Intestinal parameters at 4d post-5FU for rats pre-treated or not with ATL-104

	5FU	ATL-104/5FU	Non-treated Control
Intestine dry wt (mg)	791±49 a	1064±42 b	1142±41 b
Intestine protein (mg)	172±16 a	411±62 b	425±27 b
Jejunal villus height (um)	151±8 a	372±27 b	523±67 c
Jejunal crypt depth (mm)	113±17 ab	139±13 b	82±15 a
Cells/crypt section	65±10 a	72±11 a	51±6 a
PCNA +ve cells/crypt section	56±9 a	28±19 b	11±5 b

Values in a row with distinct letters differ significantly ($p < 0.05$). PCNA, proliferating cell nuclear antigen.

Conclusion: Pre-treatment of rats with ATL-104 reduced damage caused by 5FU and aided rapid restoration of normal gut structure. ATL-104 is thus a possible treatment for mucositis.
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1150 POSTER

MPAC subscales, validated in Spanish, demonstrated sensitivity to change in cancer pain evaluation

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Background: A Spanish version of the Memorial Pain Assessment Card (MPAC) has been recently validated in patients with cancer pain. The present work evaluates the sensitivity to change of the validated Spanish version by oncologic patients in the clinical practice.
Materials and Methods: Epidemiological, prospective, 2-months multi-center study, conducted at 4 services of oncology. The included patients had continuous chronic cancer pain with susceptibility to change (pain intensity >3 in a Visual Analogue Scale [VAS]). The MPAC card (including the 4 subscales: VASPR [pain relief], VASPI [pain intensity measured by VAS] Tursky [pain intensity measured by an 8-items descriptors], and VASMOOD [psychological distress]) was administered at baseline and at 1 and 2 months. Sensitivity to change in each MPAC subscales was evaluated by comparing 2 months versus baseline scores. Information about clinical situation and satisfaction of the patient and the health care professionals with the MPAC card was also collected.
Results: Fifty-four patients with oncologic pain (76% men) with a mean (SD) age of 57(11) years were included. 74% of patients presented metastasis, and in 80% of cases the treatment was palliative. All the MPAC VAS subscales showed sensitivity to change across the 2-months period: mean VASPI at baseline 6.6 (1.7) vs 3.5 (2.0) at 2 months ($p < 0.0001$, Wilcoxon test [WX]); VASPR 4.5 (1.9) vs 6.3 (2.3) ($p < 0.0001$ [WX]); VASMOOD 5.5 (2.1) vs 4.0 (2.1) ($p = 0.0008$ [WX]). Furthermore, 90.5% of patients showed changes in Tursky subscale (11.9% increased pain, 78.6% less pain), being these changes significantly associated with VASPI scores ($p = 0.0006$, Kruskal-Wallis test). Both patients and medical personnel agreed in the card use facility (63% and 71% of cases, respectively).
Conclusions: All the MPAC subscales, in its Spanish version, demonstrated sensitivity to change in the evaluation of cancer pain. Its facility of administration may allow a useful and quick evaluation of the oncologic pain in the clinical practice.

1151 POSTER

Fatigue in cancer patients at the time of rehabilitation

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Background: Fatigue is one of the most common side-effects during cancer treatment. Reduced quality of life during chemo- and radiation therapy may be due to fatigue. Much less information is available about fatigue and its role after treatment, e.g. at the time of rehabilitation.
Dallund offers a one week residential course in rehabilitation to cancer patients from all over Denmark. Each year approx. 650 patients visit Dallund on average 8.3 months after their last treatment (range 1–107 months, mode 2 months). 53% of these patients are women with breast cancer. Since 2004 all 1,272 patients have completed the Dallund Scale, which is a highly structured one page questionnaire qualified to disclose the patients' need of rehabilitation. On this scale 68% indicate that they are distressed by tiredness.
Purpose:
1. To investigate the frequency and the quality of fatigue among Dallund's patients as measured by the Multidimensional Fatigue Inventory (MFI-20, Danish version).
2. To analyse possible correlations of fatigue to diagnosis and treatment.
3. To identify possible differences in the experience of fatigue between breast cancer patients and the remainder group patients at the rehabilitation centre.

Methods: All patients coming to Dallund between January and May 2006 (estimated 200) are asked to fill in MFI-20. The data are collated to the patients' diagnoses and treatments and may be further compared to Dallunds other information about the individual patients, e.g. from the Dallund Scale.
Results: Using MFI-20, we get a much more differentiated picture af the patients fatigue. It appers that a great deal of our patients has a general fatigue – feel tired and tire easily. It further appers that a great deal does not have significant problems with mental fatigue.

1152 POSTER

STARS – surveillance on the treatment of anaemia: a retrospective survey

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Background: Based on EORTC guidelines, erythropoiesis-stimulating agents are recommended to increase hemoglobin (Hb) levels in patients (pts) with chemotherapy-induced anaemia (CIA). This registry aimed to observe clinical practice in pts treated with darbepoetin alfa (DA) including ease of use of a new DA SureClickTM prefilled pen, and to evaluate guideline compliance with respect to Hb level at treatment initiation (Hb 9−11 g/dL) and treatment target (Hb 12−13 g/dL).
Methods: This was a multicenter, retrospective, observational study in pts with CIA who had received DA 500 mcg every 3 wks (Q3W) for $\geqslant$9 wks. Data collected: demographic and clinical characteristics; Hb levels; DA administration; chemotherapy; physician's satisfaction with DA efficacy; and qualitative evaluation of ease of SureClickTM pen use.
Results: A total of 75 pts were analysed: 64% were men; mean (SD) age, 64±12 years; 81% had solid tumours (22.7% non small-cell lung; 12.0% prostate; 10.7% bladder; 6.7% breast; 4.0% small-cell lung; 2.7% colorectal; 22.2% other); and 19% had haematological tumours (13.7% non-Hodgkin lymphoma; 5.3% other). Fifty-six percent had a primary nonmetastatic cancer, 33% had metastases, and 11% had recurrences. Platinum-containing regimens were administered to 37% of pts. Iron was given to 16% of pts (33% IV; 67% oral). A total of 290 chemotherapy cycles were evaluated. Mean evaluation time was 60 days (range, 1–209). At DA initiation, mean Hb was 10.0 g/dL (range, 7.2−12.9 g/dL). During evaluated chemotherapy cycles, 70−87% of pts had a Hb value <11 g/dL. Hb target was 12−13 g/dL in 79% of pts and 10−12 g/dL in 4%. A total of 23 pts (31%) required transfusions (median 2 units). Mean Hb at transfusion was 8.3 g/dL (range, 5.9−9.9 g/dL). In the physician survey, recovery from low RBC count after DA treatment was considered "very good" (11%), "good" (50%), and "satisfactory" (24%). Improvement of anaemia symptoms was "very good" (17%), "good" (58%), and "satisfactory" (20%). The SureClickTM pen was used "always at the clinic" in 67% of pts and "always at home" by 31% of pts, and ease of use was considered "very good" by 61% of caregivers and 68% of pts. One adverse event was related to the SureClickTM pen (pain at administration site).
Conclusions: In this registry of pts treated with DA Q3W, the majority of pts were treated in accordance with EORTC guidelines. In addition, physicians found DA 500 mcg Q3W to be effective and both pts and caregivers found the SureClickTM pen easy to use.