were randomised to receive single doses of 3 (n = 57), 9 (n = 54) and 18 mg ITA (n = 53) or 32 mg OND (n = 55) by slow infusion (15 mins), 30 mins before the start of chemotherapy.

Results: The main efficacy results are tabulated below:

	ITA			OND
	3	9	18	32
Complete response (no emetic episode in 24 h)	56%	41%	43%	49%
Complete response at 7 days	77%	74%	66%	66%
No nausea; first 24 h	46%	43%	47%	47%
Use of "rescue" medication, first 24 h	26%	24%	21%	35%

Adverse events were similar across all groups and were those expected for this class. All treatments were well tolerated.

Conclusion: Intravenous doses ≥3 mg ITA have comparable efficacy and tolerability to 32 mg OND.

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Management of febrile neutropenia in 272 episodes in solid tumor patients with once daily administration of ceftriaxone

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Purpose: Evaluation of the efficacy of ceftriaxone in a multicenter non randomized trial as first line treatment in solid tumor patients with fever and neutropenia. Additional antibiotics were added as clinically indicated.

Methods: Pts were included with neutrophil count <1.000/μl, fever >38.5°C and/or C-reactive-protein (CRP) >1.0 mg/dl. 272 neutropenic febrile episodes were documented in 234 pts with solid tumors from 34 centers from Febr 92 to Jan 96. Mean maximum temperature 39.1°C (SD ± 0.6), mean neutrophil count 485/μl (SD ± 324). Median duration of neutropenia 8 days, mean treatment duration 6.6 days (SD ± 3.1). Initial treatment was ceftriaxone alone in 153 episodes, and combination therapy in 119 cases (aminoglycosides ± glycopeptides).

Results: Response to initial treatment was obtained in 197 episodes (72.4%). Nonresponders (n = 75) to initial treatment responded to an escalated or alternate antibiotic regimen in 93.3% (n = 70). There were no infection related deaths, 3 pts died during the observation period due to tumor progression. Positive microbiological cultures were documented in 55 episodes (20%).

Conclusion: Ceftriaxone can be considered as a safe and adequate first line treatment in febrile neutropenia in patients with solid tumors. The addition of glycopeptides or aminoglycosides should be considered in non response or suspected non sensitive microorganism.

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An audit of Hickman line complications in patients with solid tumours

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In this retrospective study the complications arising from the use of Hickman catheters in patients with solid tumours was assessed. Sixty-nine patients (50 female and 19 male) underwent insertion of 80 Hickman catheters between 1994 and 1996. Three were inserted surgically, and 77 under radiological guidance. Tumour types were: breast cancer (40), gastro-oesophageal (21), colonic cancer (4), others (4). Catheters remained in place for a total of 7242 days (median 101 days, range 1–278).

Complications occurred in 32 patients (46%) and 7 patients suffered more than one complication. Early complications occurred in 6 patients: 4 pneumathoraces, 1 arterial puncture, 1 failed placement. Twenty-eight (41%) of patients developed 38 late complications: superficial sepsis (9), systemic sepsis (11), thrombosis (9), haemorrhage due to overanticoajulation (1), catheter dislodgement (4) and blockage (1). There was no association between age, site of insertion or catheter gauge and development of pneumothorax, but 3 of 4 patients had a BMI < 22, and 2 a BMI < 20. 11 incidences of systemic sepsis occurred in 9 patients (sepsis rate 1.52/1000 catheter days). The majority (7/11) occurred during neutropenia but only three were preceded by superficial sepsis. Venous thrombosis occurred in 9 patients, and 4 of 9 lines required removal for resolution of the thrombus.

In summary, Hickman lines offer a generally safe and convenient method for the administration of infusional chemotherapeutics although the overall complication rate (46%) is high.

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Palliative treatment of accessible solid tumors with intratumoral cisplatin/epinephrine injectable gel

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Purpose: We are evaluating palliation of accessible solid tumors (e.g., malignant melanoma, metastatic breast & lung cancer, head & neck SCC) using intratumoral injection of IntraDose™ (cisplatin/epinephrine) Injectable Gel (CDDP/epi gel) that provides prolonged and high intratumoral drug concentrations.

Methods: Three separate multicenter studies include 103 patients with accessible, visible, or palpable solid tumors of various histologic types who refused, had failed, or were not otherwise candidates for conventional therapy. The open-label pilot, doseescalation trial of CDDP/epi gel (1–6 mg CDDP/cm^3 tumor volume) evaluated feasibility, safety, and efficacy; two other identical open-label Phase III trials used a dose of 2 mg CDDP/cm^3. CDDP/epi gel was injected intratumorally at weekly intervals for up to 6 weeks.

Results: Pilot Study: 45 patients with 82 evaluable tumors (<0.1–109 cm^3) completed study; mean total cumulative doses of 0.49–46 mg of CDDP administered in 1–4 treatments with CDDP/epi gel. No dose-limiting side effects occurred. Objective tumor responses (CR + PR) occurred in 50% of tumors of which 40% were complete responses; median CR duration was 160 days (range 28–469 days). Phase III Studies: 68 patients are enrolled in ongoing studies in Europe and the U.S. Evaluations include tumor responses, palliation of symptoms (pain, obstruction), and quality of life.

Conclusions: Treatment with CDDP/epi gel was feasible and well-tolerated. No nephrotoxicity, neurotoxicity, or ototoxicity has been identified to date. This intratumoral chemotherapy may prove useful for local primary or adjunctive palliative therapy in selected patients with accessible tumors.

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Incidence and sonographic features of hepatosplenic candidiaisis in patients with febrile neutropenia

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Purpose: Hepatosplenic candidiasis is a well known complication of patients treated with high-dose chemotherapy. Febrile neutropenia is a major risk factor for the onset of systemic fungal infections. Early detection and long lasting antifungal therapy are important prognostic factors. Therefore evaluation of incidences and sonographic features in hepatosplenic candidiasis is required.

Methods: Pts undergoing high-dose chemotherapy were examined by routine abdominal ultrasound scan. Whenever clinical signs of infection occurred, i.e. fever >38.5 °C, the pts were reevaluated. Within a two-months period from Dec 96 to Jan 97, 90 consecutive pts were examined with a 3.5 MHz-convex-phased-array (Kranzbühler Logiq 500).

Results: In 3 pts hepatic and/or splenic microabscesses were detected, 2 pts showed a typical "wheel in wheel sign", 1 pt had multiple dicrete hypoechoic lesions in the liver and spleen. A changed structural pattern, showing inhomogeneity of liver and spleen, was documented in 2 further pts, which was highly suspicious for an evolving systemic hepatosplenic candidiasis.

Conclusion: Ultrasound is a sensitive and easily accessable method to detect microabscesses and other typical morphological changes allowing early detection of hepatosplenic candidiasis. The incidence in our patient sample was 3.3%. Therefore we would recommend abdominal ultrasound screening for all patients with febrile neutropenia to improve antimycotic treatment strategies.

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Correlation between weight loss and appetite profile in cancer patients

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Purpose: It is not known whether nutritional preferences change with progression of tumor disease. We studied extent and direction of appetite in 30 subjects with solid tumors in 3 groups: A: N = 9 patients after curative