tree based on our results with the first one (5th Int Congress Anti Cancer Chemot, Paris, 1995, abstr 445) and on the last literature data was used from 02–1994 to 01–1995. All patients treated by chemotherapy (CT) were concerned. We report the results from 9 months of applying. The study concerned clinical efficacy, respect of the decision tree and cost of the antiemetics. **Treatment** (tmt). There were 4 groups corresponding to various emetic situations, with a progression in the use of 9 different schemes for cycle tmt (0,F,G,H,I1,I2,J,K,L), and 3 schemes for postcycle tmt (X,Y,Z). Failure of a scheme was defined by a number of emetic events $\geqslant$ 2/day. In this case the scheme was changed at the next cycle for the following one. **Group 1:** no emetic CT (ex: vinorelbine): **0:** no tmt; **F:** alizapride (alz) 100 mg IV; no pre and post tmt. **Group 2:** moderately emetic CT (ex: FEC-FAC): **G:** alz 100 mg IV hour (H) 0 and H4, methylprednisolone (MP) 120 mg IV H0; **H:** ondansetron (ond) 8 mg IV H0, MP 120 mg H0; pre and post tmt. **Group 3:** CT on several days (ex:BEP): **I1:** D1 granisetron (gra) 3 mg IV H0, MP 120 mg IV H0– D2 to D5 alz 100 mg IV H0 and H4, MP 120 mg IV H0; **I2:** I1 plus chlorazepate 20 mg IV; **J:** ond 8 mg IV H0 D1 to D5, MP 120 mg IV H0 D1 to D5; **L:** chlorpromazine IV 5 mg/sqm/3x/D; pre and post tmt. **Group 4:** highly emetic CT (ex: cisplatine >70 mg/m2): **K:** gra 3 mg IV H0, MP 120 mg IV H0; **L;** pre and post tmt. **Precycle tmt:** alprazolam (alp) 0.25 mg PO 3x/D D-3 to D-1. **Post cycle tmt** for 3 days with 3 schemes. **X:** metoclopramide 20 mg PO 3x/D, MP 16 mg PO 3x/D. **Y:** X plus alp 0.25 mg PO 3x/D. **Z:** ond 8 mg PO x3/D. *Results.* **Group 1:** for 1836 cycles of CT; 0: 92.27%, F:7.3%, G to K: 0.43%; X + Y: 6%. **Group 2:** for 893 cycles of CT; G: 66.41%, H: 28.22%, I1 to L: 5.37%; X: 82.75%, Y + Z: 8.7%. **Group 3:** for 166 cycles of CT; I1: 78.92%, I2: 5.42%, J: 3.01%, K: 7.83%, others: 4.62%; X: 82.5%, Y + Z: 6%. **Group 4:** for 163 cycles of CT; K: 96.93%, others: 3.07%; X: 81.1%, Y + Z: 2.4%. There were 2.6% of mistakes. The decision tree is suitable, with clinical results considered as satisfactory. The cost of treatments has been reduced by a half since the utilization of the decision trees, in spite of an increase in the number of patients.

1233 PUBLICATION

TROPISETRON MONOTHERAPY VS TWO TROPISETRON COMBINATIONS IN CHEMOTHERAPY-INDUCED EMESIS

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To assess the optimal treatment with tropisetron (TRO) single or in combinations for acute and delayed emesis, we performed a study comparing 3 different TRO containing prophylactic treatment regimens: 193 patients with highly emetogenic chemotherapy (CHE; cisplatin, carboplatin, cyclophosphamide, ifosfamide) were randomised to: **A. TRO mono:** 5 mg i.v. once daily during CHE, 10 mg p.o. once daily after end of CHE. **B. TRO + dexamethasone** (DEX, 20 mg i.v. on day 1–2, from day 3: 4 mg i.v./p.o.). **C. TRO + metoclopramide** (MCP, 20 mg i.v. + 20 mg p.o. during CHE, 10 mg per os t.i.d. after end of CHE). TRO/DEX was significantly more effective in prevention of acute/delayed emesis than TRO and TRO/MCP. 49% of patients in group **B** stayed free from vomiting and nausea during the whole study course vs. 26% (group **A**) and 28% (group **C**).

Conclusion: TRO + DEX is the optimal prophylactic treatment to prevent acute as well as delayed emesis. Addition of low dose MCP does not improve the efficacy of TRO substantially.

1234 PUBLICATION

CAN ZINC PICOLINATE IN PATIENTS RECEIVING CHEMOTHERAPY FOR METASTATIC COLORECTAL CARCINOMA PREVENT STOMATITIS?

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30 patients with metastatic colorectal carcinoma receiving chemotherapy were randomized: 20 of these patients received their chemotherapy for the first time and the other 10 pts received previous chemotherapy courses before entering the study. According to the randomization 13 pts received Zinc Picolinate (zinc +) and 17 pts did not (zinc−). 71% of the zinc negative pts developed stomatitis grade I–III, of which 83% was moderate to severe (grade II–III) and persisted throughout all the chemotherapy courses. Only 54% of the zinc positive pts had suffered from stomatitis grade I which disappeared after receiving zinc for four weeks. In conclusion—administration of Zinc Picolinate seems to minimize the incidence and helps the healing of stomatitis, enabling the pts to continue receiving chemotherapy as scheduled.

1235 PUBLICATION

A RANDOMISED STUDY COMPARING ONDANSETRON (OND) WITH ONDANSETRON PLUS DEXAMETHASONE (DEX) IN PATIENTS (PTS) WITH METASTATIC BREAST CANCER (MBC) RECEIVING HIGH DOSE EPIRUBICIN (HDE)—PRELIMINARY REPORT

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We assessed the effect of OND vs OND + DEX in acute and delayed emesis during chemotherapy (CT) with HDE (110 mg/m^2). A total of 61 pts, median age 55 were randomised to receive either (a): OND (n = 26) 24 mg i.v. 30′ prior to CT followed by 8 mg p.o b.i.d days 2–5,or (b): OND 24 mg i.v plus DEX 8 mg i.v (n = 35) 30′ prior to CT followed by 8 mg p.o b.i.d days 2–5. The pts recorded the incidence of vomiting, nausea and other side effects in diaries.

Results: In the acute phase day 1: OND provided complete vomiting control (no vomits or retches) in 42% vs 63% treated with OND + DEX. No nausea or mild nausea occurred in 54% vs 57%. In regard to delayed emesis days 2–5 OND provided complete vomiting control in 59% vs 69% treated with OND + DEX. No nausea or mild nausea occurred in 65% vs 64%. There were no severe side effects in both groups of pts.

Conclusion: First results of an open randomised study comparing OND and OND + DEX in prophylaxis of HDE induced acute and delayed vomiting show that the combination OND + low dose DEX seems to be more effective and superior to the OND alone. No difference between the regimens was found in regard to nausea.

1236 PUBLICATION

MIGRATION OF CATHETER IN CANCER PATIENTS WITH IMPLANTABLE ACCESS PORT SYSTEM, TREATMENT BY PERCUTANEOUS EXTRACTION

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Complications due to subcutaneous devices are rare, mainly venous thrombosis, sepsis and uncommonly pneumothorax, but migration of the catheter has not been yet reported.

In our institution about 820 subcutaneous central venous access devices for chemotherapy have been placed since 1985, mainly by a subclavicular access. We report here 2 cases of migrated catheters, (2.5/1000) one in both pulmonary arteries, the second in right ventricle and pulmonary artery, extracted by a non-invasive technique as out patients.

Extraction of accidentally migrated catheters by lasso's technique is now well-known in vasculary radiology, and must be realized in a ward with continuous cardiologic survey and reanimation means. Catheter's crossing through the right ventricle composes the risk of this technique. Winding a "pig-tail" catheter round the migrated catheter allows its mobilization and removing to the right auricle. In a second step, a strong gripping of the catheter by the lasso permits the final extraction without any cardiac risk.

1237 PUBLICATION

ELECTROCARDIOGRAPHIC EFFECTS OF THE 5-HT$_3$-R-ANTAGONISTS

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5-HT$_3$-r-antagonists are widely used to control the cytotoxic-caused emesis. Since **Ondansetron** has a detectable binding at non 5-HT$_3$ sites (5-HT$_{1b-1c}$) and **Tropisetron** at 5-HT$_4$ and 5-HT$_{2c}$-uptake sites and 5-HT receptors are found in the human **cardiac atria,** an arrhythmogenic potential of these drugs as a dose-dependent prolongation of the QTc interval cannot be excluded. *Aim of our study* was to evaluate the QT interval on the surface ECG expressed as the rate corrected maximum interval according to Bazett (QTc = QT/$\sqrt{}$R–R) before (T_0) and