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.

3077 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/1) 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.

3078 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 administrated for 90 minutes as i.v. infusion. Then 150 ml 20% mannitol solution administrated 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.

3079 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 $\geqslant 50\ mg/m^2$), 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/m^2, 60 mg/m^2, and 70 mg/m^2, 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 dexamethsone is effective to prevent acute and delay CINV in patient receiving cisplatin-based HEC.

3080 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 clinical 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

examination by the investigator. The rate of symptom-free pts was calculated following a conservative approach for missing values: all pts with no symptoms were compared with all treated pts. Randomization groups were compared by Fisher's exact test.
Results: Ascites signs and symptoms at screening and puncture visit were comparable in both treatment groups. Eight days after treatment, significantly more pts treated with catumaxomab were symptom-free in 13 out of 14 sign/symptom categories compared with controls. Four weeks after treatment the rate of symptom-free pts was still higher in the catumaxomab group for all signs and symptoms. Ninety days after treatment 6−10% of catumaxomab-treated pts were free of symptoms compared with none of those in the control group.
Conclusions: The results above show a prolonged time free of ascites symptoms after catumaxomab treatment compared with control, which is a precondition for an adequate quality of life in this pt population.

3081 POSTER

Psychosocial Distress of Cancer Patients With Underage Children

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Background: The effect of parenthood (children until 18 years) with a cancer disease on the psychosocial situation and the mental distress of cancer patients was examined only few, so far. Systematic studies to epidemiological connections and to the specific need of support and supply are missing. The few results to this topics show a lot of problems straight in these families due to coincidence of illness-specific and family challenges.
Material and Methods: In the present study 152 cancer patients (different diagnoses; middle age 40.3 years; 81% female) with children under age were recruited and asked in writing during their ambulatory or stationary treatment (no palliative situation). The psychological distress was collected with the Hospital Anxiety and Depression Scale (HADS), further social demographic and medical information were recorded. The data are evaluated descriptively and variance-analytically and confronted to a comparison group from the general population (matching after age, n = 1075).
Results: Regarding the comparison group from the general population (HADS mean: 4.5) there is a significantly higher score of anxiety in the study group (HADS mean: 6.8, $p < 0.00$). In comparison with the control group the depression values of the study group is increased a little but not significantly. Risk factors for high psychological distress of the cancer patients are: not employed, children >6 years and time of diagnosis >6 months.
Conclusions: The results show higher distress with cancer patients with underage children depending on the social, family and illness-specific context.
Further studies should analyse the process of psychological distress in the long-term with consideration of family-dynamic aspects. On the basis of these study results it is important to derive possibilities of intervention and supply for the patient and the family, in order to recognize psychological distress at an early stage and to work against them.

3082 POSTER

Appropriateness of Febrile Neutropenia Admissions in a Community Hospital in Portugal − a Retrospective Review

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Background: Febrile neutropenia is a life-threatening complication of cytotoxic chemotherapy (CT), necessitating prompt patient evaluation and initiation of empirical broad-spectrum antibiotic treatment. The choice of treatment should be based on predominant pathogens and epidemiological characteristics of the treated community. The purpose of our study was to review the inpatient cases of febrile neutropenia in a community hospital in order to assess the appropriateness of the admissions and evaluate the empirical antibiotic therapy prescribed.
Methods: Retrospective review of the admissions because of febrile neutropenia secondary to chemotherapy occurring in an Internal Medicine Ward in the Hospital Distrital de Santarém (HDS), over one year period (2009). We analyze the patient population demography, cancer primary localization and treatment, day of admission, neutrophil count, antibiotic treatment prescribed, duration of the admission, number of positive microbial cultures, in order to evaluate their appropriateness.
Results: The HDS serves a population of 250.000 inhabitants in a suburban area of Lisbon, and during 2009 about 5.000 CT sessions were done. 20 pts matched our search (17 women and 3 men). The admissions occurred in day (mean) 8.71 (2−17) after CT. The mean age was 58.15 years old (34–78). Breast cancer accounted for the majority of cases (13), followed by haematological (4), colo-rectal (2) and head/neck (1). In 12 pts CT was performed in the adjuvant setting, occurring most frequently after the 2nd and 3rd cycles, in 6 pts neoadjuvant (all with breast cancer diagnosis) and in 2 as metastatic treatment. The most used treatment was FEC accounting (6 pts). The mean neutrophil count at admission was 110 (0–800). Respiratory infection tract was the main localization (6), followed by urinary tract infection (3) and in 3 pts no infection location was found. In 12 pts microbial cultures were negative, E. coli was found in 2 pts, M.morgani and C. difficile in 1 each. GCSF was administrated to 12 pts. Tazobactam plus Amikacine the most used treatment (16pts). In 8 pts Fluconazole was added to antibiotic regimen. Pts were discharged after a mean of 8.71 days (1−32). There was 1 dead in a breast cancer pt treated with docetaxel.
Conclusions: Most of the febrile neutropenia admissions were appropriate, with pts fulfilling high risk criteria. Microbial cultures were negative in the majority of cases. Gram-negative organisms were the predominant pathogens. Empirical antibiotic therapy with extended-spectrum penicillin and an aminoglycoside were routinely and adequately used as the standard treatment.

Poster Presentations (Sat, 24 Sep, 09:30−12:00)
Epidemiology and Prevention

3500 POSTER

Chronological Data of Cholangiocarcinoma in Srinagarind, the University Hospital of Northeast Thailand, During 2008

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Background: Cholangiocarcinoma (CC) in Thailand is epidemiologically caused by chronic liver fluke *Opisthorchis viverrini* infection (IARC, 1994). Getting an infection is by consumming habit of improper-cooked of fresh water cyprinidae fish among the northeastern residences. Therefore infection and CC in Thailand is restricted in northeastern part composed of 18 provinces. Incidence of CC in Thailand is average about 83/100,000 in male and 75/100,000 in female. We here demonstrated the intense of CC in northeast part of Thailand via chronological data, at least CC who visited the university hospital of northeastern part during 2008.
Material and Methods: CC patients who came to Srinagarind hospital during January–December 2008 were analyzed by age, sex, occupation, address and department of admission.
Results: It was found that a total of 892 CC patients came to Srinagarind hospital, 70% were male. Of 892 CC, there were 0−93 years old and 92% age were 40−79 years old. According to occupation, 40% of CC are farmer. Among 892 only 3 of CC patients were from outside northeast region. Of 892 CC patients, 671 were admited in Surgery department while 183 were admited in Medicine. Eight of CC patients with age less than 14 years old were admited in Pediatrict department. Beside liver fluke associated CC in adult, CC in northeastern part of Thailand is including the children with bile abnormality, Calori's cyst and sclerosing cholangitis for example.
Conclusions: This chronological data has reminded us about the intense health problem of northeastern residence of Thailand caused by CC. Control strategies for liver fluke infection and CC in Thailand has to be prioritize.

3501 POSTER

Survival of Female Breast Cancer, Clinical Practice Variability and Associated Factors: Results of the Portuguese South Regional Cancer Registries

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Background: Breast cancer is the most common cancer among women in developed countries, representing one third of all cancer cases. The incidence is lower in Portugal than the European average, but it is still the most frequent cancer of women. The prognosis for breast cancer is generally good, with a mortality:incidence ratio of 61%. Several factors have been implicated in the survival of these patients, including tumour biological factors, patient characteristics and therapeutic options.
This study aims to detect survival differences in female breast cancer and identify the main associated factors.
Materials and Methods: We conducted a retrospective cohort study, multicentric, population based with follow-up. All incident breast cancer