3066 POSTER

The evaluation of intravenous magnesium supplementation in the prophylaxis of cisplatin-induced hypomagnesaemia

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Background: Cisplatin, which is a is a widely used antineoplastic agent, can cause hypomagnesemia. We assessed the effect of cisplatin based chemotherapy on serum magnesium levels and the influence of magnesium supplementation and some probable contributory factors such as cisplatin cumulative dose, dose per cycle on magnesium levels.
Methods and Material: In this prospective randomized study, magnesium levels of 59 newly diagnosed adult patients receiving cisplatin based chemotherapy were studied. The patients were randomly allocated to receive magnesium supplementation with a dose of 5 grams IV per cycle (31) or control group (28). Serum magnesium levels <1.8 mg/dl were considered as hypomagnesemia.
Results: The decline in mean magnesium levels with continuing chemotherapy courses was significant in both groups with more prominent fall in the control group. The mean magnesium levels were significantly higher in magnesium supplementation than those of control group in courses 4 and 5.
The incidence of hypomagnesemia at any point after beginning chemotherapy was 30 (50.8%). All hypomagnesemia incidents were mild (mean: 1.69, range: 1.52−1.79 mg/dl). Relatively higher number of hypomagnesemia was observed in the control than Mg supplementation group (41.9% vs., 60.7%, $p = 0.15$). While age, sex and even cisplatin dose per cycle had no significant effect on hypomagnesaemia incidence, significantly higher number of hypomagnesemia incidents were observed in patients receiving cisplatin in a single day loading dose than those receiving the drug in divided doses each cycle (78.6% vs. 42.9%, $p = 0.018$).
Conclusion: Magnesium supplementation with a dose of 5 gr per cycle compensate partially cisplatin induces magnesium loss. Monitoring of magnesium levels and magnesium supplementation is warranted especially in those receiving protracted courses of cisplatin based chemotherapy and in those receiving the drug in a single dose each cycle.

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Quality of life and symptom treatment response in postmenopausal women with advanced breast cancer (ABC) receiving Fulvestrant after progression on prior antiestrogen therapy

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For patients with ABC palliation of symptoms and maintenance of quality of life (QoL) are the primary objectives. The most recent addition to the endocrine treatments for these patients is Fulvestrant (Faslodex®). We aimed to determine quality of life treatment response and symptom treatment response in Fulvestrant (Faslodex®).
115 postmenopausal women (mean age – 58.1 (SD 9.4) with progression after prior antiestrogen therapy were included in this multicenter longitudinal study. Patients received once-monthly i.m. injection of 250 mg of Fulvestrant (Faslodex®) for a year the median follow up was 44 weeks. To evaluate QoL treatment response the Integral QoL Index was calculated and the grades of QoL impairment were determined at baseline and during follow up for each patient by the method of Integral Profiles on the basis of SF-36 scales. Symptoms were assessed using M.D. Anderson Symptom Inventory.
As a result, about half of the patients experienced critical (20.3%) or severe (27.3%) QoL impairment. Moderate and mild QoL impairment was observed in 18.9% and 19.4% of patients, respectively. 24.3% of patients had no QoL impairment. All patients with critical and severe QoL impairment experienced fatigue; 90% – pain, sleep disturbance, distress, and dyspnoe. More than half of patients reported moderate-to-severe level of these symptoms. At 48 weeks after entry QoL improvement was shown in 53% of patients, QoL stabilization – in 36% of patients, and QoL worsening – in 11% of patients. Comparing with baseline at 48 weeks twice decrease of percentage of patients with critical QoL impairment (25% vs 11.1%) and twice increase of the number of patients with no QoL impairment (22.2% vs 41.6%) was registered. The majority of patients with fatigue, pain, and distress before treatment had either symptoms reduction (42−49% of patients) or symptom stabilization (32 – 58.6% of patients). Sleep disturbance and dyspnoe reduced in 44% and 27.5% of patients, respectively, and stabilized in 48% and 55% of patients, respectively.
As a conclusion, the results demonstrate that after 48 weeks of Fulvestrant (Faslodex®) treatment the majority of ABC patients experience QoL improvement or stabilization. Symptom severity decreases in almost half of the patients. The good QoL response and symptom relief suppose benefits for the use of the Fulvestrant (Faslodex®) in ABC patients.

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How can we effectively evaluate supportive care needs? – comparison between patients and physicians' perception

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Background: In order to optimize supportive care for cancer patients, we proposed them to fill a simple questionnaire evaluating their major complaints and we propose to evaluate in the same time the concordance between their answers and the perception of their referent physician.
Methods: Patients seen in consultation in an Oncology Unit were proposed to answer anonymously to 7 questions designed to identify potential social, psychological, nutritional problems or uncontrolled pain. Their physician answered to a similar questionnaire. Physicians were blinded to patients' answers. Concordance between patients and physicians' perception was the main objective of this evaluation.
Results: 155 patients accepted to complete the questionnaire. Median age was 60 yrs [21−85], 45% of patients were in metastatic setting. 70% of patients reported at least one problem, especially in the field of potential social problems (35%) or sleep disorders (25%). Concordance between patients and physicians was high for psychological support need (81%) or nutritional problems (87%) but was lower for social problems (62%) or uncontrolled pain (69%). Physicians tended to underestimate patients' problems and missed social issues for 30% of patients or sleep disorders for 18% of patients. On the contrary and surprisingly, physicians overestimate patients' complaints about uncontrolled pain (underestimation in 9% of cases but overestimation in 20% of cases for the item).
Conclusion: Discordances between physicians and patients' perception of supportive care needs was rather high. This result emphasizes the importance of extending the use of screening tolls in daily practice.

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Oral mucositis a side effect in Tyrosin-Kinase Inhibitor Therapy (Sunitinib): the role of assessment of symptoms in evaluation of toxicity

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Aim: Mucositis is the damage to the mucosal surface that develops after chemotherapy, radiotherapy or target therapy and can affect the mucosal surface of entire gastrointestinal tracts. The symptoms of mucositis vary according to the area of mucosa affected. Oral mucositis (OM) is characterized by mouth pain, ulceration, esophagitis. Mucositis induces impairment of oral function. There is only a report in literature about OM and target therapy. We observed that pts treated with Tyrosin-Kinasi Inhibitor Therapy (TKI) were affected by oral mucositis but we not found any relationship between subjective symptoms and medical examination.
Methods: From August 2008 to February 2009 we valuated 30 pts treated with TKI (sunitinib) for Advanced Renal Cell Carcinoma Pts underwent target therapy with sunitinib using standard schedule of 50 mg/day – 4/2 wks until progression. Before and at the end of treatment for 4 consecutive cycles of therapy the same physician examined pts according to 3 standard assessments (WHO Oral Mucositis Assessment Scale, NCI-CTC Mucositis scale, OMAS) and according to experimental assessment (EA). EA consisted of a collect of VAS (0–10) of dysgeusia, dysphagia, odynophagia, pain which are subjective data and erythema, ulceration which are objective data.
Response: while at the end of treatment WHO – NCI- OMAS assessment were grade 0 in 62% of pts and grade 1 in 38% of pts, in EA we observed no mucosal ulceration but 19 pts experienced intense dysgeusia (VAS 7−10). 3 pts had intense (VAS 7−10) and 4 moderate (VAS 4−6) odynophagia. 4 pts had acute pain (VAS 7−10) and 12 pts intermediate pain (VAS 4−6). 1 pt had moderate and 1 pt intense disphagia. Moderate erythema was observed in 12 pts in the half of examination.
Conclusion: target therapy usually induces OM with pain without evidence of ulceration, generally important subjective symptoms were present without objective clinical evidence or normal mucosa. In our experience WHO, NCI, OMAS scale do not suffice to valuate OM by TKI because these scales analysed only objective aspects of toxicity and we not found