

Results: The result will be presented at the conference. The result will include structure, content-, criterion- and construct validity and internal consistency of the Swedish version of the Revised Piper Fatigue scale.

Conclusions: To be able to compare and discuss symptom assessment and symptom management internationally, it is important to determine the validity and reliability of instruments across different countries and different cultures. A validation of the Swedish Piper Fatigue Scale will open the possibility of a specific instrument to assess cancer related fatigue in Sweden.

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POSTER

Incidence and Specificities of Venous Thromboembolism in Oncology

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Background: Venous thromboembolism (VTE) is a common complication in oncology (20%). This study's aim is to analyze specific clinico-biological parameters of cancer patients who present a VTE. This could help the physician to suspect, identify and treat this complication.

Material and Methods: Data has been collected from patient records which presented VTE. The study is a retrospective analysis of patients with cancer who consulted the emergency oncology department in 2009.

Results: Seventy-nine (n = 79) VTE were analyzed (46% men; median age of 61 years), with Pulmonary embolism n = 35 (PE), deep-vein thrombosis n = 47 (DVT), and central venous catheter thrombosis n = 6 (CVT). Death rate in 2 years was 62%.

Some prognostic factors from literature are confirmed in our study: medical history of VTE (22% of patients have a previous VTE), with a 9 month period between first episode and its recurrence, excess weight (found in 29% cases), histological type (adenocarcinoma), or metastatic nature, have already been described and are confirmed in our heterogeneous population of cancers. Some biological prognostic factors have also been found: high rate of CRP (medium 90 mg/l), increase of LDH (medium 399 UI/l) and hemoglobin inferior of 10 g/dl (43%).

Some results are maybe linked to a methodological bias but deserve to be reported. Classically VTE is linked to bedridden patients but in this study only 18% of patients had a Performans status equal to 3. Our results concerning previous anticoagulation by low-molecular-weight heparins (LMWH) demonstrate that 29% of patients were already under LMWH before VTE appeared. Among these patients 59% were in curative treatment and 41% in preventive treatment.

Conclusion: The general practitioner has to be aware of VTE specificities. Some parameters such as excess weight or prior thrombosis could be used as tools for general practice to suspect a VTE and the physician should evoke it even when patients are ambulatory or already treated by LMWH. These results suggest the need for another analysis in order to compare them with a control group.

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POSTER

Investigation of Cisplatin Nephrotoxicity in out Patients Using a Short Hydration Method

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Introduction: The aim of the study was to evaluate the cisplatin-induced nephrotoxicity in out patients receiving chemotherapy with cisplatin alone or in combination with other agents by using a short hydration method.

Materials & Methods: 49 patients treated with cisplatin-based chemotherapy participated in this study and were monitored during three courses. Each course is 21 days. Mean cisplatin dose used 120.30±20.4 mg. After 8 mg dexamethasone and 3 mg granisetron dissolved in 150 ml 0.9% NaCl solution given as iv infusion for 15 minutes as pretreatment, the cisplatin dose which is calculated depends on body surface area dissolved in 1000 ml 0.9% NaCl solution administered for 90 minutes as i.v. infusion. Then 150 ml 20% mannitol solution administered as i.v. infusion for 15 minutes. Renal parameters were evaluated before and after each chemotherapy course and also six weeks after the completion of cisplatin-based therapy.

Results: Blood urea nitrogen (BUN) and creatinine levels increased significantly (p < 0.05) after each of the three courses and six weeks after the last course. Estimated creatinine clearance were decreased statistically after first course (109.62±5.12; 99.99±4.7; n: 43; p < 0.01), third course (118.63±9.0; 104.90±8.0; n: 25; p < 0.01) and six weeks after completing the third course (111.58±9.28; 86.59±8.20; n: 9; p < 0.05). Cystatin C

levels increased significantly after the three courses (p < 0.05), while sodium, magnesium, calcium and potassium levels decreased significantly after each of the three courses (p < 0.05). Also significant increases in uric acid levels were observed after the therapy (p < 0.05).

Conclusion: As a result of this study, changes in renal function parameters were found to be a transient adverse effect of cisplatin-based chemotherapy regimens. These changes at this dose level and the hydration method used in the study did not cause an adverse clinical effect but more studies are required for higher doses and long term use of cisplatin. We suggest that patients' renal parameters and electrolyte levels should be monitored before and after each course, particularly during the first week of the therapy. Our findings support the positive impact of the involvement of clinical pharmacists in oncology services, especially through patient monitoring.

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POSTER

3-day Aprepitant Plus Palonosetron and Dexamethasone for the Prevention of Chemotherapy-induced Nausea and Vomiting in Patients Receiving Cisplatin-based Chemotherapy

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Background: The purpose of this study was to ascertain the effectiveness of 3-day aprepitant plus palonosetron and dexamethasone for the prevention of chemotherapy-induced nausea and vomiting (CINV) in patients with solid tumours receiving cisplatin-based high emetogenic chemotherapy (HEC).

Methods: Chemotherapy-naïve patients with solid tumours, receiving cisplatin-based HEC (cisplatin ≥ 50 mg/m²), were treated with aprepitant 125 mg p.o., palonosetron 0.25 mg i.v., and dexamethasone 12 mg i.v., 1-h before chemotherapy. Aprepitant 80 mg p.o. and dexamethasone 8 mg p.o. were administered daily on days 2-3. Patient could not have pre-existing etiologies for vomiting. Efficacy and safety data were obtained from daily patient diaries recording episodes of emesis and severity of nausea. Primary end point was complete response (CR; no vomiting and no use of rescue medication), during the overall study period (0-120 h).

Results: A total of 204 patients were included in the study. Median age was 63 years (range, 28-82 years), 28% were female, and most common tumours were lung (45%), stomach (24%), and biliary tract cancer (18%). 6%, 35%, and 59% of patients were received cisplatin 50 mg/m², 60 mg/m², and 70 mg/m², respectively. CR during the overall study period was seen in 78% of patients, including 91% with CR for the acute period (0-24 h) and 85% for the delayed periods (24-120 h). Male gender was significantly associated with improved complete response.

Conclusions: This study shows that 3-day aprepitant in combination with palonosetron and dexamethasone is effective to prevent acute and delay CINV in patient receiving cisplatin-based HEC.

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POSTER

Prolonged Ascites Symptom-free Time in Patients With Malignant Ascites After Treatment With Catumaxomab

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Background: Malignant ascites is a common problem of advanced cancer associated with a number of burdensome and debilitating symptoms leading to a poor quality of life. Currently the trifunctional antibody catumaxomab is approved in the EU for intraperitoneal treatment of malignant ascites. In a pivotal study (clinicaltrials.gov identifier: NCT00836654; sponsor: Fresenius Biotech GmbH), catumaxomab showed a significant and clinically relevant prolongation of the primary endpoint: puncture-free survival. One secondary efficacy parameter was the evaluation of ascites signs and symptoms.

Methods: A total of 258 patients (pts) with recurrent symptomatic malignant ascites due to different underlying tumours were enrolled in the study. Of these, 157 received treatment with catumaxomab (paracentesis plus 4 intraperitoneal catumaxomab-infusions) and 88 were randomized to the control group (paracentesis alone). Ascites symptoms (anorexia, nausea, early satiety, vomiting, abdominal pain, abdominal swelling, dyspnea, fatigue, swollen ankles, and heartburn) were assessed at baseline and at different timepoints after randomization using a patient questionnaire. Ascites signs (abdominal distension dull to percussion, shifting dullness, fluid thrill, and bulging flanks) were assessed in parallel by the abdominal