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