and microbiologically documented infection was similar between groups. Mortality rates were also not significantly different between the two groups.

Conclusions: Adding G-CSF to antibiotic therapy is cost-effective since it shortens the duration of neutropenia, and reduces the duration of antibiotic therapy and hospitalization in pts with high-risk febrile neutropenia.

1463 ORAL

Patients with hematological malignancies experience a higher rate of documented infections than patients with solid tumors after high-dose chemotherapy with autologous peripheral stem cell transplantation

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There are only few reports on infectious complications in different subgroups of patients treated with high-dose chemotherapy (HDCT) and autologous peripheral blood stem cell transplantation (PBSCT). In a retrospective study, we analyzed the data of patients with hematological malignancies (group A, n = 143) or solid tumors (group B, n = 83) treated with HDCT in two german centers. Although febrile neutropenia occurred with the same frequency in both groups (81%), clinically or microbiologically documented infections occurred more frequently in group A (in 40% of patients with febrile neutropenia) than in group B (18%, $p < 0.005$). 74% of all isolated microorganisms were gram-positive. Severe organ infections were rare. There was one infection-related death.

Conclusions: Underlying disease is a determinant of the rate of microbiologically or clinically documented infections after HDCT with autologous PBSCT.

1464 ORAL

A randomized trial comparing the toxicity and the treatment costs of HD-VIC plus PBSC transplantation with or without amifostine (AMI) in patients with solid tumors

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Purpose: Cytoprotection with AMI has demonstrated a reduction of nephro-, neuro- and myelotoxicity. The two-armed study evaluates the toxicity and the costs of HD-VIC ± AMI-treatment.

Methods: 40 pts with different solid tumors were randomized to receive HD-VIC (day $_{1-3}$ Carbo 1500 mg/m^2, Eto 1500 mg/m^2 and Ifo 12 g/m^2 ± AMI 1.5 g per day prior to the application of C and I). Pts were monitored for nephrotoxicity including early urinary marker excretion, mucositis, hematopoetic recovery and frequency of fever and infections. Pts with AMI (n = 19 evaluable; arm A) had a median decrease of creatinine clearance after HD-VIC by 12% compared to 34% to arm B (n = 20 evaluable) ($p = 0.06$). Mucositis III/IV° was 21% in arm B vs. 0% in the AMI-group ($p < 0.001$). Whereas the median no. of days to granulocytes >500/μl was equally in both arms (9.1 vs. 9.8), thrombocyte counts (>20.000/μl) recovered significantly earlier in arm A (10.1 vs. 12.4; $p = 0.02$), resulting in a lower no. of days of thrombocyte transfusions (2.5 vs. 3.5). In addition, the median no. of days with fever >38°C (2.1 vs. 3.9; $p = 0.008$) and days spent in hospital were in favour of pts receiving AMI. A pharmacoeconomic analysis revealed a reduction in costs for supportive care for pts receiving HD-VIC + AMI compared to those treated with HD-VIC alone. This has to be balanced against the drug costs.

Conclusion: This analysis demonstrates that both organ- and hematotoxicity of HD-VIC ctx may be ameliorated by the use of AMI resulting in less mucositis, fever episodes, thrombocyte transfusions and shorter hospital stays.

1465 POSTER

The effect of systematic rHu-erythropoietin (Epoietin alpha) treatment before and during radiotherapy (radio-chemotherapy) in unselected anemic cancer patients: Results of an Austrian multicenter observation study

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Anemia is a common situation in cancer patients, reducing quality of life, tolerance to treatment and likely treatment outcome. Erythropoietin (Epo) is a nontoxic and effective drug for treatment of anemia.

Purpose: The feasibility of systematic administration of Epo before and during radiation (radio-chemotherapy) and it's effect on Hb and quality of life.

Method and Material: One hundred fourty three anemic cancer patients were included in the study of the Austrian Society of Radiation Oncology by 11 centers. Patients recieved three times 300 IU/kg BW per week (Hb < 10 g/dl) subcutanously or 150 IU/kg BW (Hb 10 to 12 g/dl). Start of Epo treatment about 10 days prior to radiation.

Results: Eightyfour percent of patients responded. The median increase of Hb was 0.37 g/dl per week. Thirtyseven percent reached a Hb-level of >14 g/dl. Quality of life was measured at start of EPO treatment and end of radiation according to WHO-criteria. Patients improved in 20.3%, 50.4% remained stable and 27.3% decreased during radiation (+/−chemotherapy). Self assesment resulted in an increase in 19.6%, stability in 32.2% and 44.8% reduction. No relevant adverse reactions to Epo were reported.

Conclusion: The use of EPO under radiation (+/−chemotherapy) is feasible, save and effective. Overall condition may be improved in a significant number of patients, despite aggressive treatment. It's influence on tumor hypoxia and consequently tumor control is an important topic of future research.

1466 POSTER

Non neutropenic infections associated with docetaxel containing chemotherapy in patients with solid tumors

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Purpose: Docetaxel is a potent agent as first line chemotherapy for the treatment of several neoplasias. However, the drug has severe side effects. Lymphopenia, which has been studied only in animals, is one of them. A plethora of infections has been observed recently in lymphopenic, but not neutropenic, patients treated with docetaxel.

Patients and Methods: To detect these of infections all patients receiving the drug during a two-year period were examined prospectively and all non-neutropenic infections were studied. A total of 680 patients, participating in 23 therapeutic protocols, suffering from different neoplasias (breast, non-small cell lung, gastric, pancreatic, uterine cancer cholangrocarcinomas and sarcomas), who had received 2.867 cycles of docetaxel containing regimens were examined.

Results: Fifty three non neutropenic infections were identified and included pneumonias (24), interstitial pneumonias of the pneumocystis carinii type (5), lung abscess (1), bacteremias (2), candida infections (11), herpetic (4), cellulitis (3), cytomegalovirus infection (1) perirectal abscess (1), and urinary tract infection (1). The majority (70%) of the patients was lymphopenic (less than 900/mm3), while all of them had low CD4 (less than 500/mm3), and CD8 (less than 400/mm3) cell counts. The incidence of non neutropenic infections in patients treated with paclitaxel containing regimens and in patients treated with non taxane compounds, during the study period, were calculated for comparison. Paclitaxel had been given in 157 patients with 752 cycles of chemotherapy. They developed 6 non-neutropenic infections ($p = 0.042$), while non-taxane containing chemotherapy had been given in 410 patients by 2.174 cycles and they developed 12 non-neutropenic infections ($p = 0.001$).

Conclusions: The majority of the patients of the two latter groups were non-lymphopenic. In conclusion, the use of docetaxel is associated with increased incidence of non-neutopenic infections. Lymphopenia and low CD4 and CD8 cell counts seem to be the main predisposing factor.

1467 POSTER

Treatment of febrile neutropenia with ceftriaxone monotherapy – Analysis of risk-factors

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Purpose: There are no exactly defined recommendations for single-agent antibiotic treatment because a clear definition of low risk febrile neutropenia is lacking. We analyzed safety and efficacy of ceftriaxone monotherapy in febrile neutropenia (FN).