1218 POSTER

ONDANSETRON (OND) SUPPOSITORY (SUP): AN EFFECTIVE TREATMENT IN THE PREVENTION OF CHEMOTHERAPY-INDUCED EMESIS

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OND is currently available in oral (po) and intravenous (iv) formulations for chemotherapy and radiotherapy-induced emesis, sup's will provide a useful alternative. Two multicentre, randomised, double-blind, parallel group studies compared the efficacy and safety of a 16 mg once a day (od) OND sup with (i) 8 mg OND iv followed by 8 mg twice daily (bd) OND po in cisplatin chemotherapy and (ii) 8 mg bd OND po in non-cisplatin chemotherapy. Four hundred and twenty-one patients were recruited into the cisplatin study and 406 into the non-cisplatin study. In the cisplatin study, 92% of patients experienced complete or major control of emesis (0 to 2 emetic episodes) on day 1 in the OND iv and po combined regimen compared with 87% of patients in the OND sup regimen. In the non-cisplatin study, 81% of patients experienced complete or major control of emesis on the worst day of days 1–3 in the 8 mg bd OND po regimen compared with 73% of patients in the 16 mg od OND sup regimen. The 90% confidence interval for the difference between the treatments for complete or major control in both studies showed that the sup regimen was equivalent to the other two OND regimens. The most frequently reported drug-related event was headache. In conclusion, these two studies showed that the ondansetron sup was effective and safe in the prevention of cytotoxic drug-induced emesis.

1219 POSTER

FOUR ARM ORAL DOSE-RESPONSE TRIAL OF DOLASETRON MESYLATE (DM) FOR PREVENTION OF EMESIS INDUCED BY PLATINUM-CONTAINING MODERATELY EMETOGENIC CHEMOTHERAPY (CT)

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The antiemetic efficacy of four oral doses of DM was studied in this 24-hour, double-blind study. At 32 centers, 307 cancer patients were randomized to 25, 50, 100, or 200 mg of DM 30 minutes before IV CT with carboplatin (275–400 mg/m^2) or cisplatin (20–50 mg/m^2). Linear trend with dose was measured using complete response (CR: no emetic episodes [EE] and no rescue medication [RM]); CR + major response (CMR: 1–2 EE and no RM); and patient ratings of nausea (<5 mm = no nausea) and satisfaction with antiemetic therapy on a 100 mm visual analog scale (VAS). Linear trends across the 25, 50, 100, and 200 mg doses of DM, were statistically significant both ($P < 0.0001$) for CR (44.7%, 71.3%, 73.2%, 82.5%) and CMR (55.3%, 77.5%, 77.5%, 87.5%). A statistically significant linear trend with dose ($P < 0.0001$) was also recorded for the stringent combined test of CR + no nausea (32.9%, 48.8%, 62.0%, and 70%) and for VAS nausea ($P = 0.0034$) and satisfaction ($P = 0.0023$). There was no statistically significant relationship between the overall incidence of adverse events and dose increase. Headache was the most frequently reported adverse event but its incidence was not dose related. Single oral doses of DM are effective in preventing emesis in cancer patients with excellent safety and efficacy recorded with the 50, 100, and 200 mg doses of DM.

1220 POSTER

ADDING 5 HT$_3$ ANTAGONISTS (5 HT$_3$) TO DEXAMETHASONE (DEX) AFTER 24 HOURS HAS A MINIMAL EFFECT IN PREVENTING DELAYED ONSET NAUSEA (N) AND VOMITING (V) IN PATIENTS (PTS) RECEIVING MODERATELY EMETOGENIC CHEMOTHERAPY (MEC)

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As a component of a larger study 402 pts treated with DEX 8 mg IV and either 2.4 mg/kg dolasetron (DOL) or 32 mg ondansetron (OND) prior to MEC were randomized to continue DEX at 8 mg po daily or DEX plus the 5HT$_3$ (DOL 200 mg daily, OND 8 mg bid). Pts receiving 3 days of MEC were given IV drugs for 3 days and oral drugs for 4 days. Severity of nausea was measured on a visual analogue scale. *Results*: 72% pts were female, 50% had metastatic disease, 43% received doxorubicin, and 22% had <50 mg/m^2 cisplatin. Over 7 days 58/141 (41%) pts on DEX alone had complete protection vs 55/125 (44%) on DOL + DEX and 68/136 (50%) on OND + DEX. This difference was not significant ($P = 0.447$; 90% CI −3% to 15%) when, as planned, both 5HT$_3$, were combined in the comparison. There was a significant reduction in nausea severity (9.2 vs 6.4; $P = 0.029$) in the combined 5HT$_3$, added group. *Conclusion*: Routine continuation of 5HT$_3$s beyond 24 hours has limited benefit.

1221 POSTER

AMPHOTERICIN B LIPID COMPLEX (ABLC) FOR FUNGAL SEPSIS IN HIGH-RISK IMMUNOCOMPROMISED PATIENTS

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Sixteen pts with hematologic malignancies, neutropenic after allogeneic marrow (n = 6) or autologous stem cell (n = 3) transplants, or chemotherapy (n = 7), received ABLC (5 mg/kg/d) for presumed (n = 14; fever unresponsive to multiple antibiotics) or proven (n = 2) fungal sepsis. ABLC was used due to renal dysfunction, or lack of efficacy of or intolerance to amphotericin B. Four pts received only 1 dose of ABLC due to disease-related death (n = 1), fever and rigor (n = 2; no premedication), or sweating (n = 1). Twelve pts received ABLC for 2–28 d (med 6), and 10 were evaluable for response (ABLC for $\geq$; 4 d). A tuberculous-aspergillus lung cavity which was enlarging on 4-drug antituberculous therapy resolved within 2 weeks on ABLC. There was radiologic improvement in another aspergillosis pt but ABLC was discontinued due to further elevation in serum creatinine. Five of the remaining 8 pts responded clinically. Overall response rate was 70% amongst evaluable pts. Over the therapy period, serum creatinine declined in 1 pt, remained unchanged in 2, and increased in 7 (5 of whom were also receiving other nephrotoxic drugs). ABLC was stopped due to nephrotoxicity in only 1 pt. We conclude that ABLC is effective in the therapy of fungal infections in immunocompromised patients and warrants further assessment.

1222 POSTER

HOW MUCH DOES PERFORMANCE STATUS CORRELATE WITH MULTIDIMENSIONAL GERIATRIC ASSESSMENT IN ELDERLY PATIENTS WITH CANCER (EPC)?

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The present study is part of a multicentre investigation aimed at identifying an instrument of multidimensional assessment of EPC that may represent a new model of biomedical evaluation, focused not only on the neoplastic condition, but also on the associated comorbidity and disability. This instrument may be potentially useful for a more thorough treatment and follow-up of EPC. Since the performance status (PS) is widely used in medical oncology for this purpose, it is important to quantify how much the PS itself is correlated with this instrument to be implemented. Between March 1994 and February 1995, 70 consecutive EPC hospitalized at the Aviano Cancer Centre (median age:72 years, range 65–84), with haematological neoplasias and solid tumours, were enrolled into the study. They were interviewed by means of a multidimensional assessment protocol (MACE), specifically designed to collect information, among others, on socio-demographic characteristics, economic status, cognitive status (Mini Mental State—MMS—Test), Geriatric Depression Scale (GDS) and physical activity (Physical Performance test—PPT;Activity of Daily Living—ADL—and the Instrumental Activity of Daily Living—IADL—tests). The reproducibility and validity of MACE among EPC was previously tested among a sample of the present study group. The statistical correlation between PS (according to the Karnofsky scale) and MACE (MMS, PPT, GDS, ADL and IADL) was evaluated using the correlation coefficient (r). A good positive correlation emerged between PS and both IADL (r = 0.55) and ADL (r = 0.50), indicating that PS may identify nearly 30% of the differences among EPC measured by MACE. A lower positive correlation was found between PS and MMS (r = 0.31) and PPT (r = 0.29), whereas an increased PS was correlated with a lower number of depressive symptoms.

In conclusion, the present results suggest that more than 70% of the variability measured by MACE could not be predicted by PS. They also highlight substantial limitations of PS alone among elderly patients, and

stress the additonal need for the adoption of the multidimensional assessment approach in the oncological field.

1223 POSTER

WHY PATIENTS SEEK UNCONVENTIONAL CANCER THERAPIES

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Acknowledging today's general interest in unconventional therapies, a survey on the use of unconventional therapies was carried out at the oncological after care ambulance at the women's clinic of the Justus-Liebig-University Gießen. Of the surveyed patients, 38.8% (80/206) used unconventional therapies mainly mistletoe extracts (50%), trace minerals (46%), megavitamins (39%), and enzymes (22%). The ethiologic belief about the cause of cancer determined the choice for the various methods ($P = 0.00074$). Depending on different beliefs in other countries different unconventional therapies are used. Users of unconventional methods significantly suffered more from conventional therapy, had less faith in their doctors, and felt more nervous and emotionally unstable after the diagnosis "cancer".

However, use of unconventional therapy as a part of active coping has proven beneficial. For patients who wish additional therapy oncologists should be advised to support them with fitness programs, balanced diets, mild psychotherapy, and immunostimulants if desired. These procedures will ensure that patients will not lose contact and then be treated by charlatans.

1224 POSTER

AN OPEN LABEL STUDY OF TROPISETRON FOR ACUTE AND DELAYED CISPLATIN-INDUCED EMESIS

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Patients (pts) receiving their first course of chemotherapy with $\geqslant$ 50 mg/m^2 cisplatin had 5 mg tropisetron IV prior to chemotherapy then 5 mg po daily from days 2 to 6. In cycle 2 (C2) dexamethasone (dex) 20 mg IV day 1 and 8 mg po days 2–6 could be added to tropisetron if less than complete control (CR) of nausea and vomiting occurred in cycle 1 (C1). Of 102 pts the CR for acute emesis was 64% with 84% having $\leqslant$ 2 vomits (CR + PR) and the CR for nausea was 56%. The CR for delayed emesis was 24% with 66% CR + PR and for delayed nausea 21%. For 46 pts who had dex added in C2, the CR for acute emesis was 78% compared to 63% in C1 and for acute nausea 76% CR compared to 46% in C1. Adding dex in C2 improved the CR rate for delayed emesis from 20% to 29% and CR + PR from 89% to 100% and for delayed nausea 13% to 29% compared to C1. The CR for acute emesis increased for older pts, from 45% in pts $\leqslant$ 40 years to 89% in pts $\geqslant$ 70 years and was higher in males (71%) than females (50%). The response rate was higher in women with lower oestradiol levels, but this did not reach statistical significance. Alcohol consumption of greater than 20 years, but not the frequency or amount drunk in the previous year, correlated with better response rates in acute emesis in males. The investigators assessed the efficacy of tropisetron as good or very good for acute emesis in 69% and for delayed emesis in 42% while tolerability was rated as good or very good in 85% pts.

1225 POSTER

ONDANSETRON (OND) VS GRANISETRON (GRA) IN THE CONTROL OF CHEMOTHERAPY-INDUCED ACUTE EMESIS

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Nausea and Vomiting (N/V) are very frequent side effects of cancer chemotherapy. $5HT_3$ receptors antagonists are new antiemetic drugs that can improve quality of life of cancer patients receiving chemotherapy. We have conducted a multicentric randomized study to compare the efficacy and tolerability of two $5HT_3$ receptors antagonist: OND and GRA. We enrolled 118 non-pretreated cancer pts (70 females, 48 males) to receive OND 0.15 mg/kg iv d1 (repeated at 2 and 4 hrs) (116 cycles) or GRA 40 mcr/kg iv d1 (117 cycles) before chemotherapy regimen. Each pt was randomized to receive one of two schedules at first cycle and the other schedule at second cycle. The main patient characteristics were: mean age 51 yrs, KI 0–3.48 (41%) pts received highly emetogenic chemotherapy (HE), 70 (59%) pts received moderate emetogenic chemotherapy (ME). Thirty-six per cent of pts had breast cancer, 24% lung, 16% LH/LNH, 24% other. Of the total 233 cycles administered (93 HE, 140 ME) we have registered the following results: (1) HE regimen: N/V grade (G)1 11% (OND) and 11% (GRA), G2 17% (OND) and 17% (GRA), G3 4% (OND) and 2% (GRA). Seventeen per cent (OND) and 20% (GRA) had not N/V. (2) ME regimen: N/V grade (G) 1 16% (OND) and 16% (GRA), G2 15% (OND) and 11% (GRA), G3 2% (OND) and 3% (GRA). Seventeen per cent (OND) and 21% (GRA) had not N/V. The main toxicities were: headache 24% (OND) and 23% (GRA), light-headedness 13% (OND) and 18% (GRA), constipation 11% (OND) and 6% (GRA), other 6% (OND) and 6% (GRA). None of these differences were statistically significant. It is to note that each pt was requested to express a preference between the two drugs: 22% of pts chose OND, 38% GRA and 40% expressed no preference. These differences are statistically significant ($\alpha = 0.05$). In conclusion we think that OND and GRA are effective but the two drugs are equally active and toxic. From a subjective point of view we noted a trend in favour of GRA.

1226 POSTER

ONDANSETRON VS GRANISETRON, BOTH COMBINED WITH DEXAMETHASONE IN THE PREVENTION OF CISPLATIN-INDUCED EMESIS

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From December 1992 to July 1994, 973 consecutive patients scheduled to receive for the first time cisplatin at doses $\geqslant$ 50 mg/m^2, used alone or in combination with other antineoplastic agents, entered a double-blind multicenter randomized study comparing ondansetron (OND) 8 mg iv vs granisetron (GRAN) 3 mg iv, both diluted in 50 ml normal saline and administered in 15 minutes, 30 minutes before chemotherapy. Dexamethasone (DEX) 20 mg iv was added to the 5-HT_3 antagonists and administered in 15 min, 45 min before chemotherapy. Nine hundred and sixty-six patients (483 receiving OND and 483 GRAN) were evaluable for intention to treat analysis. Patient characteristics were well balanced between the two antiemetic treatments. Complete protection from acute vomiting/nausea was obtained in 383 (79.3%)/348 (72.1%) of patients receiving OND and in 386 (79.9%)/347 (71.8%) of those receiving GRAN. During day 2–4 after chemotherapy patients received the same antiemetic prophylaxis for delayed emesis (metoclopramide 20 mg 4 times/day + DEX 8 mg im × 2 on day 2–3 and 4 mg im × 2 on day 4). Complete protection on day 2–6 from vomiting/nausea was obtained in 69.7%/52.9% and 70.0%/49.6%, respectively. Adverse events were mild and not significantly different between the two antiemetic regimens.

In conclusion, OND 8 mg and GRAN 3 mg, both combined with DEX, showed similar efficacy and tolerability in the prevention of acute and delayed cisplatin-induced emesis; therefore, the choice between them should be made on the basis of acquisition costs. Supported by AUCC (Associazione Umbra Contro il Cancro).

1227 POSTER

DOSE-RESPONSE TRIAL ACROSS FOUR ORAL DOSES OF DOLASETRON (DM) FOR EMESIS PREVENTION AFTER MODERATELY EMETOGENIC CHEMOTHERAPY (CT)

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This double-blind multicenter trial studied four oral doses of DM for antiemetic effectiveness in 319 predominately CT-naive cancer patients, receiving IV CT. Patients were randomized to one of four treatments: 25, 50, 100, or 200 mg of DM, 30 minutes prior to CT with doxorubicin (in