for females = 45 + 2.3 kg for each inch >60 inches [60 inches = 152 cm]. Correlation with age, T & N status, hormonal status and HER2 status was done in the two groups.
Results: At median follow up period of 17 months there was statistical significance of disease free survival in favor of group B (70.3 months Vs. 52.4 months, p = 0.004). Both groups showed non-significant difference as regards correlation with other parameters: ER, PR, HER2 status, Age, T & N.
Conclusion: Using adjusted body weight is considered a proper alternative method for the calculation of anti-cancer drugs doses. An effort is currently using the substantial information to retrospectively examine outcome with respect to toxicities.

3028 POSTER

Diffusion effects of an inpatient hospice unit on improving the parent hospital's pain management of terminally ill cancer patients not receiving hospice care in Taiwan

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Background: Impact of hospice care on cancer pain management at the institution level of an acute hospital setting has not been addressed in prior research. The purpose of this study was to investigate the diffusion effects of an inpatient hospice unit on improving the parent hospital's quality of pain management as perceived by terminally ill cancer patients not receiving hospice care in Taiwan.
Methods: A convenience sample of 1,370 terminally ill cancer patients with pain who were cared for at hospitals with and without hospice units were compared for their pain relief experiences and perceived pain-management practices of healthcare professionals by generating multivariate logistic regression models using the generalized estimating equation (GEE) method.
Results: After controlling for selected hospital and patient characteristics and accounting for clustering of individuals at the same hospital, Taiwanese terminally ill cancer patients in the with-hospice group were 2.40 times (95% CI [1.53−3.76]) more likely than those in the without-hospice group to report their pain as not controlled before hospital admission. However, after patients with uncontrolled pain were hospitalized, they were equally as likely as those in the without-hospice group to report pain as not yet been relieved when interviewed (Adjusted Odds Ratio 1.42, 95% CI [0.77−2.64]). Patients in the with-hospice group were (1) less likely to complain about waiting too long for pain medication (AOR (95% CI): 0.41 [0.18−0.96]); and (2) more or as likely to rate the amount of pain medication received as adequate (depending on the status of adequate pain control before admission) than/as those from hospitals without an inpatient hospice unit.
Conclusion: Hospice care adds value at the institution level by effectively and appropriately managing the cancer pain of Taiwanese terminally ill patients not receiving hospice care.

3029 POSTER

The dosing frequency of sustained-release opioids and the prevalence of end-of-dose failure in cancer pain control: a Korean multicenter study

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Background: End of dose failure is commonly observed as therapeutic levels of sustained release opioids fall. However, little is known in case when using those for cancer pain control. To determine the dosing frequency of sustained release opioids (morphine, oxycodone and transdermal fentanyl) and prevalence of end of dose failure in clinical practice, patient-reported survey was performed.
Methods: A multicenter survey conducted in 56 hospitals in Korea between June and November 2008.
Results: The study enrolled 1,506 cancer outpatients who were prescribed sustained-release oral opioids (morphine or oxycodone) or transdermal fentanyl. Of the sustained-release oral opioid patients, 62% took sustained-release oral opioids twice daily, while 30% took them more than twice daily. Of the transdermal fentanyl patients, 89% wore the patch for 72 hrs. The median dose of daily supplemental short-acting opioids did not differ between the patients who took sustained-release oral opioids twice daily or and those who took them more than twice daily. Of the enrolled patients, 50% experienced worsening pain just before the next sustained-release opioid dose, and 60% of these took medication earlier than the prescribed dosing schedule. Of the patients with severe cancer pain, 77% complained of end-of-dose failure, compared to 57 and 33% of the patients with moderate and mild pain, respectively. End-of-dose failure was present irrespective of the administration frequency of sustained-release oral opioids in 49% of the patients taking twice-daily doses and in 61% of those taking more frequent doses. Patients felt that sustained-releases oral opioids gave adequate pain control lasting an average of 9.7 hrs, versus an average of 62.5 hrs for transdermal fentanyl.
Conclusion: This survey demonstrated that sustained-release opioids are used by patients in a manner that is inconsistent with standard recommendations. End-of-dose failure is thought to explain the increased dosing frequency, as half of the enrolled patients complained of worsening pain just before the next dose of sustained-release opioid and reported that adequate pain relief lasted for less time than was stated in the manufacturers' prescription recommendation.

3030 POSTER

Incidence of chemotherapy-induced nausea and vomiting (CINV) after highly and moderately emetogenic therapy in the era of NK-1 inhibitors – perception versus reality

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Background: Physicians and nurses had underestimated the incidence of chemotherapy-induced nausea and vomiting (CINV) after both high emetogenic chemotherapy (HEC) and moderately emetogenic chemotherapy (MEC) (Grumberg, Cancer 2004;100:2261–8; Erazo Valle, Curr Med Res Opin 2006;22:2403−10). We have assessed if physicians and nurses' perception of CNIV in their own practices after the introduction of Aprepitant was closer to reality.
Methods: A prospective, observational unicenter study of adult patients receiving their first chemotherapy cycle was performed. Medical oncologists and oncology nurses also estimated the incidence of acute (Day 1) and delayed (Days 2–5) CINV after first administration of HEC and MEC. Eligible patients completed a 6-day diary including emetic episodes, nausea assessment, and antiemetic medication use. Observed incidence rates of acute and delayed CINV were compared with physician/nurse predictions.
Results: Twenty-nine physicians and nurses and 95 patients (86.3% receiving HEC and 13.7% MEC) were recruited. Acute nausea and emesis were observed in 14.3% and 2.4% respectively of HEC patients receiving Aprepitant and delayed nausea and emesis were observed in 14.3% and 7.1% respectively of these patients. Physicians and nurses accurately predicted the incidence of acute and delayed CINV after HEC patients receiving Aprepitant. Acute nausea and emesis were observed in 22.2% and 0% respectively of MEC patients and delayed nausea and emesis in 33.3% and 22.2% respectively of MEC patients. All physicians and nurses underestimated the incidence of acute nausea and delayed nausea and emesis after MEC by 15, 28 and 18 percentage points, respectively.
Conclusions: The addition of Aprepitant in the prevention of CINV after HEC allows a better control of CINV that is perceived accurately by physicians and nurses. By contrary, physicians and nurses continue markedly underestimating the incidence of CINV after MEC. CINV still remain important targets for improved therapeutic intervention and physicians and nurses must be aware about the real incidence of CNIV.

3031 POSTER

Facing decision about biological therapy in developing countries – to tell or not to tell – physicians perspective

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Background: Biological therapy has improved outcomes in cancer treatment, nevertheless many of those agents are unavailable in public health systems in develping countries and only a minority of patients can afford high cost drugs. The aim of this study was to explore physicians'