The ability to achieve rapid pain relief after only one treatment session, combined with the high safety profile of the procedure implies that MRgFUS has a significant potential for patients suffering from painful bone metastases.

3019 POSTER

Reduction of Physical Exercise is Associated With Chronic Fatigue and Poor Physical Health Within 5 Years After Cancer Treatment

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Background: The purpose of the present survey was to examine if reduction in physical exercise from pre-diagnosis to within five years after treatment is associated with chronic fatigue and poor physical health in a mixed population of cancer patients.
Material and Method: Patients with Hodgkin or non-Hodgkin lymphomas, testicular-, breast-, cervical-, ovarian- and prostate cancers, aged 18−75 who had finished curative treatment received a mailed questionnaire within 5 years after treatment. The questionnaire included the Fatigue Questionnaire (FQ), the Short Form-36 (SF-36) and the Godin Leisure Time Exercise Questionnaire (GLTEQ). Chronic fatigue and poor physical health were defined according to standard procedures for the FQ and the SF-36. The patients recalled their exercise level pre-diagnosis and reported their present exercise level (GLTEQ). Those who met public health exercise guidelines both pre-diagnosis and post-treatment were defined as those maintaining exercise and those who met the exercise guidelines pre-diagnosis but not post-treatment were defined as those reducing exercise. Multivariate logistic regression analyses were used to examine for the associations between the outcomes, explanatory variable and covariates.
Results: Among 472 participants, the median age was 54 years, median number of months since diagnosis was 41, 53% were female, 68% maintained exercise and 32% reduced exercise. Chronic fatigue was more common among those reducing exercise than among those maintaining exercise (55% versus 33%, $p < 0.001$). More of those reducing exercise also had poor physical health compared to those maintaining exercise (39% versus 15%, $p < 0.001$). Logistic regression analyses adjusted for socio-demographic and disease-related variables confirmed the associations between reduction in physical exercise and chronic fatigue [adjusted OR = 1.76 (95% CI: 1.14–2.73)] and poor physical health [adjusted OR = 3.05 (95% CI: 1.71–5.41).
Conclusion: Patients reducing their physical exercise level after cancer treatment have increased risk for chronic fatigue and poor physical health compared to those maintaining their exercise level. These results indicate that promoting continuance of physical exercise is relevant for follow-up of cancer patients post-treatment. However, confounding factors cannot be ruled out and the cross-sectional design limits the possibility to draw causal inferences. Studies with prospective design are therefore needed.

3020 POSTER

Role of Paroxetine in the Treatment Anticipatory Nausea and Vomiting in Cancer Patients: Multicentre Experience

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Background: Nausea and vomiting are acute side effects of chemotherapy most widely investigated. The nausea and vomiting that often accompany later treatments commences even prior to the chemotherapeutic agent being given, and this phenomenon has been defined as anticipatory nausea (AN) and vomiting. AN and vomiting is a learned response to one or more distinctive features of the chemotherapy clinic (conditioned stimuli) associated with the administration of emetogenic chemotherapy (unconditioned stimuli). The treatment of anticipatory nausea involves the use of benzodiazepines or the use of psychological techniques. Paroxetine is a potent selective serotonin reuptake inhibitor with indications for the treatment of depression, obsessive–compulsive disorder, panic disorder and social phobia. The recommended dose of paroxetine in clinical practice varies between 20 mg/die and 60 mg/die. The purpose of this study is to test the efficacy and safety of paroxetine in the treatment of anticipatory nausea and vomiting in cancer patients undergoing chemotherapy.
Methods: From June 2009 to January 2011 60 patients were included in the study. All patients were candidates for the execution of at least six cycles of chemotherapy and reported the occurrence of anticipatory nausea or vomiting after two cycles of chemotherapy. Response to treatment with paroxetine was assessed after each cycle of therapy from inclusion in the study. Was also evaluated the dose of paroxetine used more frequently and more effectively. Safety findings were also recorded.
Results: A total of 60 patients were included with a mean age of 70±11 years. Most frequent tumour types were breast (33%), colon (25%), lung (16%), pancreatic (16%) and ovarian (8%) cancers. At inclusion all patients were enrolled to take paroxetine drops 20 mg/day and patients who did not benefit by increasing the dose after each cycle, up to a maximum of paroxetine drops 60 mg/day. All patients were evaluated for effectiveness at each cycle of chemotherapy. 80% of patients reported disappearance anticipatory nausea or vomiting at the first reassessment (paroxetine drops 20 mg/die); 10% patients at the second reassessment (paroxetine drops 40 mg/die); 5% patients at third reassessement (paroxetine drops 60 mg/die); 5% patients non-responders. There was no significant toxicity experienced.
Conclusions: Paroxetine may be considered a drug of choice for the treatment of anticipatory nausea or vomiting in cancer patients.

3021 POSTER

Prospective Validation of the Palliative Prognostic Index in Terminally Ill Egyptian Cancer Patients

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Background: Patients with cancer and their caregivers frequently wish to know how long they expect to live. Improved prognostication would enable the patients and their carers to be better prepared for their impending death and allow clinicians to make better informed decisions about place of care. The Palliative Prognostic Index (PPI) was developed in 1999 by Morita et al, based on the following variables: Palliative Performance Status (PPS), oral intake, oedema, dyspnea at rest and delirium.
Patients and Methods: This is a prospective observational cohort study aimed to validate the Palliative Prognostic Index (PPI) in a population of terminally ill cancer patients referred to the palliative care unit of Kasr Al-Aini Center of Clinical Oncology, Cairo University, Egypt. One hundred patients were included in this study over three months period (Oct 2009 − Dec 2009). A numerical score was given to each variable, the sum of the single scores gives the overall PPI score for each patient and is used to subdivide the study population into three groups: Group 1 corresponded to patients of low PPI $\leqslant 4$, Group 2 of intermediate PPI > 4 and $\leqslant 6$, and Group 3 of high PPI > 6. Included patients were followed up for a minimum of three months. Follow up data were updated as of 31st March 2010.
Results: Multivariate Analysis revealed that PPS, PPI and presence of dyspnea or delirium had statistical significant effect on survival. Median survivals were 77 and 102 days in cases with and without dyspnea respectively ($P = 0.01$), while 76.5 and 98.5 days with and without delirium respectively ($P = 0.003$). Median survivals were 189.5, 97 and 62 days in patients with PPS of $\geqslant$60%, 30−50% and 10−20% respectively ($P = 0.0001$). Patients with low (PPI Score $\leqslant 4$), intermediate (PPI Score >4 and $\leqslant 6$) and high PPI (PPI Score >6) had median survivals of 107, 103.5 and 77 days respectively ($P = 0.001$).
Analysis of the different clinical and pathological factors as significant estimates of short term survival of 3 and 6 weeks showed that the PPI and the presence of dyspnea had statistically significant effect on 3 and 6 weeks-survivals of palliative cases in the study. PPS had significant effect on 6 weeks-survival only.
Conclusions: The median survival of the 3 subgroups according to PPI score were 107 days, 103.5 days, and 77 days for Group 1, 2 and 3 respectively compared to 68, 21 and 5 days of corresponding groups respectively as reported by Stone et al, 2008. This difference may be attributed to the early referral of the patients to the palliative care unit in our patients. Thus, the PPI may not be the best prognostic scoring system for Egyptian advanced cancer patients, so that further studies to evaluate other systems and to develop a suitable model is needed.
Because of survival prediction is a very active area of clinical trials, so that, the resultant predictivity could be further improved by integrating other prognostic factors studied in larger prospective, multicentric studies on different populations.

3022 POSTER

Survival Trends in Patients With Disseminated Cancer − Outcome of Palliative Cancer Treatment in the Friesland Province

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Background: The total number of patients living with a disseminated cancer has increased, most likely due to an ageing population, better imaging modalities and improvements in systemic therapies. During the so called palliative phase, patients may develop disabling symptoms needing