

felt improvements in energy levels and emotional well-being. Insurance co-pays and transportation costs were OOP expenses for patients. Patients discussed impacts on their employment such as work absences. Some patients reported safety concerns with treatments. Transportation and household chores were mentioned as two types of tangible assistance utilized.

Conclusions: Overall, patients discussed the timing, location, physical and emotional effects, and social support needs. The key concepts identified in this study should be considered in developing anemia treatment experience instruments.

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POSTER

Prior oral treatment with lectin ATL-104 limited intestinal damage caused in rats by 5-fluorouracil and repair of the epithelium

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Background: Anti-cancer treatments disrupt the alimentary tract, leading to epithelial breakdown and ulceration (dose-limiting mucositis). Treatment with ATL-104 reduced the duration/severity of oral mucositis in peripheral blood SCT patients (Hunter *et al*, 2008. Bone Marrow Transplantation 10 Nov 08, 1-7.). The mode of action of ATL-104 in ameliorating intestinal damage caused by 5-Fluorouracil (5FU) has been investigated.

Materials and Methods: Rats (5/group) were given ATL-104 orally (200 mg/kg) once daily for up to 3 days (day -1, days -1 & -2 or days -1, -2 & -3), single dose 5FU (150 mg/kg, ip) on day 0 and euthanased and small intestine collected up to 4 days post-5FU. Standard histology was done.

Results: Rapid loss of crypt cells and collapse of the crypts and villi occurred after dosing with 5FU. At 2 days, few dividing cells were present and crypts were not readily discernible. The sub-epithelial myofibroblast sheath [ISEMF] was also severely disrupted. Cell division re-started at around 3 days and an extensive dividing cell population was re-established by 4 days. However, the ISEMF was not restored. As a result, the regenerating crypts and villi remained disorganised.

Pre-treatment with ATL-104 ameliorated the effects of 5FU. Crypt epithelial cell loss and villus collapse occurred as with 5FU alone, but was less marked. By 2 days, micro-crypts (clusters of dividing, goblet & Paneth cells in a myofibroblast sheath) were evident. By 4 days, the crypt epithelium and ISEMF had expanded and villi were returning to normal.

Conclusions: Treatment of rats with ATL-104 caused adaptative changes to intestinal epithelial and sub-epithelial metabolism. In combination, these enabled the gut to deal more effectively with 5FU. Thus, damage caused by 5FU was reduced and restoration of normal gut structure was facilitated. Pre-treatment with ATL-104 for 1 day (day -1 only) gave protection. However, treatment for 2 or 3 days was more effective (3 d > 2 d > 1 d > 0 d). MD was supported by Alizyme TL, GG by Scottish Government Rural and Environmental Research and Analysis Directorate.

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POSTER

Management of chest wall pain after breast cancer surgery and radiotherapy. What is the evidence?

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Background: Mastectomy or Breast conserving surgery (BCS) is the usual method of surgical management of breast cancer. However with BCS Radiotherapy (DXT) is usually indicated either for invasive or in-situ disease. Even in patients undergoing mastectomy radiotherapy may be indicated. Up to 50% of patients undergoing radiotherapy following BCS or mastectomy complain of chest wall pain/discomfort. The exact cause is unknown and may be multifactorial. Most cases of chronic pain in post radiotherapy patients with breast cancer is considered as a part of sequelae of radiotherapy by inducing neural damage and fibrosis. There is no effective management and patients are advised to use analgesia with little effect. The aim of the study was to evaluate the literature about the chest wall pain after breast cancer surgery and radiotherapy and assess the evidence if any to correctly manage this problem.

Material and Methods: The authors reviewed MEDLINE, COCHRANE database, EMBASE databases, and online resources published in English between January 1960 and April 2009 as well as relevant pain management books available were searched. Local Breast Nurse Specialists were contacted with regards to management of this problem. All the literature was reviewed by the authors.

Results: There exists little if any reference in literature to address this issue. Local signs are frequent after chest wall DXT but rarely severe (9%

of patients). Chronic moderate to severe pain occurs in 12% of BCS and radiotherapy patients compared to 12-51% of the breast cancer survivors independently of management option. The extent of axillary dissection was found as main factor predicting pain. There are no designated tools for assessment of this pain or record database kept by Breast Care Nurses team in most hospitals.

Conclusion: There is no management protocol for patients with such pain. Chest wall pain after Breast cancer surgery and radiotherapy seems to be frequent but not debilitating side effect. However, further clinical studies or prospective trials are needed to address this issue for definite conclusions.

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POSTER

Efficacy of casopitant, a novel NK-1 receptor antagonist, for antiemesis over repeated cycles of moderately emetogenic therapy

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Background: Casopitant, a novel neurokinin (NK)-1 receptor antagonist, is in development for prevention of chemotherapy-induced nausea and vomiting (CINV). Phase II and phase III studies have shown that casopitant is effective in patients receiving highly and moderately emetogenic chemotherapy (HEC, MEC). Data from a phase III, randomized, double-blind, placebo-controlled study in MEC was used to evaluate whether the efficacy of casopitant in cycle 1 was maintained during 3 subsequent cycles.

Methods: Patients received antiemetic therapy including ondansetron and dexamethasone, alone or together with one of the following casopitant doses: single-dose 150 mg oral; 3-day intravenous (IV)/oral (90 mg IV/50 mg oral/50 mg oral); or 3-day oral (150 mg/50 mg/50 mg). The primary endpoint was complete response (CR, defined as no vomiting/retching or rescue medications) over the first 120 hours [CR(0-120)] after initiation of MEC. Post hoc analysis of CR data from the first 4 cycles was used to evaluate treatment effect over repeated cycles.

Results: In patients receiving anthracycline/cyclophosphamide-based MEC (N=1933), the higher overall CR(0-120) rates observed in cycle 1 were maintained for at least 3 subsequent cycles with the single-dose oral (odds ratio [OR] 2.02; 98.3% confidence interval [CI] 1.53-2.68); 3-day IV/oral (OR 2.05; 98.3% CI 1.55-2.7); and 3-day oral (OR 1.98; 98.3% CI 1.50-2.61) casopitant regimens. In addition, for patients who did not respond in the previous chemotherapy cycle, CR(0-120) was achieved in 35% to 44% of patients receiving single-dose casopitant in the subsequent cycle; 37% to 49% of those receiving the 3-day IV/oral regimen; and 35% to 39% of those receiving the 3-day oral regimen vs 26% to 33% of control subjects.

Conclusions: The higher overall CR(0-120) rates of CINV achieved with casopitant in cycle 1 of MEC were maintained over repeated chemotherapy cycles. The improved CR rate associated with casopitant treatment was not dependent on results of the previous cycle.

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POSTER

The NK-1 antagonist aprepitant (APR) in combination with granisetron and dexamethasone in high dose chemotherapy (HDC)

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Background: 5-HT₃ receptor antagonists (RA) plus dexamethasone (DEX) are still the standard antiemetic therapy in patients receiving HDC. However, in the few available small studies complete protection from nausea and vomiting was only achieved in a small proportion of patients. The role of aprepitant in HDC remains to be defined.

Methods: In this study, pts. with HDC received APR orally 125 mg d1, 80 mg consecutive days, granisetron (GRAN) 1 mg i.v. daily and DEX 8 mg i.v. daily for prevention of acute chemotherapy induced nausea and vomiting (CINV) and APR 80 mg and DEX 8 mg for 2 days for delayed CINV. Endpoints were complete response (CR, no vomiting & no use of rescue therapy) in the acute (during days of HDC) delayed (day 1 until 5 days after end of HDC) and overall (acute and delayed) phase. Acute and delayed nausea were also evaluated.

Results: To date 42 pts. (f/m 10/32 pts.; median age 39.4 y) with various types of cancers (testicular cancer 26 pts., sarcoma 9 pts., multiple myeloma 6 pts. and CUP 1 pt.) were included. 26 pts. (62%) received High dose (HD)-PICE (paclitaxel, ifosfamide, carboplatin, etoposide; d1-3), 10 pts. (23.7%) HD-ICE (ifosfamide, carboplatin, etoposide; d1-3) and 6 pts. (14.3%) HD melphalan; d1-2. The median duration of HDC was 2.9 days.