Acute/delayed and overall CR were observed in 33 pts. (78.6.1%)/26 pts. (61.9%) and 24 pts. (57.1%) respectively. Acute and delayed nausea were observed in 11 pts. (26.2%) and 14 pts. (33.3%). No CTC Grade 3−4 were observed within the observational period. The incidence of ifosfamide induced encephalopathy was 22.2%.
Conclusions: The triple antiemetic combination including the NK1-antagonist aprepitant showed a good antiemetic efficacy in HDC with a favourable safety profile, except of a possible slightly increased incidence of ifosfamide encephalopathy. Compared to clinical data from the literature, aprepitant provides additional benefit in preventing CINV during HDC. The study is still ongoing.

3088 POSTER

Increase and decrease of jaw osteonecrosis (ONJ) in patients treated with intravenous bisphosphonates (BP): impact of preventive measures and reduced prescriptions in the experience of the "Rete Oncologica di Piemonte e Valle d'Aosta" ONJ study group

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Background: Since 2005, preventive measures (based empirically on the basis of clinical observations) have been recommended to reduce incidence of ONJ, before and during intravenous BP treatment. A reduction of new ONJ cases has been reported in 2 recent papers (Ripamonti, Ann Oncol 2009; Dimopoulos, Ann Oncol 2009) after implementation of dental preventive measures. Meanwhile, duration and indications of BP have changed in clinical practice (Coleman, BJC 2008) and new recommendations appeared (ie, Mayo Clinic 2006 and ASCO 2007, for myeloma patients; Aapro, Ann Oncol 2008, for solid tumors patients).
Material and Methods: Since 2005 the Piemonte e Valle d'Aosta (North-Western Italy, population: 4.3 million) Regional Oncology Network organized an ONJ Multidisciplinary Study Group with the aim to perform a systematic collection of diagnosed and confirmed ONJ cases and to extend preventive dental visits.
Results: On December 2008, 247 ONJ cases were recorded in BP treated patients affected by cancer, myeloma or osteoporosis/other diseases. Reason of BP therapy among 200 selected pts with myeloma or cancer: 39% bone metastatic breast cancer, 32% myeloma, 16% prostate cancer, 8% other cancers, 5% osteoporosis. Infused BP in ONJ patients (single one, or more BP in sequence): Zoledronic acid 89%, Pamidronate 32%, Ibandronate 2%. The number of new ONJ cases per year showed a reduction in 2007 and 2008 (37 and 21, respectively) as opposed to 2005 and 2006 (59 and 59 cases/year, respectively). BP prescriptions lowered in recent years (for Zoledronic Acid: 5995 infusions in 2002, 19040 in 2005, 13679 in 2008) possibly due to the shortening of treatment duration (not more than 2 years, as recommended by recent guidelines), the adoption of different schedules (i.e. every 3 months, after a monthly induction period), and a possible reduction in the population exposed to BP (reduced use of BP therapy in patients with a high risk-benefit ratio, and reduction of previous off-label prescriptions).
Conclusion: Even considering a possible "harvesting" effect (collection of all prevalent cases) in the first period (2005–2006), the reduction of new ONJ cases was notable after adoption of preventive measures. However, from 2005 onwards a consistent reduction of BP consumption data was registered in our Region (representative of Italian ones and of those in other European countries, for available data). Further analyses of these 2 competitive factors and of influence of other possible factors are ongoing.

Epidemiology, prevention

Poster presentations (Thu, 24 Sep, 09:00−12:00) Epidemiology, prevention

3500 POSTER

EUROCOURSE: towards optimisation of the use of cancer registries for scientific excellence in cancer research in Europe: an FP7 ERA-net project

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EUROCOURSE is a project funded in the 7th Framework Program (FP7) and initiated by the European Network of Cancer Registries (ENCR) and 'their' stakeholder paymasters. The project aims to root the vital position of cancer registration in cancer control across Europe through facilitating transnational and translational research. This 3-year ERA-Net project, started April 1st, 2009. As an ERA-Net project, it will facilitate maximal exchange of ideas and researchers within the European Research Area (ERA) created by the EU Lisbon agenda of 2000 and will provide the ground for a more direct involvement of the national funding bodies (Ministries and Cancer Societies) in European cancer registration, and its strengthened sustainability. The 15 EUROCOURSE partners represent program owners and/or program managers from 16 countries; 5 regional and 5 national cancer registries, 6 representing Ministries of Health or Cancer Societies and 5 regional authorities.
EUROCOURSE will explore the apparent diversity in the quality, usage and output, commissioning and funding of cancer registries across Europe. Since 1989 they are together in the European Network of Cancer Registries (ENCR, counting about 170 members) with the secretariat provided at the International Agency for Research on Cancer (IARC) of WHO in Lyon. The ENCR members contribute to international studies, notably the EURO-CARE Study coordinated from the Cancer Institute in Milan/Rome (about 70 contributors). The 10 EUROCOURSE workpackages (WP's) will synthesize and stimulate best (and ethical) practices in data collection, management, analysis, interpretation and peer reviewed publication. The aim is to combine the available advances in informatics technology with data privacy protection and to automatise data collection on European level through a common portal, while ensuring adequate quality control. The guidelines on how to handle in-situ cases, multiple primaries, clinical and death certificate only cases, etc. will be developed. Special interest will be given to perspectives for clinical evaluation in relatively new domains of geriatric oncology, cost-effectiveness of new 'expensive' drugs and quality of life in long term survivors, in which registries can play a pivotal role and truly reflect needs of patients. A WP will be dedicated to define the essential role of registries in evaluation of mass screening for cancer (e.g. interval carcinomas) and another one to prepare the structures for learning from population-based biobanks. Ethical conduct of registry-based operations and studies will be clarified, based on existing best practices that comply with the EU-directive. A special committee will be established to study these issues for the benefit of patients and their families. The collaborative and comparative use of cancer registration data will serve to improve cancer control across Europe and to strengthen population-based translational cancer research in each of the 5 relevant domains: cancer burden in population, prognosis, quality of care, quality of life and public health and etiology.
EUROCOURSE will thereby adopt a two-pronged approach focussed on:
Funding Organisations, i.e. program owners and program managers like Ministries and Cancer Societies: they will be made more aware of registry output as a basis for future commissioning and funding. Inegalities across Europe in access to data, funding of cancer registries and legal support to cancer registration will be used to aim at the most advanced model for all, also taking into account the low costs of a well functioning registry <0.50 Euro per inhabitant per year.
Cancer registries: will be provided with infrastructure for modern facilities for exchange of data and information and for harmonization of their data and practices. The process of data collection at European level will thus be streamlined to provide comparable, accurate and timely statistics.