Effective Stimulation of Thrombopoiesis with Interleukin-3 (IL-3) in Chemotherapy-induced Myelosuppression—A Case Report

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A 67-YEAR-OLD woman with stage III C ovarian cancer was treated with primary surgery and chemotherapy (carboplatin 350 mg/m^2, 1 day, cyclophosphamide 750 mg/m^2, 1 day). After the fourth cycle, the patient developed pronounced myelosuppression accompanied by petechial bleeding. No substantial increase in the thrombocyte count was achieved even after 6 platelet and 4 erythrocyte transfusions. It was decided to give the patient IL-3 subcutaneously (5 μg/day/kg) for 7 days.

An increase in thrombocyte count from 16,000/μl to 20,000/μl was observed 2 days after beginning IL-3 treatment, which continued steadily to 156,000/μl. When the IL-3 treatment was stopped, the thrombocyte count increased to 235,000/μl and remained at that level. Side effects due to rhIL-3 administration (flu-like symptoms) were typical for growth factors, moderate and treated effectively with paracetamol.

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Prospective Analysis of the Information Level of Italian Cancer Patients

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ATTITUDES TOWARDS the problem of "how" and "how much" to inform cancer patients about their diagnosis and prognosis have been evolving worldwide in the last two decades in the direction of an increasing frankness [1–5]. However, great geographical differences exist, with considerable reluctance in Latin countries to offer a full disclosure of truth, particularly when the prognosis is severe [6–8]. The effectiveness of the modalities of information of cancer patients prevailing in Italy (prudent sincerity on diagnosis and reasonable optimism on prognosis) is little known.

From November 1992 to June 1994, 322 unselected cancer patients presenting at our Institutions were interviewed by a psychologist about their perceptions of the nature and extent of their disease and about the modalities of the information received. The answers were correlated with demographic and sociocultural aspects and with the medical state of the patients. Adequate information was defined as a correct identification of the malignant nature of the disease and of its extent (active disease absent versus present). At analysis, the significance of the differences in percentages was evaluated by the chi square test.

In the study period, 194 patients were enrolled in Gorizia and 128 in Aviano. Of the 322 patients interviewed, 100 were male, 222 female. The median age was 59 years (range, 20–82 years). 244 patients had attended school for 8 years or less, 78 for more than 8 years. Tumour types included breast carcinoma in 160 patients, malignant haematological diseases in 50, gastrointestinal carcinoma in 49, genitourinary cancer in 23, lung cancer in 18, gynaecological cancer in 10 and other tumours in 12 patients. The disease was classified as absent (patients apparently cured of their disease) in 206 cases, present in 116. 192 patients were receiving active treatment, while 130 were at follow-up.

Patients stated that they had been informed by the surgeon in 128 cases, by the family doctor in 35, by the medical oncologist in 28, by other medical sources in 91, by relatives and friends in 5. No information had been offered to 35 patients. Patients defined their knowledge of their disease as good in 274 cases, partial in 36, poor or absent in 12. The disease was defined as

Table 1. Correlation of the adequacy of information with some patient characteristics

Characteristic	Adequate information/ total number of patients	P
Age		
< 70	106/262	
≥ 70	10/60	< 0.001
Sex		
Male	38/100	
Female	78/222	ns
School years		
≤ 8	74/245	
> 8	42/77	< 0.001
Disease type		
Breast cancer	51/160	
Other tumours	65/162	ns
Active disease		
Present	43/116	
Absent	73/206	ns
Ongoing treatment		
Yes	66/192	
No	50/130	ns
Institution		
Gorizia	53/194	
Aviano	63/128	0.001