill. The objective of this study was to develop and psychometrically evaluate a questionnaire that could explore the expectations for breast care and treatment from women immediately prior to their initial symptomatic breast clinic consultation.

Materials: One hundred and twenty women completed a newly devised 20-item questionnaire. The Breast Expectation Inventory (BEI) aimed to elicit their expressed expectations for breast care and treatment with regards to their prospective clinic appointment.

Results: Principal Components Factor Analysis produced a three factor solution that reflected biomedical aspects, psychological consequences and social implications of care. Endorsement of specific factors by participants was mediated by the speed of referral to the clinic.

Conclusion: The psychometric properties of the questionnaire suggest that the BEI questionnaire is reliable and valid although further psychometric evaluation is required. It would appear that the intervening period of time between being referred to secondary care and attending

for the first appointment is one of 'transient liminality' – a suspended state where the woman is neither healthy nor ill. In attempting to distance themselves from their potentially damaged body, women attend to either the processes or outcomes of care or to the psychosocial consequences of their possible disease state. Women referred to symptomatic breast services have strong expectations for prospective treatment, care and wider psychosocial issues. Practitioners should be cognisant of this. Using the Breast Expectation Inventory they could identify and specifically address potential psychological issues raised by the referral.

1148

POSTER

Opioid rotation versus combination for cancer patients with chronic uncontrolled pain: a randomized study

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Background: For cancer patients with inadequate pain relief, a switch to an alternative opioid is the preferred option for symptomatic improvement. However, multiple opioids are often simultaneously administered for anecdotal reasons.

Materials and Methods: Patients with uncontrolled cancer pain despite treatment of oral morphine equivalent ≥ 100 mg/d were randomly assigned to oral opioids to transdermal fentanyl (rotation) group or oxycodone plus fentanyl (combination) group. Patients answered a questionnaire that included pain severity (0 to 10) and interference items at baseline and after one week. Primary outcomes were change in pain score and treatment success. Treatment success was achieved when the intensity of pain decreased by at least 33% of the baseline value recorded before randomization. At least 21 patients per group were required.

Results: Of 50 patients who completed baseline questionnaire, 39 patients answered questionnaire after one week of treatment. Baseline pain scores and interference items were similar between both groups. After one week, pain scores (mean \pm SD) were significantly improved in both groups: maximal pain (6.2 \pm 2.2 to 4.7 \pm 2.4 vs. 6.5 \pm 1.8 to 5.1 \pm 2.3) and current pain (5.3 \pm 3.1 to 3.1 \pm 3.1 vs. 4.7 \pm 2.2 to 2.1 \pm 1.8) for rotation group and combination group, respectively. Treatment success was achieved in 11 and 12 patients in the rotation and combination group (p = 0.982). Ten patients (42%) in the rotation group and 16 patients (62%) in the combination group reported that they achieved relief from pain (p = 0.085). The incidence of adverse events was similar in both groups; but fewer patients experienced constipation with opioid rotation than with combination (17% vs. 42%, respectively; p = 0.048). The frequency of rescue analgesics (50% vs. 69%; p = 0.166) and dose modification (29% vs. 38%; p = 0.488) were similar in the rotation and combination groups. Similar number of patients withdrew treatment owing to adverse events (13% vs. 8%) or inadequate pain control (17% vs. 19%).

Conclusions: In patients with chronic uncontrolled cancer pain, both opioid rotation and combination strategies appear to provide significant relief of pain and patient satisfaction.

1149

POSTER

Recombinant lectin ATL-104 reduces the duration and severity of intestinal epithelial damage caused by 5-fluorouracil in rats

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Background: Chemotherapy and radiotherapy are effective against neoplasia. However, they can also damage normal cells in the alimentary tract. This leads to epithelial breakdown, ulceration and intense pain (dose-limiting mucositis). Orally consumed plant lectins can stimulate gut growth in vivo. The potential of the recombinant lectin ATL-104 to ameliorate gut epithelial damage has been investigated.

Methods: Rats (5 animals/group) given lectin orally (200 mg/kg) once daily for 3 days. Dosed with 5-fluorouracil (5FU, one dose, 150 mg/kg, ip) on day 4. Euthanased and small intestine collected up to 4 days later. Standard histochemical evaluation.

Results: Rapid loss of crypt clonogenic stem cells and collapse of villi was evident after dosing with 5FU alone. By 2 days, few progenitor cells were detectable and crypts were not readily discernible. Cell division re-started thereafter and the clonogenic stem cell population appeared to re-establish by 4 days. Despite this, regenerating crypts and villi remained disorganised. Pre-treatment with ATL-104 ameliorated the effects of 5FU. Crypt cell loss occurred as with 5FU alone, but was much less marked. By two days post-5FU, micro-crypts (clusters of dividing, goblet and Paneth cells) appeared throughout the gut. These were sites of regrowth. By 4 days, crypts and villi were highly organised and returning to normal.