Conclusions: Despite the small cohort of pts enrolled, in patients with emetic events during treatment with adjuvant capecitabine for stage III colon cancer, palonosetron is highly effective in preventing nausea and vomiting and, consequently, ameliorates drug’s absorption and patient’s compliance to scheduled chemotherapy.

B103 EVIDENCE BASED (EB) AND COMPLEMENTARY ALTERNATIVE MEDICINE (CAM) IN ONCOLOGY: THE TERZANI PROJECT GOES ON
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Background: In 2006 AMeC, in collaboration with the Oncology of Montalcino, has won the first Terzani Award presenting the project “Umanamente… un progetto oncologico-mente integrato”, among whose aims was the integration between traditional oncology therapies and CAM, foot reflexology (FR), homeopathy (H), acupuncture (A) in particular (Methods in Ann Oncol 2008;19 S9:ix23). At the present the project goes on with a contribution from the Fratelli Venezia Giulia Region. This abstract reports an up to date on the patients accrual and some observations concerning the patients satisfaction.

Results: From August 2007 to March 2009, 44 patients were seen (34 females, mean age 57, range 26-86; breast cancer in 22 cases, lung 5, prostate 3, colon 3, pleura 2, lymphoma 2, endome trium, liver, kidney, ovary, pancreas, peritoneum, stomach in single cases; 8 deaths). 26 cases presented at a metastatic or locally advanced stage; the PS was good (0-2 according the ECOG scale) in 32, medium (2) in 9, worse (3) in 3. 13 patients were treated with adjuvant or primary therapy, 18 with palliative chemo or hormonotherapy, 1 with palliative therapy only, 12 were in follow-up. 31 patients were directed towards H, 7 towards A, 2 towards FR, 4 refused the treatment proposed.

Conclusions: The request of the patients about the CAM appears as a need of a more chance toward the disease, particularly for a better control of the collateral effects of the chemotherapy. The majority of the patients already knew CAM and appreciates this kind of proposal. So, the satisfaction about the Oncology Unit improves. Moreover, most patients report the feeling of a better attention from the “Medico Orientatore” to their symptoms with a new and deeper communicative approach directed to a better quality of life.

B104 USE OF PRULIFLOXACIN IN ADDITION TO GRANULOCYTE-COLONY-STIMULATING-FACTOR (G-CSF) IN ORDER TO PREVENT NEUTROPENIA COMPLICATIONS IN CANCER PATIENTS
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Background: Among patients (pts) with cancer submitted to chemotherapy, 20 to 40% suffer of G4 leukopenia. These pts are generally treated with G-CSF, antibiotics or a combination of both, depending on patient PS, comorbidities, leucopenia duration and physician preferences. Fluoroquinolones are among the most used drugs in this setting. Prulifloxacin is a prodruk of prulifloxacin that rapidly becomes active within the body. The aim is to evaluate the role of prulifloxacin in the prevention of neutropenia complications, as fever or infection, seem to be prevented by concomitant use of prulifloxacin and G-CSF in not febrile pts.

Results: From August 2007 to March 2009, 44 patients were seen (34 females, mean age 57, range 26-86; breast cancer in 22 cases, lung 5, prostate 3, colon 3, pleura 2, lymphoma 2, endome trium, liver, kidney, ovary, pancreas, peritoneum, stomach in single cases; 8 deaths). 26 cases presented at a metastatic or locally advanced stage; the PS was good (0-2 according the ECOG scale) in 32, medium (2) in 9, worse (3) in 3. 13 patients were treated with adjuvant or primary therapy, 18 with palliative chemo or hormonotherapy, 1 with palliative therapy only, 12 were in follow-up. 31 patients were directed towards H, 7 towards A, 2 towards FR, 4 refused the treatment proposed.

Conclusions: The request of the patients about the CAM appears as a need of a more chance toward the disease, particularly for a better control of the collateral effects of the chemotherapy. The majority of the patients already knew CAM and appreciates this kind of proposal. So, the satisfaction about the Oncology Unit improves. Moreover, most patients report the feeling of a better attention from the “Medico Orientatore” to their symptoms with a new and deeper communicative approach directed to a better quality of life.