

nausea and vomiting by the physicians. Strikingly, 44% of the patients had received information about mucositis, 43% about altered taste, and 59% about loss of appetite by the nurses only.

Conclusions: It seems that oncological patients are given scant or little information on malnutrition during their chemotherapy. On the contrary, it may be extremely important for the nurses to provide information and advice on this subject mostly because he/she is the one who is more in contact with the patients themselves. The literature shows that family members of cancer patients are not prepared to support their relative with cancer, so it is very important that the nurse can assist the patient and his family at the same time. In this way their nutritional status improve and consequently their quality of life.

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POSTER

Comparison of the Effectiveness of Glutamine and Triple Gargle for Prevention of Mucositis Development in Patients Who Have Undergone Bone Marrow Transplantation

N. Kalender¹, N. Tosun². ¹Gata Faculty of Medicine, Nephrology, Ankara, Turkey; ²Gata School of Nursing, Nursing School, Ankara, Turkey

Background: Mucositis is one of the most frequent side effects seen in patients receiving chemotherapy, and presence of the microflora in mouth and the oral mucosa deteriorating following bone marrow transplantation makes the development of mucositis easier. This study was designed as an experimental study to show the affect of glutamine use in addition to the oral care protocol applied in patients undergone bone marrow transplantation(BMT) to prevent mucositis development.

Material and Method: Universe of the study consists of the inpatients of the medical oncology clinic of a university hospital in Turkey who have undergone BMT. An explanation of the study was given to patients. The Ethics Committees of the two hospitals approved the study. Patients were divided into two equal groups as experiment and control groups according to age, gender, diagnosis and the treatment protocol applied. Data collection form and oral evaluation guide were used to collect data. Standard oral care protocol was used in the control group to prevent mucositis development (two ampoules of sodium bicarbonate in 500 cc water+500 cc normal saline+triflucan suspension – to be used one measuring cup in mornings and evenings). In patients of the experiment group, however, glutamine was used in addition to this protocol (two sachets in the morning, noon and evening, total 30 g). All patients used gargles every two hours in daytime and every six hours in nighttime. Patients washed their mouths with gargles containing normal saline and sodium bicarbonate and then spit out, and swallowed triflucan suspension. Patients in the experiment group, however, added Glutamine into 200cc water, kept it in their mouths for one minute, and then swallowed. Oral mucositis grading system of WHO was used in the study to evaluate mucositis, and evaluation of mucositis was performed by the nurse of the patient (0, 5, 10 and 15 days).

Results: In the day 5 following BMT, it was observed that mucositis did not develop in 53.8% and Grade 1 mucositis developed in 46.2% of the patients that glutamine serum was applied. Grade 2 mucositis developed in 9.1% of the patients that triple gargle was applied. In the day 10 following BMT, it was observed that mucositis did not develop in 69.2%, Grade 2 mucositis developed in 7.7% of the patients that glutamine serum was applied. However, mucositis did not develop in 54.5% and Grade 1 mucositis developed in 45.5% of the patients that triple gargle was applied. No statistically significant differences were seen between trial and control groups as regards mucositis development ($p > 0.05$). Mucositis development of the patients were compared with age, daily oral fluid amount and leukocyte and platelet values, and it was seen that there were no statistically significant differences ($p > 0.05$).

Conclusion and Recommendations: Performing studies with larger samples to determine the effects of glutamine use for the prevention of mucositis development after BMT will be beneficial.

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POSTER

The Evaluation of Infections Related to the Internal Diseases and Hematology Patients Observed at Intensive Care Service at Akdeniz University

N. Gunay¹, D. Inan¹, L. Mamikoglu¹. ¹Akdeniz University Hospital, Infection Unit, Antalya, Turkey

Introduction: Infections related to the medical care service (SBHII) indicate the quality of a treatment institution. Increasing the duration of staying at hospital due to the infections related to the medical care service brings out the problems such as increasing mortality and morbidity and treatment duration. It is possible to control such infections by surveillance the infection results and comparing these result to the other hospitals'.

Purpose: In this study, infections related to the medical care services, their frequencies, causes, and effects on treatment duration were studied at oncology/hematology internal intensive medical care service patients at Akdeniz University Hospital (AUH).

Material and Methodology: In this study, infection diagnosis patients at internal intensive medical care services are taken into account at AUH between the intervals January 2008-December 2010. Study was performed by the surveillance system based on both prospective patient and laboratory. Infections are diagnosis by taking the criteria of Center for Disease Control and Prevention (CDC) into account. Statistical analyses were performed by the National Hospital Infections Control Unit (UHESKB) and data of the rates of infections were compared by the data of National Nosocomial Infections Surveillance (NNIS) and UHESKB.

Diagnosis: 4243 patients were observed at internal intensive medical care service between January 2008-December 2010. 105 SBHII was obtained 55% of all patients. In detail, 21(6.05) in 11 oncology patient, 13 (7, 15) in 7 hematology patient, 71 (14.85) in other 27 patients, SBHII was increased. When we have a closer look to the distribution of infections, pnömoni (%25.75), bakteremi (%16.06), urinar sistem (%11.07) were observed respectively. On the other hand, most frequent causes were the Acinetobacter baumani (%30.30), Pseudomonas aeruginosa (%15.15), Enterococcus faecium (%12.12) respectively. In most of the patients (%88.2), there were more than one invasive attempt making easier the formation of infection. Their lining times in hospital were changing from 7 to 60 days. Patients lining in the hospital more than 7 days are more likely to have a quick infection formation rate.

Result: The rates of hospital infections in internal intensive medical care services are in an increasing regime and this creates a serious problem. Increase in lining time at hospital, grouped patients, and increased number of patients per a nurse increases the frequency of infections.

References

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Oral Presentations (Sun, 25 Sep, 09:00–11:05) Breast Cancer – Advanced Disease

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ORAL

Long-term Outcome of HER2-positive (HER2+) Metastatic Breast Cancer (MBC) Patients (pts) Achieving Durable Complete Remission (DCR) After Trastuzumab (T)-containing Chemotherapy (CT)

G. Gullo¹, M. Zuradelli², F. Kelleher¹, F. Sciafani², N. O' Donovan³, T. Lyons¹, G. Masci², A. Santoro², J. Crown¹. ¹St. Vincent's University Hospital, Medical Oncology, Dublin, Ireland; ²Istituto Clinico Humanitas Cancer Center, Medical Oncology and Haematology, Milano, Italy; ³Dublin City University, National Institute of Cellular Biotechnology, Dublin, Ireland

Background: CR following a T-containing CT is reported throughout all phase II and III clinical trials of first-line CT plus T but there is lack of data about clinical features and long-term outcome of these pts. Moreover the optimal duration of maintenance T following CR remains undefined.

Material and Methods: We performed a retrospective review of pts with HER2+ MBC treated with a T-containing CT at our two Institutions and identified all cases who achieved DCR. HER2 positivity was defined as 3+score at immunohistochemistry and/or amplification at FISH test. DCR was defined as a CR according to RECIST 1.0 criteria lasting ≥ 36 months. Pts were identified by systematical cross-match of the datasets of Medical Oncology, Pathology and Pharmacy Departments.

Results: We identified 120 pts with HER2+ MBC treated from May 2000 to April 2011. Eleven pts (9%) had a DCR. Their characteristics are as follows: median age: 59 yrs (range 30–65), stage at diagnosis: M0 54%/M1 46%, histology: ductal 82%/mixed ductal-lobular 9%/unknown 9%, tumour grade: G3 54%/G2 27%/unknown 19%, oestrogen receptors (ER): negative 64%/positive 36%, metastatic disease: liver only visceral disease 55%/liver and/or other visceral metastases 18%, soft tissues only metastases 27%, T regimen: T+docetaxel+carboplatin 64%/T+taxane 27%/T+capecitabine 9%. All pts were T-naïve. Median follow-up time is 6.5 yrs (range 4–10.9). Median duration of T was 63 months (17–121+). Maintenance T was stopped in 7 pts: 2 at disease relapse (after 74 and 83 months from