1172

ICRF-187 SIGNIFICANTLY INFLUENCES Ca++, Fe++, Ph+++, Mg++ AND HCO3- LEVELS IN HUMANS. Russo A.*, Rotolo M.°, Palmeri S.*, Leonardi V.*, Meli M.*, Rausa L.* *Oncologia Medica, Univ., Policlinico "P. Giaccone", Palermo. °Osp. G.Ingrassia, Serv. Anestesia, Rianimazione e Terapia antalgica.

16 consecutive histologically proven cancer patients (pts) have been treated with standard Doxorubicin (DXR) (60-75 mg/m2) containing protocols. Each pt received 1000 mg/m2 of ICRF-187 diluted in lactate Ringer solution (i.v. 1/2 h) before DXR administration. There were 12 women and 4 men , mean age was 50 y (26-79) and mean PS (KI) was 75 (50-100). All patients had basal good renal, cardiac and liver functions. We initially observed 2 episodes of severe tetany after ICRF-187 infusion. A mean of 1.5 cycles (range 1-3) has been so far administered and we carried out 24 total calcium and free ions measurements. As shown in the table no difference has been found between basal and T1 Total Calcium levels while the differences between T0 and T1 levels were statistically significative for all free ions determined.

	T0*	T1*	p
Tot Ca (mmol/lt)	5.25	5.1	0.4 (NS)
Ca++ (mmol/lt)	3.8	3.2	< 0.00001
Mg++ (mmol/lt)	0.85	0.81	< 0.03
Ph+++ (mmol/lt)	1.0	0.9	< 0.0004
Fe++ (mmol/lt)	20.4	19.9	< 0.00005
HCO3- (mEq/lt)	22.8	22	< 0.01

* mean of 24 measurements.

We found no statistically significant differences between T1 and T2 free ions levels. We think that during ICRF-187 treatment free ions should be strictly monitored in order to avoid dangerous toxicities.

1173

ERYTHROPOIETIN (r-HuEPO) TREATMENT IN CANCER PATIENTS WITH ANAEMIA

Bősze P. Varsányi R.

National Institute of Oncology, Budapest, Hungary

Anaemia is common in patients with gynaecological malignancies and has similar features to those seen in other chronic diseases. Some of these patients repeatedly require blood transfusion.

The aetiology of anaemia is probably multifactorial. Recently it has been shown that erythropoietin production in cancer patients is inadequate for the degree of anaemia. This is the theoretical rational for erythropoietin treatment of advanced cancer related anaemia. Chemotherapy may have a number of side effects including bone marrow suppression. thus further decreasing the serum levels of haemoglobin (HB).

We treated 10 patients with cancer related anaemia by giving recombinant human erythropoietin (Eprex, Cilag AG International).

100 U/kg body weight was administered 3 times per week for 16 weeks depending on the serum HB levels. All of the 10 patients received carboplatin or cisplatin therapy.

The tumour progressed during Eprex treatment in 4 women. In spite of this, serum HB levels increased. However, during a rapid tumour progression period in 1 patient, there was a fall in the Hb level and the patient required transfusion. In 3 patients with partial and in 3 with complete response the serum levels of HB increased significantly. In 5 of them the Eprex treatment was stopped because of the high levels of HB.

In conclusion, Eprex treatment of cancer related anaemia appears to be highly effective in patients with gynaecological malignancies treated with cisplatin or carboplatin therapy.

1174

PEG-APPLICATION IN CANCER PATIENTS UNDERGOING RADIOTHERAPIE - IS THERE REALLY ANY PROFIT WITH REGARD TO NUTRITIONAL STATUS ?

N.M. Blumstein[1], G. Richter[2]

[1] Radiation Center at the Zentralklinikum Augsburg, FRG (Leiter: Prof.Dr. A.-C. Voss)

[2] Clinic for Internal Medicine, Zentralklinikum Augsburg, FRG (Leiter: Prof.Dr. M. Wienbeck)

The PEG (Percutaneous Endoscopic Gastrostomy) is a simple, relative safe and cost-effective means of establishing enteral access for patients who qualify for long-term nutritional support. Before any therapy starts 25 - 50% of patients with tumors in the head and neck and esophagus region have already markedly reduced nutritional status. Nevertheless these patients require aggressive multimodal tumor treatment and the side effects of treatment include further deterioration of nutritional status.

In our study 144 cancer patients (123 with tumors in the head and neck region and 21 with esophagus carcinoma) which are supplied with a PEG versus orally feeded patients, obtained a standardized treatment schedule (combined simultaneous radiochemotherapy). Data about the weight loss was collected all over the treatment course.

Patients without PEG had a mean weight loss of 2.3%, whereas patients with a PEG-application lost 0.4% of their pretreatment weight. In addition to that we found that patients receiving PEG before starting therapy showed more extensive benefit compared to patients receiving PEG application during therapy. Subgroup analysis showed that patients with tumour in oro/hypopharynx region had the strongest deterioration of nutritional status.

1175

ANTIEMETIC EFFICACY OF ONDANSETRON AND CORTICOSTEROID IN PATIENTS RECEIVING CHEMOTHERAPY FOR MALIGNANT LYMPHOMA.

M.A.Victor, M.Jørgensen. Dept. of Medicine and Haemathology L, Rigshospitalet, Dept. of Medicine and Haemathology L, Herlev Hospital, Denmark.

Aim of the study: To compare the antiemetic efficacy of ondansetron (OND) anc corticosteroid with a standard regimen of metoclopramide (MCP) and corticosteroic in patients receiving their first series of chemotherapy (CT) (CHOP or MOPP).

Study design: Open, randomized, parallel groups, two centers.

Patients were randomized to receive either a): OND 8mg i.v. followed by 8mg p.o. t.i.d. days 1-5, or b): MCP 30mg i.v. followed by 20mg rectal at 4 and 8 hours, thereafter only if necessary days 1-5. All patients received metylprednisolone 80mg i.v. day 1 and prednisolone 40-60mg/m^2 p.o. daily days 2-5 as part of the CT.

Patients: 109 patients with malignant lymphoma entered the study, 107 were evaluable in regard to adverse events, 100 in regard to antiemetic response (Hodgkins disease 21 pts, non-Hodgkin lymphoma 79). All patients were chemotherapy-naive.

Results: In the acute phase day 1. OND provided complete emetic control (no vomits or retches) in 92% vs. 50% treated with MCP. No nausea occured in 79% vs. 43%, and the aim - neither emesis nor nausea - were reached in 77% vs. 35%. These differences were highly significant.

Delayed nausea days 2-5 was completely controlled by OND in 81% vs. 58% treated with MCP (p=0.0261). No difference between the regimens was found in regard to delayed emesis, with complete control rates of 94% and 85%.

Adverse events in OND treatment were mild, being constipation in 13% vs. 8% treated with MCP, headache in 9% vs. none treated with MCP. In the MCP-treated group only one patient experienced an extrapyramidal reaction.

Conclusion: In this group of patients the OND and corticosteroid combination seems to be very effective and superior to the MCP-steroid combination.

1176

QUALITY OF LIFE IN ADVANCED CANCER PATIENTS

P.Dalrì, F.Fedrizzi, G.Devigili, T.Pusiol, P.D'Amato, M.Tognì

Divisione di Medicina e Ambulatorio Oncologico - Ospedale S.Giovanni - 38017 MEZZOLOMBARDO (TRENTO) ITALY

Neoplastic Cachexia, associated with Astenia and Anorexia is a common effect of far advanced cancer. In a prospective open study, 175 cancer patients not amenable to conventional therapy were treated with Medroxy Progesterone Acetate (M.P.A.) 2.000 mg/day/p.os. for 30 days. All Patients, with a life expectancy of at least two monthes, were not amenable to conventional treatment and had not hormone sensitive tumors. 70 were males and 105 wer females; their Karnofsky's performance status was 30 %, and their weight loss greater than 20 %.

Results: during the treatment a subjective improvement was observed in asthenia (130/175) anorexia (120/175) and performance status (150/175); an obiective increase in body weight (median 15 %) was observed in 130/175 patients. Treatment was well tollerated and side-effects were of small clinical significance.

Conclusion: M.A.P. 2.000 mg/day/p.os. x 30 days is a good support treatment for patients suffering from advanced cancer.

1177

PRE-CHEMOTHERAPY NERVOUSNESS AS A MARKER FOR ANTICIPATORY NAUSEA: A CASE OF A NON-CAUSAL PREDICTOR

G Kvale, B Glimelius, K Hoffman, & P O Sjödén

Department of Clinical Psychology, University of Bergen, Norway. Department of Oncology, & Centre of Caring Sciences, Akademiska Sjukhuset, Uppsala, Sweden.

The present study reports a significant but non-causal relationship between pre-chemotherapy nervousness and development of anticiaptory nauses (AN) in cancer patients. A comprehensive psychosocial care program with the aim to improve the total situation of patients treated with chemotherapy (n=119) was carried out in Uppsala during 1988-1989. Multiple quality-of-life (QL) recordings were employed for the project patients in all phases of treatment. A comparable pre-project group, treated one month previously at the same wards, served as controls (n=54). Pre-chemotherapy nervousness at the first chemotherapy course was a highly significant predictor for AN after 5 months of treatment in the project patients, and was also significantly related to AN in the pre-project group. There was furthermore a significant interaction between pre-project/project groups and severity of AN/PN after 5 months of treatment, indicating that project patients had developed less severe AN despite more severe PN as compared to the pre-project patients. The reduction of AN severity was, however, of marginal clinical importance, as indicated by non-significant differences in reported AN in the two groups, when severity of PN was not considered.