3046 POSTER

Results of a Nationwide Observational Study on Nutritional Practices Amongst French Cancer Physicians

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Background: Data on nutritional practices in oncology are lacking. This study aimed to assess nutritional attitudes and knowledge of physicians treating cancer patients (pts) in France.
Material and Methods: Between November 2010 and January 2011, a nationwide observational study based on a self-administered questionnaire was carried out among Cancer Physicians (CP) working in public or private hospitals in France.
Results: 334 answers were collected from medical specialists (52.1%), oncologists (25.1%) and oncologic surgeons (22.8%). These CP work in community hospitals (45.2%), teaching hospitals (24.6%), private hospitals (22.2%) or regional cancer centres (8%). Nutritional interventions are available in 96.1% of these health facilities, mostly from a dietician (94.3%). The most frequently reported consequences of undernutrition are peri-operative morbi-mortality (83.2%), anti-cancer drugs toxicities (70.4%) and infectious diseases (51.4%). Stage (64%), treatment (44.4%) and type (41.0%) of the tumour are considered as the three major risk factors for undernutrition. 72.3% of the CP estimate that undernutrition could affect cancer prognosis. 86.3% of the CP screen systematically or most often the nutritional status of their pts, with no significant difference between private and public practice ($p = 0.55$). Percentage of weight loss over one month or six months is considered as a standard of undernutrition by 80.1% of the CP (84% of surgeons, 82.7% of oncologists, and 77% of medical specialists, $p = 0.34$). The three main stated criteria to assess undernutrition are: serum albumin (71.7%), BMI (69.3%) and body weight (68.9%). Paradoxically, the recommended threshold values of these parameters are unknown by most of the CP: serum albumin <30 g/L is the correct answer in 38.9% of the replies and BMI<18.5 in 9.3% of them. The need for age adjustment of these values is mentioned by 48.6% of the CP. According to their estimate, 71.4% of their pts receive a nutrition counselling, 59%, oral nutrition supplements, 20.1%, an enteral tube feeding (EN) and 17.7%, a parenteral nutrition (PN). Considering the Home (H) EN or PN, there is a significant difference in practices between oncologic surgeons (83.9% of HEN − 14.3% of HPN), medical specialists (64.7% of HEN − 34.6% of HPN) and oncologists (37.3% of HEN − 57.3% of HPN) ($p < 0.0001$). Finally, 87.5% of the CP consider important or very important to refer to guidelines.
Conclusions: This study points out the physicians' concern about nutritional assessment in cancer pts. However, there are an obvious need and a clear request for a larger diffusion of nutritional guidelines amongst cancer physicians in France.

3047 POSTER

MASCC Score as a Predictor of Serious Complications in Febrile Neutropenic Patients Admitted for Intravenous Antibiotics

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Background: Febrile neutropenia (FN) is a potentially life-threatening adverse event of chemotherapy, but a small fraction of patients (pts) in fact develops serious complications. The Multinational Association for Supportive Care in Cancer (MASCC) score was developed and validated as a tool for identifying those low-risk pts, eligible for oral treatment and outpatient management. Here we aim to investigate the performance of MASCC score as a predictor of serious complications in a group of pts with FN admitted for intravenous antibiotics.
Materials and Methods: We retrospectively analyzed 213 episodes of FN in 201 pts admitted in our institution from Jan/2009 to Dec/2010 for intravenous antibiotics after a diagnosis of FN. Antibiotics were selected following the current recommendations. Relevant patient information, including MASCC score, were collected at pt admission, and were correlated to selected clinical complications as outcomes (admission at ICU, hypotension, altered mental state, respiratory failure, renal failure, rapid intravenous fluids administration, dialysis, congestive cardiac failure, arrhythmias, bleeding, disseminated intravascular coagulation, death). Exploratory analyses were performed using chi-square test, and the optimal cutoff value for differentiation of patient's categories was defined by ROC analysis.
Results: 139 pts presented one or more serious clinical complications during their hospital stay (median, 11 d; range: 1–104 d). A MASCC score of 18 was selected as a cutoff value (sensitivity 65%, specificity 62%, AUC 0.69, 95% CI 0.621–0.479, $p = 0.0001$). Positive and negative predictive values were 76.3% and 48.4%, respectively. Ninety out of 118 pts (76%) with a MASCC score $\leqslant 18$ developed one or more serious clinical complications, and 49 out of 95 pts (52%) with a MASCC score >18 did present these complications ($p = 0.0003$).
Conclusions: The MASCC risk score index ($\leqslant 18$) can help us to identify those FN pts at high risk for serious clinical complications, despite intravenous antibiotics, and must be prospectively validated in this scenario.

3048 POSTER

Management of Chemotherapy-induced Nausea and Vomiting (CINV) and Their Impact on Patients' Daily Lives

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Background: International guidelines have been proposed for optimal care of CINV. Objectives were to analyse the guidelines' use for antiemetics, and assess the impact of CINV on patients.
Materials and Methods: This 3 months-prospective study was conducted in a French cancer centre. All patients (naïve or relapsing) receiving a 1st course of chemotherapy were included. All chemotherapy protocols were classified with regard to their emetic risk according to literature. We analyzed antiemetic prescriptions with guidelines, and assessed physicians' knowledge of guidelines. Patient-related risk factors for emesis were obtained, and patients' feelings from a FLIE questionnaire.
Results: 88 patients were enrolled (mean age 52 yrs, sex ratio M/F 0.25), with 62.5% of chemotherapy naïve patients. 75% had solid tumours (71% breast), 25% haematological pathologies (45% NHL, 32% Hodgkin lymphoma). High, moderate, low and minimal emetic risk protocols represented 17%, 42%, 30% and 11% of chemotherapies respectively. Half of prescriptions for acute or delayed emesis conformed to guidelines. Only 37.5% of patients received the appropriate treatment for both types of emesis. The higher chemotherapy emetic risk is, the better is adherence to guidelines: 55% for high and moderate emetic risk and only 37% for low and minimal risk. For high and moderate emetic risk, acute emesis' management is better than for delayed emesis (62% vs. 55%). The reverse is true for low and minimal emetic risk chemotherapy (38% vs. 47%). Among discrepancies with guidelines: 5-HT3 antagonists for acute emesis due to taxanes (70% of cases); 5-HT3 antagonists or metoclopramid in high and moderate emetic risk haematological chemotherapy (70% of cases), and low use of dexamethasone or aprepitant (25% of cases) for those protocols. One-third of physicians knew antiemetic treatments from guidelines, despite the majority knew protocols' emetic risk levels. In contradiction with practices, physicians knew better acute than delayed emesis' management (50% vs. 14.5%) and antiemetic treatment of low emetic risk than high emetic risk. Patients reported acute (35%) delayed (44%) or both (46%) CINV due to their 1st course of chemotherapy, with more nausea (46%) than vomiting (13%). Most reported at least two risk factors. Among patients who had CINV, about two-thirds felt an impact on daily life. Impact of acute CINV (68%) was greater than delayed CINV (62%), as was patient discomfort when the number of risk factors or the level of chemotherapy emetic risk increased. Nausea and vomiting respectively had an impact on daily life of 67% and 75% of non naïve patients (vs. 53% and 33% of naïve patients).
Conclusions: This study shows the need of new diffusion of guidelines and new educational process for physicians about use of recommendations. Following guidelines is especially important as CINV, and particularly nausea remains a significant problem in the management of cancer patients.