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Complementary medicine use among Moroccan patients with cancer

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Background: Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. The last decade has seen an increase of use of complementary and alternative medicine in the world especially in patients suffering from a chronic disease such as cancer.
Materials and Methods: The aims of this study were to estimate and describe the reasons of use of complementary medicine in patients with a cancer treated in a Moroccan oncology department. A specially designed questionnaire was completed for patient during treatment or follow-up in the oncology department after informed consent was obtained. It was a descriptive study over 100 patients over a period of 6 months between September 2008 and February 2009.
Result: The mean age of the participants was 48 years, ranging from 26 to 70 years. Females represented 66% of the group. 45% of patients were using complementary medicine. Plants (42%), and honey (18%) were the main substances used. Aristolochia longa was the most common plant used. Spiritual healing such as prayers was the most significant techniques used (37%). The main sources of information on complementary medicines were information obtained from other patients and friends. No specific profile of user was observed. The main reason of using complementary medicine was curing cancer (82%). The majority of the users of complementary medicine were not revealing their habits to their oncologist because the question was not raised in consultation (99%). One third of cancer patients are using complementary medicine during the treatment of their disease.
Conclusions: This study suggests that patients with cancer frequently use complementary medicine after diagnosis. It seems that medical doctors should ask patients about their use of complementary medicine when they obtain medical history and they need to know more about complementary medicine to offer a better consultation. Finally, complementary medicine must benefit, as well as conventional medicine, of scientific studies to evaluate potential benefits, toxicity and interactions with the conventional treatment in order the oncologist could warned the users.

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Phase II study: single dose of palonosetron plus dexamethasone to control nausea, vomiting in patients treated with moderately emetogenic chemotherapy

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Background: Chemotherapy induced nausea and vomiting (CINV) adversely affects quality of life in cancer patients (pts). CINV occurs in acute period (day 1) or delayed period (2−5 days). 5-HT3 receptor antagonists (5-HT3RA) and corticosteroids are recommended by antiemetic guidelines to prevent CINV.
Our prospective study evaluated the efficacy of a single-dose palonosetron (second generation 5-HT3RA, with longer half life and potent binding to receptor 5HT3) plus single dose of dexamethasone to control CINV in pts receiving moderately emetogenic chemotherapy (MEC) during the first course of chemotherapy.
Materials and Methods: Seventy chemotherapy naïve pts with breast cancer (BC) and colorectal cancer (CRC) received dexamethasone 8 mg iv plus palonosetron 0.25 mg iv on day 1, before the chemotherapy starting. The chemotherapy regimens included 5 FU based combination (FOLFOX or FOLFIRI) for CRC and regimens anthracycline based for BC (AC, FEC). Complete Response (CR), defined as no vomiting and no rescue therapy, was the primary endpoint. Nausea and vomiting episodes were recorded in daily diary and evaluated during the acute, the delayed and overall (days 0−5) phases. All antiemetic therapies taken in the 5 days following chemotherapy have been considered rescue therapy.
Results: 68 pts returned the diary, median age was 61 years (range 24−76), 42 pts with BC and 28 CRC, 56 females and 14 males.
51 (75%) pts experienced a CR both in acute and delayed phases, while 46 (67.6%) of pts had a CR during the overall phase.
In acute phase nausea did not occur in 44 pts (64.7%), in the other 24 pts those experienced nausea, maximum grade was moderate in 5 pts, mild in 19 pts.
In delayed period nausea did not occurred in more of 50 pts, only 7 pts recorded nausea in daily diary on day 5. Rescue therapy was taken in 19 pts on day 1, in 8 pts on day 5.
Median time to treatment failure was 10 hours after the palonosetron administration, range 2−96 hours.
25 pts (36.7%) reported any Grade 1 adverse events as asthenia, constipation, headache; no unexpected adverse events have been recorded.
Conclusions: Single dose palonosetron plus single dose dexamethasone, intravenous therapy, administered on day 1 is feasible and effective for prevention of CINV in acute and delayed phases.

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What the patient needs – determining rehabilitation requirements within a lung oncology clinic: a prospective pilot study

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Background: Lung cancer patients often present with multiple physical and psychological symptoms that require timely intervention to maximise independence and quality of life (QOL). This study was undertaken to ascertain perceived unmet needs in this population of patients and to scope a service to meet those needs in an ambulatory care setting.
Materials and Method: A preliminary observational study supported the perception of unmet need in an ambulatory care setting.
A symptoms clinic was run by two therapists within a weekly lung oncology clinic. Oncology clinicians referred patients to the symptoms clinic over a 12 week period and patients were offered the choice to self-refer in one clinic. A generic assessment tool was used to assess patients' symptom concerns and lifestyle problems. Patients were offered immediate, at a future clinic, or telephone assessment.
A telephone survey of patient satisfaction was conducted.
Data was collected for symptom concerns, QOL indicators, stage along the cancer pathway, onward multidisciplinary referrals, and patient satisfaction.
Results: 41 patients were referred by oncology clinicians in the 12 week period and 16 patients self referred within one clinic. The most common symptoms were fatigue, decreased appetite, weakness, cough and dyspnoea. In total 90 onward referrals were made to multidisciplinary professionals for intervention. Physiotherapy, occupational therapy and dietetics were the most common referrals. Newly diagnosed patients presented with fewer symptoms than follow-up patients. More symptoms and needs were identified for patients who self-referred than for those referred by oncology clinicians. Positive reports from patients included improved symptom control and satisfaction in managing activities of daily living.
Conclusions: Lung cancer patients need timely and continuing access to multidisciplinary services as their symptoms develop. The results demonstrate that an unmet need exists and that a symptoms clinic provides access to timely multidisciplinary intervention, quality of care and patient satisfaction.
In addition there was a positive change in the working relationships within multidisciplinary teams. The patients presented with a range of symptoms and the referral mechanisms, access opportunities and treatment required to be tailored to individual needs. The study demonstrates the need for an effective service to address lung cancer patients' symptoms and QOL concerns.

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A double-blind randomized controlled trial comparing 3 mg and 1 mg of Granisetron for the control of chemotherapy-induced acute emesis

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Background: Nausea and vomiting are distressing and debilitating side effects of cancer chemotherapy. Leading societies in clinical oncology have declared antiemetic guidelines. Three-drug combination of a

5-hydroxytryptamine-3 (5-HT3) serotonin receptor antagonist, dexamethasone (DEX), and aprepitant is recommended before chemotherapy of high emetic risk. 5-HT3 serotonin receptor antagonist has been great benefit in the prevention of acute emesis, especially for moderate to high emetogenic chemotherapy. Granisetron (GRN) is one of the worldwide used 5-HT3 serotonin receptor antagonists. 1 mg or 0.01 mg/kg GRN dose is recommended by antiemetic guidelines. In Japan, high dose GRN (3 mg) combined with DEX is routinely used, aprepitant has not been approved yet. We conducted randomized controlled trial to compare the two different doses of GRN (3 mg VS 1 mg) in prevention from acute emesis.
Material and Methods: Patients who receiving moderate or high emetogenic chemotherapy in Japan were randomly assigned to GRN 3 mg (arm A) or 1 mg (arm B) with adequate amount of DEX according to emetic risk category. Patients were stratified according to previous history of chemotherapy, regimen (cisplatin containing or not) and institutions. Primary endpoint was proportion of patients with complete response (defined as no vomiting episodes and no use of rescue medication) in the first 24 hours after chemotherapy. Non-inferiority margin was predefined in this study protocol as a 15% difference between groups in the proportion of patients with complete response. This study is registered with UMIN, number UMIN000000984.
Result: From January 2008 to January 2009, 365 patients from 10 medical centers were recruited. 183 patients were assigned to arm A and 182 to arm B. In the first 24 hours after chemotherapy, complete response was achieved by 90 and 88 percent of patients, respectively. Non-inferiority was proven statistically. In subgroup analysis, no favorable trend was detected. Antiemetic treatment was equally well tolerated, and no significant difference was found in the incidence of adverse events.
Conclusions: GRN 1 mg combined with DEX is not inferior to 3 mg combined with DEX for the prevention of acute emesis induced by moderate or high emetogenic chemotherapy. Our study confirms no differences in both groups. We think this is the first randomized controlled trial, presenting non-inferiority between 3 mg and 1 mg GRN statistically. Consequently, 1 mg dose of GRN combined with DEX should be considered the most appropriate prophylactic regimen for the prevention of acute emesis.

3081 POSTER

Reduced therapy-related fatigue in mice with nab-paclitaxel as compared with Cremophor-based paclitaxel

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Background: The frequent occurrence of fatigue in cancer patients and survivors negatively impacts the quality of life and clinical outcome. *Nab*-paclitaxel (Abraxane®) is an albumin-bound 130-nm particle form of paclitaxel that demonstrated higher efficacy and was well tolerated compared to Cremophor EL-based paclitaxel (Taxol®) in clinical trials for metastatic breast cancer. In this study, we developed a mouse model for quantifying fatigue and objectively compared fatigue induced by Abraxane and Taxol.
Materials and Methods: Female BALBIcJ mice were implanted with a telemetry device that transmitted information on both core temperature and horizontal locomotor activity. Activity, wheel running, temperature, food intake, and body weight were monitored before, during, and after administration of Taxol or Abraxane (10 mg/kg iv, qd × 5; n = 9/group). To determine the potential causes of chemotherapy-induced fatigue, measurements were conducted for the levels of proinflammatory cytokines, anemia, general debilitation, neuromuscular impairment, and sleep disturbance.
Results: Taxol and Abraxane both reduced horizontal locomotor activity and wheel running in mice. With either drug, mice showed essentially normal activity during the first two hours of the dark phase. However, activity fell below normal for both measures in the remainder of the dark phase during the drug administration and the first week after chemotherapy. Mice treated with Abraxane resumed normal amounts of dark-phase activity 2 weeks after treatment, whereas mice treated with Taxol remained depressed until week 4 after treatment. During periods of fatigue, mice did not show anemia, elevated serum concentrations of proinflammatory sleep-modulatory cytokines, or disturbed sleep. However, mild general debilitation (i.e., weight loss, anorexia, and hypothermia) and mild neuromuscular impairment were observed.
Conclusions: This study provides a reliable model for quantatively measuring chemotherapy-induced fatigue. The combined assessment of running wheel activity and horizontal locomotor activity demonstrated that mice treated with taxane chemotherapy developed fatigue. Compared with Taxol, Abraxane treatment resulted in less fatigue and a faster recovery, potentially due to its rapid tissue distribution and the absence of toxic solvents. These observations are consistent with clinical data for Abraxane which shows a more rapid resolution of peripheral neuropathy compared with Taxol.

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Efficacy of a survaillance dental programm on prevention of osteonecrosis of the jaw in cancer patients with bone metastases: a single institution preliminary experience

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Background: osteonecrosis of the jaw (ONJ) is a dismal event associated with bisphosphonates (BPs) therapy for cancer patients with bone metastases (BM). We designed a preventive dental programme during or prior to BPs therapy to attempt a reduction in the risk of ONJ.
Patients and Methods: Starting from February 2007 through February 2009, 137 consecutive cancer patients with BM scheduled for BPs therapy (zoledronic acid, pamidronate or ibandronate) were prospectively offered an educational training on oral hygiene and an odontoiatric evaluation (dental visit and orthopantomography of the jaw) to detect odontoiatric risk factors and treat them, both at baseline and every six months afterwards. 46 patients (33.6%) had already received a median of 7 monthly BPs (range 1−48) at the time of baseline evaluation, while 91 patients (66.4%) had not yet been treated. Both groups of patients were offered the same preventive programme.
Results: Overall, the total patient population received median of 8 months of BPs (range 1- 48): 12 months (range 1- 48) for the pretreated and 5 (range 1−23) for the not-pretreated population of patients, respectively. Only two cases of ONJ were described, both in the pretreated group. The first one was diagnosed after 3 cycles of zoledronic acid and was related to a recent dental avulsion. Of note, this patient had been treated with risendronate for a long period for osteoporosis just before the development of BM. The other case was observed after 7 cycles of zoledronic acid in a patient with BM from kidney cancer while on concomitant treatment with sunitinib. Because there are some evidences that anti-angiogenic therapies may increased ONJ risk, we cannot exclude an interaction of the therapy with preexisting risk factors.
Conclusions: Our prospective single-institution experience of systematic adoption of a preventive dental programme for patients scheduled to undergo BPs therapy for BM seems to confirm reported literature evidence of the importance of odontoiatric evaluation and treatment before starting BPs therapy in reducing the risk of ONJ.

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Patients experience with treatments of chemotherapy induced anemia (CIA) and myelodysplastic syndromes (MDS)

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Background: Anemia, a common hematologic complication of cancer and cytotoxic treatments, is often treated with erythropoiesis stimulating agents (ESAs) and red blood cell (RBC) transfusions. While some studies have explored patient treatment experience (e.g., routine disruption, and emotional/social strain), gaps remain in the literature. The objective of this study was to assess anemia treatment experiences from patients' perspectives and to explore potential concepts for inclusion in new anemia treatment experience instruments.
Material and Methods: Focus groups and individual interviews were conducted with adult patients with CIA or MDS receiving ESAs and/or RBC transfusions within 28 days prior to interview. Domains explored in the discussion guide included administration pain/discomfort, temporal effects, treatment outcomes, out of pocket (OOP) expenses, effects on employment, and social support. Transcripts were coded and qualitatively analyzed with Atlas.Ti. Sociodemographic and clinical information was collected through questionnaires and analyzed descriptively.
Results: 6 focus groups and 10 individual interviews were conducted with 28 patients (mean age: 68, SD age: 12, female: 54%, CIA: 50%, MDS: 50%, ESA only: 57%, ESA and transfusion: 43%).
Patients mentioned temporary stinging or burning sensation from ESA and discomfort of keeping their arms in a specific position during transfusion. Timing and location issues were discussed. Many CIA patients received ESAs on the same day and at the same clinical site as chemotherapy. All transfusions received by CIA patients were on different days than chemotherapy. On average, ESAs took less than 1 minute to administer and the entire visits took less than 1 hour. Transfusion patients had blood cross-matched at least 1 day before treatment and transfusions took 6+ hours to complete. As for treatment effects, patients focused on how quickly they