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INVITED

Paraneoplastic Neurological Syndromes*C. Vedeler¹. ¹Helse Bergen HF Haukeland, Neurology, Bergen, Norway*

Paraneoplastic neurological syndromes (PNS) are rare, but very disabling disorders. The most common PNS include – paraneoplastic encephalomyelitis (often in combination with neuropathy), paraneoplastic cerebellar degeneration, opsoclonus-myoclonus, stiff-person syndrome, visual paraneoplastic syndromes, peripheral neuropathy and disorders of the neuromuscular junction. They arise as remote effects of several different types of tumours, most frequently small cell lung cancer, breast cancer, gynaecological tumours, and lymphoma. PNS occur in approximately 1% of cases with such tumours. Onconeural antibodies represent an important shortcut to the diagnosis of PNS and the detection of such antibodies often directs the search of the underlying tumour. These antibodies may also be of pathogenic importance as they target critical functional epitopes that are linked to apoptotic neuronal death. However, cytotoxic T lymphocytes probably play a major or complementary pathogenic role. It is important to identify PNS for the following reasons: 1) PNS may involve any part of central and/or peripheral nervous system and may mimic other neurological complications of cancer such as metabolic deficits, coagulopathy, infection and the side effects of therapy; 2) In 60%–70% of patients, the PNS develops before the tumour is manifest. Recognition of the paraneoplastic disorder may, therefore, lead to early diagnosis of the tumour with potential for better treatment-response of both the underlying tumour and the paraneoplastic syndrome.

Society Session (Sun, 25 Sep, 16:45–18:15)

European Society of Oncology Pharmacy (ESOP)

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Absorption Issues With Oral Drugs*W. Weitschies¹. ¹Ernst-Moritz-Arndt University Greifswald, Biopharmazie und Pharmazeutische Technologie, Greifswald, Germany*

Drug substances have to reach their place of action within the body in the appropriate concentration for a defined time span in order to be effective and safe. This prerequisite holds true for every kind of delivery system and route of administration. Among the different routes of administration the oral route is by far the most common way for the administration for pharmacologically active substances. For a long time this did not hold true for chemotherapy of cancer. However, in the meantime oral administration of anticancer drugs is increasing. Oral drug administration is very convenient. As the gastrointestinal tract is the natural site for the uptake of all essential substances with exception of oxygen it is also often regarded as a rather simple organ where food (and drug) absorption occurs by passive diffusion. In contrast, the gastrointestinal processing of food is a very complex process that is managed by the “second brain” of the body, the so-called “gut brain”. As a consequence the delivery of drug substances via the oral route is often much more challenging than other routes of administration as for example the direct delivery into the body via injection or infusion. The complexity of oral drug absorption is also reflected by the fact that despite numerous attempts until today a reliable prediction of the rate and extent of the absorption of drug substances from the human gastrointestinal tract is neither provided by in silico methods nor animal models. Variability in oral drug absorption can be a result of variable transit times through the different parts of the gastrointestinal tract. Important parameters that are influencing transit times and absorption conditions are for example the relation between the administration of the dosage form and food intake, fluid intake as well as properties of the delivery system like size and density. Consequences resulting from the interplay between substance properties, gastrointestinal physiology and drug delivery technology will be demonstrated by means of some examples. Data on gastric residence, small intestinal transit and colon transport will be presented and discussed. Special focus will be given to food induced mechanisms like gastric retention, gastro-colonic and gastro-ileocecal reflexes.

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Adherence Issues With Oral Chemotherapy*M. Daouphars¹. ¹Cancer Centre Henri Becquerel, Pharmacy, Rouen, France*

A growing proportion of anticancer treatments presents as oral chemotherapy. These offer patients many potential advantages as ease of administration, and fewer trips to the hospital. However oral chemotherapy is effective only if patients adhere to their administration schedule. While patients prefer the convenience of oral medications, there is some concern with

regard to patients' adherence with therapy as non-adherence is prevalent in half of patients in the general population. Although it may be assumed that cancer patients would be more adherent due to the gravity of their disease, the few studies available report significant non-adherence rates. Even if clear data are lacking on consequences of non-adherence in cancer patients, non-responsiveness, unnecessary diagnostic testing, changes in dose or therapeutic regimen, and hospitalizations may be expected. Adherence to treatment depends on many co-existing factors, including patient factors, treatment regimen and interactions with healthcare system. Care givers are to be aware of these adherence issues in order to identify potential non-adherent patients, and to propose patients education programs, as there is some evidence that interventions to encourage the accurate self-administration of oral therapies can be effective.

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Pharmacist Role*K. Meier¹. ¹HKH GmbH, Department of Hospital und Clinical Pharmacy, Soltau, Germany*

Antineoplastic chemotherapy describes a group of hazardous drugs commonly used in the treatment of cancer.

Potential risks are not only recognized for patients being treated, but extend to pharmacists and other health care workers who handle the drugs

- Adverse reproductive outcomes such as miscarriages, birth defects, fetal loss, infertility
- Acute symptoms such as irritation, sore throat, cough, dizziness, headache, allergic reaction, diarrhea, nausea and vomiting.

Because of the safety issues, guidelines for safe handling are well established in the traditional settings of hospitals and ambulatory clinics for the intravenous chemotherapy in traditional oncology settings.

In tumour therapy, documentation, quality management and standardisation of interdisciplinary processes are increasingly gaining importance in form of therapy protocols and guidelines for clinical treatment.

Non-adherence, application errors and interactions due to insufficient education of the patient can compromise therapeutic success. An adequate, quality assured, multi-professional care is therefore urgently required for oncology patients receiving oral chemotherapy.

A Pilot program is set up in Germany to teach 20,000 community and hospital pharmacist in supporting patients the best in taking oral cytotoxic drugs.

Through the action of pharmacists the collaboration of physicians, project- and industrial partners the initiative aims to reach the following goals for oncology patients:

1. On-site optimisation of oral chemotherapy and improvement of pharmaceutical care for oncology patients
2. Cost-effective and reliable care for cancer patients due to professional collaboration of local physicians, pharmacists and other health care professionals at the right time
3. Recognising and solving drug related problems related to oral chemotherapy
4. Enhancing the quality of life of oncology patients through a coordinated management of side effects and interactions during and after therapy
5. Providing new insight as a contribution to health services research and to encourage drug safety.

Society Session (Sun, 25 Sep, 16:45–18:15)

European School of Oncology (ESO) – Prostate Cancer Units

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INVITED

Prostate Cancer Patients – What do They Really Need?

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Facing the diagnosis of cancer remains a challenge for most if not all unprepared men.

No matter how well informed by his treating physician, with the inclusion of the routine patient brochures, the first reactions include disappointment and anxiety, hidden from his beloved ones and his physician.

Even informed on the relative benign course of prostate cancer they panic with the thought of impotence and incontinence for the rest of their life. They all claim to prefer to know the truth but at the same time they need professional and caring support to face the same truth.

A number of factors complicate this support.

Most important is to secure practical, relevant, updated, correct information on their specific situation in the preventive and clinical course of the disease