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