grade 3 confusion occurred in one patient, grade 1 diarrhea occurred in one patient, grade 1 fatigue occurred in one patient. No adverse events occurred during treatment in short-term arm. Rates of adverse events were higher in the standard-term arm ($p = 0.042$).
Conclusion: Excellent safety profile and sustained efficacy are shown for short-term conversion in 6hours during the conversion.

3041 POSTER

Bacterial spectrum and susceptability patterns of pathogens causing bacteremia in adult febrile neutropenic patients: comparison between two time periods

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Background: The aim of this study was to study the trends in bacterial spectrum and susceptability patterns of pathogens causing bacteremia in adult febrile neutropenic patients during the two time periods.
Material and Methods: We retrospectively reviewed the medical records of 379 adult oncology patients admitted with chemotherapy induced febrile neutropenia at our institute during year 2003 and 2006. All patients had fever >38.5 degree centigrade on one occasion with an absolute neutrophil count of less than 0.5×10^9/L. Cultures were taken from blood and from other sites depending upon identifiable focus of infection. Blood cultures were processed using the Bactec 9240 blood culture system and antibiotic susceptability testing was performed by disc diffusion method of Bauer and Kirby. Spss version 10 was used for data analysis. All results were expressed in proportions. P value of less than 0.05 was considered statistically significant.
Results: A total of 151 organisms were isolated during the two calendar years. Gram negative bacteria were 57.6%, while gram positive organisms accounted 42.3% of the total isolates. The most common organisms were: Escherichia coli 23.1%, Staphylococcus epidermidis 13.9%, Pseudomonas aeruginosa 12.5% and Staphylococcus aureus 7.9% during the two time periods. The number of gram positive isolates showed an increase from 35% in 2003 to 47.2% in 2006 ($p = 0.13$). During each calendar year, Staphylococcus epidermidis and Staphylococcus aureus were 100% susceptable to vancomycin and 33% strains of Staphylococcus aureus were methicillin resistant. Ninety percent strains of Escherichia coli and Pseudomonas aeruginosa were sensitive to piperacillin/tazobactam and amikacin during both time periods. Resistance of Pseudomonas aeruginosa strains to ciprofloxacin increased from 0% in 2003 to 50% in 2006 ($p = 0.03$).
Conclusions: Gram negative organisms are the predominant organisms causing bacteremia in febrile neutropenic patients with a trend shifting towards gram positive organisms. Initial empirical therapy with piperacillin/tazobactam is appropriate to cover gram negative pathogens while vancomycin is to be added for suspected gram positive bacteremias. During the two calendar years resistance of Pseudomonas aeruginosa strains to ciprofoxacin has significantly increased.

3042 POSTER

'An empty place' – grieving the death of someone special

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After a close one has died of cancer, bereaved people feel strong needs to discuss their experiences and feelings with peers. Therefore, a bereavement support group was initiated at the Ziekenhuisnetwerk Antwerpen (ZNA)-Middelheim.
The aim of this support group was to offer a safe place and supportive environment where people could express their feelings associated with loss. The group was supported by a psychologist and a nurse, both experienced in grief therapy. During 8 sessions these professional caregivers offered information about the mourning process, emotional support and the chance to share one's experience with others who are coping with loss.
The mourning process was described and evaluated by 'the bereavement questionnaire', an instrument developed by the Faculty of Clinical Psychology in Utrecht, The Netherlands. This questionnaire provides information about the experiences of people facing loss. Repeated measures allowed to observe changes during the mourning process. A qualitative evaluation of the bereavement support group was also done.
Since 2004, 46 people participated in the bereavement support groups. Repeated measures showed an improvement of the grieving process, although these changes did not always reach the level of significance. Participants all experienced the group as safe, supportive and helpful during their grieving process.
Bereavement support groups might be offered to people that have lost a significant other to facilitate the mourning process.

3043 POSTER

Evaluation of efficacy of new antiemetic regimen containing aprepitant + granisetron (without dexamethasone) vs standard antiemetic regimen in highly emetogenic chemotherapy

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Background: High efficacy of antiemetic therapy used with cisplatin $\geqslant 70\ mg/m^2$ has been confirmed for combination of aprepitant + ondansetron + dexamethasone. Large clinical trial (Hesketh et al., 2003) involving 520 patients has reported a total control of emesis during day 1 in 90% cases, nausea in 72.3% cases (G 0−1 90.6%). During days 2−5, total control of emesis was registered in 80.8% cases, nausea – in 51% cases (G 0−1 75.3%).
Material and Methods: This non-randomized clinical trial compared modified antiemetic regimen [aprepitant + granisetron (without dexamethasone)] vs standard antiemetic regimen (aprepitant + granisetron + dexamethasone) used with cisplatin $\geqslant 80\ mg/m^2$. 19 patients without any previous chemotherapy received modified antiemetic regimen: day 1 – aprepitant 125 mg orally, 7 and 1 hour before cisplatin + granisetron 3 mg i.v., 15 min. before cisplatin. Days 2−3 – aprepitant 80 mg orally. Dexamethasone has not been used in this regimen. Standard antiemetic regimen was administered 25 patients who didn't receive any previous chemotherapy: day 1 – aprepitant 125 mg orally, 1 hour before cisplatin + dexamethasone 12 mg i.v. + granisetron 3 mg i.v., 15 min. before cisplatin. Days 2−3 – aprepitant 80 mg orally + dexamethasone 8 mg i.m. Day 4 – dexamethasone 8 mg i.m.
Results: Modified antiemetic regimen (without dexamethasone): total vomiting control in day 1 (acute) was achieved in 100% cases; total vomiting control in days 1−5 – in 98.7% cases; total nausea control in day 1 (acute nausea) was registered in 84.2% cases; absence of clinically significant nausea (G 0−1) during acute period – in 94.7% cases; total nausea control in days 2−5 – in 55.3% cases; absence of clinically significant nausea (G 0−1) in days 2−5 – in 86.8% cases.
Standard antiemetic regimen: total vomiting control in day 1 (acute) was achieved in 100% cases, total vomiting control in days 1−5 – in 96.8% cases; total nausea control in day 1 (acute nausea) – in 92% cases; absence of clinically significant nausea (G 0−1) during acute period – in 96% cases; total nausea control in days 2−5 – in 48% cases; absence of clinically significant nausea (G 0−1) in days 2−5 – in 93% cases.
Conclusion: New antiemetic regimen demonstrated comparable efficacy with standard regimen. It indeed seems appropriate option for patients who receive highly emetogenic chemotherapy, particularly if dexamethasone is contraindicated. Furthermore, randomized study is required.

3044 POSTER

Mistletoe as complementary treatment in patients with advanced non-small-cell lung cancer (NSCLC) treated with carboplatin/gemcitabine combination: a randomized phase II study

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Background: Mistletoe preparations such as iscador are in common use as complementary medications for cancer patients. Some evidence from clinical trials support mistletoe as effective treatments for improving quality of life (QoL) of cancer patients but the results are inconclusive. This randomized phase II study of iscador in combination with gemcitabine/carboplatin (GC) was conducted in chemotherapy-naïve advanced NSCLC patients to assess QoL and influencing on side-effects to GC.
Materials and Methods: Patients with stage IIIA (non-resectable)/IIIB/IV NSCLC, performance status 0−2, and no history of brain metastasis received up to six 21-day cycles of gemcitabine 1000 mg/m, days 1 and 8, carboplatin area under curve 5.0, day 1 (CG arm) or the same plus iscador Q 10 mg S.C. injections 3 times weekly until tumor progression (CG-I arm). The study is on-going and is planning to enroll 90 patients.
Results: This analysis includes the first 42 patients, 19 in the GC and 23 in the GC-I arms. The arms are well balanced for: age, sex, PS, histology and stage. Most of the patients (60%) were in stage IV and with sqaumous histology (50%). The median overall survival is 11 months in both arms. The median TTP is 2.4 months (GC) and 4.5 months (GC-I), (not significant; $P = 0.1$). A trend for less grade 3−4 toxicity was seen

in the GC-I arm (80% vs. 50%; P = 0.07). This trend is more prominent for the non-hematological grade 3−4 toxicity (26% vs. 4%). Using the EORTC QLQ-C30 questionnaire, a moderate improvement was seen in the global health status and small to moderate in the functional scales (physical, role, emotional, cognitive and social) in the GC-I arm. There was no difference in the symptom scales between two arms. In the QLQ-LC13 questionnaire small to moderate improvement was seen in dyspnoea, coughing, haemoptysis and peripheral neuropathy favor the GC-I arm.
Conclusion: The preliminary results of this study warrant further investigation of iscador as modifier of side effects induced by CG in NSCLC patients.

3045 POSTER

A two-day rapid outpatient diagnostic program decreases anxiety in suspected lung cancer patients

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Background: Anxiety and depression are common in lung cancer patients. The diagnosis can be a major cause of distress but there is little information about the influence of delay and type of diagnostic pathway. The purpose of this pilot study was to evaluate anxiety, depression and quality of life in patients with suspected lung cancer in a complete two-day rapid outpatient diagnostic program which includes consultation of a chest physician, thoracic CT-scan combined with (18)fluoro-deoxyglucose positron emission tomography (FDG-PET-scan), pulmonary function tests, bronchoscopy and disclosure of the cytology results on the second day.
Materials and Methods: Patients referred for evaluation of a suspicious lesion on chest X-ray completed the Hospital Anxiety and Depression Scale (HADS) and Euroqol EQ-5D on the first day before consultation (T1), the day after the program (T2), and one week after T2 (T3). Patients were divided into 2 groups. Group A knew the diagnosis on T2 (benign or malignant), group B at T3 or later. Patients with benign and malignant diagnoses were also compared.
Results: 19 patients (mean age 63, range 40−84) participated; 12 in group A, 7 in group B. HADS-anxiety scores did not differ significantly between groups at T2 (6.9 and 8.1), but did at T3 (6.0 and 10.4, p 0.04). Patients in group B had a deteriorating general quality of life (QOL) score to a mean of 43% as measured by Euroqol (p 0.055). HADS-depression scores did not differ significantly. When divided into having benign, malignant or not yet any results HADS-anxiety scores showed a significant interaction effect of time x group ($p < 0.05$). Patients with benign results (n = 4) showed a sharp decrease in anxiety scores (8.8, 7.0 and 4.8), patients with malignant results at T2 (n = 8) had steady anxiety scores (5.6, 6.9 and 6.9) but patients with malignant (n = 2) or still unknown diagnosis at T3 (n = 5) increased to 10.4 at T3. HADS-depression scores had the same pattern but the effect did not reach statistical significance (p 0.08).
Conclusions: This pilot study shows that patients with suspected lung cancer have very high mean anxiety scores, which increase even further in case of prolonged uncertainty, and decrease in case of benign disease. A rapid diagnostic program might decrease the amount of time spent in anxiety and improve QOL. To test this hypothesis we have started a multicenter study, following suspected lung cancer patients in both usual diagnostic care and rapid programs during 6 weeks with more eleborate weekly questionnaires.

3046 POSTER

Interventions by dieticians in oncologic hospitalized patients

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Malnutrition is defined as a deficit in intake and/or absorption of sufficient energy and proteins. It is prevalent in cancer patients, but malnutrition and intervention to correct malnutrition are undervalued. Malnutrition leads to a higher morbidity, higher mortality, longer hospitalization and higher cost. In the Ziekenhuisnetwerk Antwerpen (ZNA)-Middelheim, several nutritional interventions have been developed to detect malnutrition and to give nutritional support: screening of all hospitalized patients for malnutrition; measures to improve or conserve nutritional status, limiting weight loss, and nutritional support in patients with cancer-and treatment-related complications. To this aim, a nutritional anamnesis is performed, anthropometric parameters are collected and the nutritional need is calculated. An individual nutritional plan is constructed in cooperation with the patient according to the schedule mentioned in the Table.

Table: nutritional plan

	Energy (kcal)	Protein (g)	Vitamin & mineral
Nutritioneal need	2000	68	OK
2/3 + 3 meals in between	2075	66	OK
2/3 + 1 protein replacement	1850	70	OK
2/3 enriched + 1 protein-rich replacement	2325	76	OK
1/2 enriched + 1 protein-rich replacement	1810	60	OK
1/2 + 1 liter isocaloric tube feeding	2095	74	OK
1/3 enriched + 2 protein-rich replacement	1770	68	OK
1/3 enriched + 1 liter isocaloric tube feeding	2170	68	OK

To evaluate the program, a prospective registration was performed in oncologic patients hospitalized at the department of Hemato-oncology of the ZNA-Middelheim.
Between 1/11/2008 and 30/11/2008, 63 patients (36 men; 27 women) were hospitalized at the department. Most patients were suffering from head and neck cancer (23.8%), hematologic malignancies (23.8%) and gastrointestinal cancer (19%).
Of these 63 patients, 68.3% (n = 43) were visited by a dietician and in 79% (n = 34) a nutritional intervention was performed (adaptation food (n = 11); enrichment (n = 7); nutritional supplements (n = 2); enrichment and nutritional supplements (n = 12); tube feeding (n = 3); tube feeding + enrichment (n = 1)). There was no difference in interventions among patients with hematologic, head and neck and gastrointestinal cancer.
In this prospective registration, 68.3% of the patients were visited by a dietician and 79% of them received a nutritional intervention, showing the importance of the dietician in the multidisciplinary oncologic team.

3047 POSTER

Cancer patients' attitudes on smoking, quitting and total ban at cancer hospitals

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Background: Apart from being one of the major causes of cancer, tobacco smoking can affect cancer treatment and prognosis as well.
In Serbia, hospitals should soon become completely smoke-free. However, there is a dilemma if some types of wards (oncology, psychiatry) should be exempted. Cancer patients are suffering from severe stress, various symptoms and disabilities, long hospital stay. This situation might motivate them quit smoking or, on the contrary, smoking ban could be an additional stress.
Materials and Methods: Group for cancer patients support has been established at the Institute for Oncology and Radiology of Serbia in 2007 by cancer patients and health care professionals in order to provide support to patients, advocate for their needs and improve communication with health care professionals.
This group initiated the survey among patients at the Institute in order to establish cancer patients attitudes on smoking, quitting and the total ban of smoking in cancer hospitals.
A one-day anonymous survey on attitudes on smoking, quitting and the total ban of smoking in hospital has been carried out among all hospitalized and daily clinic patients of the Institute for oncology and Radiology of Serbia.
Results: A questionnaire was completed by 316 cancer patients. Among them, 45% were never smokers and 26% former smokers. Two thirds of patients considered smoking very harmful for health, and 75% thought it was very important for cancer patients to quit smoking. Among patients with lung, laryngeal and oral cancer the percentage of never-smokers as well as the belief in harmfulness of smoking was lower.
Over 80% of all patients thought that the period of treatment at the Institute is the right moment to quit. The majority of patients supported the idea of smoking cessation courses organized for patients at the Institute. However, finally, only 49% of all patients supported the total ban of smoking at the Institute while 47% thought that rooms for smoking should be provided for patients.
Conclusions: After the survey, the dilemma still remains. At the Institute for Oncology and Radiology of Serbia, there is a total ban of smoking with one smoking area provided for patients. Smoking cessation courses will be organized at the Institute for patients undergoing cancer treatment and nicotine replacement therapy provided for disabled hospitalized patients not being able to quit.