243 POSTER

Protocolized administration of naso-gastric tube feeding in children with cancer: Effects on nutritional status

E. Den Broeder[1], R.J.J. Lippens[1], M.A. van 't Hof[2]. [1]Center for Pediatric Oncology South East Netherlands; [2]Department of Medical Statistics, University Hospital Nijmegen, The Netherlands

Purpose: Without nutritional intervention, children with cancer are at high risk for developing a poor nutritional status due to the presence of a tumor and the aggressive oncologic treatment. From a retrospective study in our department it is known that non protocolized administration of naso-gastric tube feeding does not lead to a satisfactory improvement of nutritional status. Therefore a prospective study was set up in which children with cancer received naso-gastric tube feeding according to a protocol.

Methods: 20 pediatric cancer patients received naso-gastric tube feeding for a period of 16 weeks. Amount of tube feeding covered ≥100% of the child's total daily energy requirements. Changes in nutritional status were assessed weekly using anthropometric measurements (weight, height, skinfold and, mid-upper arm circumference) and bioelectrical impedance data. Biochemical variables reflecting nutritional status were also determined.

Results: There was a significant increase of bioelectrical impedance, body weight, skinfold thicknesses and mid-upper arm circumference. The increase in body weight could be contributed to both an increase of body fat and lean body mass. Within 16 weeks all children reached their ideal weight (= weight before clinical manifestation of illness). Biochemical variables showed a positive trend.

Conclusion: Protocolized administration of naso-gastric tube feeding significantly improves the nutritional status of a child with cancer. Covering the child's total daily energy requirements, regular monitoring of nutritional status and involvement of parents is crucial in achieving a good nutritional status in a child with cancer.

244 POSTER

Multicenter comparison of intravenous granisetron (G) alone or in combination with dexamethasone (GD) in the prevention of nausea and vomiting associated with moderate and highly emetogenic chemotherapy (CH) – The Hungarian experience

L. Géozi[1], Gy. László[2], É. Juhos[1], É. Kátniz[3], M. Baki[1], A. Károlyi[3], I. Bodrogi[1], A. Telekes[1]. [1]National Institute of Oncology, Budapest; [2]County Hospital, Veszprem; [3]Korányi National Institute of Tuberculosis and Pulmonary Diseases, Budapest, Hungary

Purpose: To compare the efficacy and safety of **G** (3 Mg i.v.) alone or in combination (**G** + 8 mg dexamethasone i.v.) in repeated cycles of **CH** administered over 24 hours in each course (day 0).

Methods: 147 **CH** naive patients (pts) were recruited in an open randomised multicenter two arms study. 145 pts were suitable for detailed analysis. All together 624 cycles (**C**) were followed (C_1: 145, C_2: 135, C_3: 109, C_4: 99, C_5: 71, C_6: 65). During the cisplatin 50–70 mg/m^2) containing (**CC**) and the nonciplatin containing (**NCC**) **CH** the acute and delayed emesis and nausea were compared between groups and an overall analysis was done.

Results: There were no significant differences in the complete and major responses between the two arms (**G** or **GD**) in the **NCC-CH** group by cycle and day (0–6 days). In the **CC-CH** group we observed a trend of the total responses in favour of the **GD** but the total and major control together did not differed significantly. The side effects (5.3%) were similar and well tolerated.

Conclusion: We recommend **GD** as a first choice in case of **CC-CH** for high risk pts or as second choice for those pts who did not respond well for **NCC-** or **CC-CH** since **G** is highly effectivite in monotherapy.

245 POSTER

Assessment of quality of life in incurable cancer patients in the First Moscow Hospice

Elena V. Parkhomenko. The First Moscow Hospice, Moscow, Russia

The purpose of the work was to evaluate the quality of life of the patients with the advanced cancers. The work was performed in the First Moscow Hospice (founded in September, 1994) – one of the first establishments of that type in Russia. The quality of life was assessed from the point of view of the patient and of the care-giver. The investigation was performed in 137 patients. For that special questionnaires were designed, taking into account the specific features of the disease and the conditions for the palliative care in Russia. In spite of the economic difficulties good results were achieved. 61% of patients noted considerable improvement of the quality of life. In 70% of patients pains decreased from 7–10 grades to 0–2 grades according to the 10-grades scale. In 55% of patients effective analgesia was achieved without narcotic analgetics.

Control of pain, of other symptoms, solution of the psychological, social and spiritual problems improve the quality of life in incurable cancer patients.

246 PUBLICATION

Rehabilitation of Oncological patients' in Lithuania

V. Matilionis[1], E. Rimkus[1], S. Jodka[1], I. Gaveliené[1], V. Mamontovas[2]. [1]Rehabilitation Clinic of Health Centre "Energetikas", Palanga; [2]Lithuanian Oncology Centre, Vilnius, Lithuania

Purpose: Rehabilitation of Oncological patients' is a novelty in the Lithuanian's medicine, because still 5 years ago the rehabilitation treatment of oncological patients' was strictly contraindicated. Since 1993 oncological patients have been sent to Palanga Health Centre "Energetikas". The aim of this study was to evaluate the structure of diseases of the treated patients' and the volume of rehabilitation.

Methods: 958 records of disease have been analysed using a personal computer. Part of the patients have been questioned by mail questionnaire.

Results: The majority of the patients (41.4%) have been directed for rehabilitation during first 4 months after diagnostic of oncological disease. The female patients after breast cancer operations made 29.2%, after oncogynecological diseases – 28.5%. Patients after abdominal cancer surgical treatment, ablation of larynx and chemotherapy courses made 12.9%, 9.2% and 11.1% of all treated patients respectively. The rehabilitation team in treating oncological patients was formed of a doctor, a psychologist, a kinesitherapeutist, a masseur, a logopaedist and a specialist of social care. Rehabilitation treatment complex included physiotherapy, balneotherapy, kinesitherapy, massage, phytotherapy, psychological, social and professional methods of rehabilitation.

Conclusion: The changed attitude of Lithuanian's oncologists' to the rehabilitation of oncological patients' and the use of rehabilitation methods restore oncological patients to full-valued life.

247 PUBLICATION

ECG and blood pressure changes during the 6-hours paclitaxel infusion

P. Saip, M. Başaran, A. Aydımer, O. Erdoğan, T. Salepçi, F. Taş, E. Topuz. University of Istanbul, Institute of Oncology, Turkey

Purpose: To determine the cardiac effects, ECG and blood pressure (BP) changes during the 6-hours paclitaxel (P) infusion in 33 pts were evaluated.

Methods: A total of 141 cycles of paclitaxel (P) was infused to 24 ovarian, 8 breast, and 1 lung cancer pts in 1000 cc 5% Dextrose solution. The standard premedication consisted of prednisolone and H1–2 antagonists were administered to all pts. Sixteen pts received 135 mg/sqm, 7 pts 150 mg/sqm and 10 pts 175 mg/sqm of paclitaxel. Pre and post infusion ECGs and hourly BP and pulse rate during infusion period were recorded in all pts. Twelve pts were pretreated with anthracycline based combination chemotherapy.

Results: ECG changes were determined only in 4 (12%) pts and 4 (3%) cycles. The changes were: ST depression in two, ventricular premature beats in 1, asymptomatic bradicardia (<60/min) in 1. These 4 pts had not used anthracyclines previously but 2 of them had a history of cardiac disease (coronary by-pass and mitral valve disease respectively). No persistent ECG changes occurred during the P infusions. Although the total body volume was increased at the end of the infusion, no significant change in blood pressures were recorded. In 65% of the cycles pulse rate decreased during the therapy.

Conclusion: There is no need in ECG and BP monitoring during P infusion in pts with no history of cardiac disease.

248 PUBLICATION

Tropisetron for prophylaxis of chemotherapy-induced emesis. Results of a German multicenter study

S. Drechsler[1], H. Riess, L. Faerber. For the study group; [1]Dept of Dermatology, University Hospital of Bonn, Germany

Purpose: We performed a multicenter trial to evaluate the efficacy and