3048 POSTER

The clinical implication of oral mucositis in solid tumor patients receiving conventional chemotherapy: as a bio-indicator for suffering adverse events and poor quality of life

J.W. Kim[1], Y.J. Cha[1], S.W. Han[1], D.Y. Oh[1], S.H. Lee[1], D.W. Kim[1], S.A. Im[1], T.Y. Kim[1], D.S. Heo[1], Y.J. Bang[1]. [1]*Seoul National University, Internal Medicine Hemato-Oncology Division, Seoul, Korea*

Background: Oral mucositis (OM) caused by chemotherapy can also be a troublesome and debilitating adverse effect in solid tumor patients. In addition, OM can be associated with the complicated aspects such as the poor oral intake and malnutrition in addition to the oral symptoms. Therefore we prospectively evaluated the OM and its clinical significance in solid tumor patients.
Material and Methods: From October 2007 to September 2008, we enrolled 344 consecutive patients with solid tumor who initiated a new chemotherapy cycle at Seoul National University Hospital. Each patient was prospectively evaluated for two cycles. The data were collected from interviews by a physician directly. Patients kept a diary on OM-related symptoms as patient-reported measurement. The visual analog scale (VAS) was used to quantify the degree of symptom (0 point = no symptoms, 4 point = the worst symptom).
Results: Finally, 322 patients were analyzed. The incidence of OM was 28% per each cycle and 45% per patient during the two cycles. OM occurred in 8.82±5.97 days and recovered in 15.83±5.90 days after chemotherapy. Oral dryness was the most prevalent symptom of the OM-related symptoms such as oral pain, poor oral intake, dysphagia, oral bleeding, scalloping of the tongue, and ulceration (VAS score more than 1: 47%, 27%, 39%, 15%, 7%, 14%, and 13%, respectively). In quality of life (QOL) by FACT-G, the physical and the emotional well-being were significantly lower in patients with OM compared with those without OM (19.09±6.48 vs. 22.47±5.95, $p < 0.001$; 16.74±4.10 vs. 17.97±3.38, $P < 0.001$, respectively). In addition, a higher VAS score for the other adverse effects was found in patients with OM compared with those without OM (activity, nausea, vomiting, fever, myalgia, and sensory neuropathy; $p = 0.0038$, $p < 0.0001$, $p = 0.0007$, $p = 0.0062$, $p < 0.0001$, $p < 0.0001$, respectively).
Conclusions: Forty five percent of patients with solid tumors experienced OM during two cycles of chemotherapy. In patients with OM, the QOL was worse and the other adverse effects were more prevalent. Therefore, OM could be a bio-indicator of QOL and other adverse effects during chemotherapy.

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Antitumoral therapy within 30 days from death: clinical and prognostics evaluations in very advanced cancer patients died in palliative care unit (PCU)

R. Magarotto[1], F. Coati[1], M. Venturini[1]. [1]*Ospedale S. Cuore-Don Calabria, Medical Oncology Department – Palliative Care Unit, Negrar (VR), Italy*

Background: Advance in medicine have greatly improbe possibilities to treat seriously ill patients and to prolong the life. Howewer, other goals have to guide medical decision-making in palliative medicine, such as improvement of quality of life and relief of suffering, without cures not proportioned.
Methods: We have analyzed **244** patients who were died in our Palliative Care Unit during three years 2006, 2007, 2008. We researched the clinical relevant data, the causes for death in terminal and non-terminal patients and particularly the percentage of antitumoral therapy administration within 30 days from death.
Results: The median age of the patient was 69 yrs (range 25−98 yrs). The prevalent sites of tumour were: lung 24%, breast 14%, colon-rectum 9%, pancreas 6%, stomach 6%, bladder 4%, prostate 4%; prevalent metastatic sites – except lymphonodes – were: liver 25%, lung 17%, bone 14%, brain 7%, peritoneum 5%, pleura 4%. The median duration of hospitalization was **10 days** (range 1−61 days). We have documented: leucocitosis 55.% of cases, anaemia (Hb < 10 gr/dl) 34%, hypoalbuminemia 61%, hyperazotemia 43% hypercreatininemia 32%, increase of bilirubine 39%, increase of AST 47%, increase of ALT 40%, increase of LDH 59%. Of the died patients, 209 (**85%**) were recognized as terminal patients at the moment of admission in Palliative Care Unit; in 35 pts occur unexpected death: 12 pts of pulmonary embolism (34%), 5 pts of ictus cerebri (14%) 2 pts of IMA (6%) and 2 patients of arhythmia (6%); only 3 pt died for septic shock in neutropenia chemotherapy-correlated. About terminal patients the predominant causes of death were: respiratory insufficiency 28%, liver failure 26%, cardio-circulatory collapse 24%, endocranic hypertension 5%, kidney failure 3% heart failure 3%; 40 pts (**16%**) died within 30 days of the last antitumoral therapy: **19**% of patients in 2006, **17**% in 2007, **14%** in 2008; 65 pts (**27%**) died without ever having receveid chemotherapy.
Conclusions: The survey cover only patients who died in PCU but, altough the reduction is not statistically significant, the trend is comforting: these patients were the most severely symptomatic; a careful evaluation and recording of clinical data seems to result in itself reduction of cures not proportioned and detrimental of quality of life.

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Three -day course of granulocyte colony-stimulating factor in patients on chemotherapy for cancer is a safe and cost-effective schedule to maintain dose-intensity: a study from India

A. Chandra[1], J. Martin[1]. [1]*Sri Ramachandra Medical College And Research Institute Sri Ramachandra Unive, Medical Oncology Unit Department of General Medicine, Chennai, India*

Background: To analyze the safety, tolerability and efficacy of a short course of granulocyte colony-stimulating factor (G-CSF) to maintain dose-intensity of subsequent cycles of chemotherapy and in a cost effective means which is feasible in resource constraint countries.
Material and Methods: One hundred patients undergoing adjuvant and neo-adjuvant chemotherapy were analyzed between January 2008 and December 2008.Aim to avoid having chemotherapy delays due to neutropenia (absolute neutrophil count [ANC] $<1.5 \times 10^9$/L) on day 22, the impact of neutropenic events [defined as either hospital admission due to febrile neutropenia (FN), dose delay $\geqslant$7 days due to neutropenia or dose reduction of $\geqslant$15% due to neutropenia] on dose intensity (DI) in 350 cycles of chemotherapy. G-CSF filgrastim (5 microg/kg/day subcutaneously) was administered on 3 days subsequently after each chemotherapy cycle.
Results: Neutropenic events occurred in a 35% proportion of cycles and in a 15% of patients. However, the severity of myelotoxicity was lessened with the addition of G-CSF therapy. Myelotoxic deaths were 4. Overall, dose delay occurring in 3% of patients. Dose reduction due to neutropenia was the most common neutropenic event, was noted in 20% of patients. Hospitalizations due to Febrile Neutropenia affected 8% of patients. Patients who received concomitant G-CSF and radiotherapy achieved a similar dose-intensity as patients who did not undergo radiotherapy. No patients discontinued G-CSF treatment due to musculoskeletal pain.
Conclusion: A 3-day course of G-CSF in patients on chemotherapy avoided delays due to prolonged neutropenia seems to be a safe and cost-effective schedule in developing countries to maintain dose-intensity in the adjuvant and neo-adjuvant treatment of cancer. The addition of short course of G-CSF to the regimen decreases the frequency of hospitalization for febrile neutropenia.

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Health-related quality of life (HRQL) correlation between family members and cancer patients undergoing chemotherapy

A. Papadopoulos[1], I. Vrettos[1], K. Kamposioras[1], G. Giannopoulos[1], D. Charitos[1], D. Pectasides[1], D. Niakas[2], T. Economopoulos[1]. [1]*"Attikon" University General Hospital, Second Department of Internal Medicine Medical School Athens University, Athens, Greece;* [2]*Hellenic Open University, Faculty of Social Sciences, Patras, Greece*

Background: It is widely experienced that health-related quality of life (HRQL) is greatly influenced in the family members of cancer patients. The aim of this study was to find the correlation of the HRQL parameters in cancer patients with the main mental component parameters of patients' relatives.
Materials and Methods: 212 cancer patients undergoing chemotherapy in our department (93 men and 119 women) of mean age 57.4±14.6 and their 212 relatives that accompanied them (79 men and 133 women) of mean age 48.9±14.3 completed the validated SF-36 health survey by personal interview. The SF-36 health survey summarizes the functional health status and general health into eight scales with higher scores (0–100 range) reflecting better-perceived health. In this study, physical functioning (PF), role physical (RP), bodily pain (BP), general health perception (GH), vitality (VT), social functioning (SF), role emotional (RE), mental health (MH), physical Component Summary (PCS) and Mental Component Summary (MCS) of the patients were correlated with the HRQL parameters of their family members using the Spearman's test. Data analysis was performed with SPSS version 13.0 and correlations were considered statistically significant when $p < 0.05$
Results: Table 1 summarizes the results of our study. Social Functioning and Mental Health of family members are highly correlated with the HRQL parameters of cancer patients. The rest parameters are correlated to a lesser extent. Patients' PF, BP and PCS were highly correlated with their relatives' parameters.
Conclusions: There is high correlation of HRQL parameter between cancer patients undergoing chemotherapy and their relatives. The identification of these inter-relationships should be registered before supportive