

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 Monfalcone, has won the first Tiziano Terzani award presenting the project "Umana...mente: un progetto oncologica...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 Friuli 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, endometrium, 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, leukopenia duration and physician preferences. Fluoroquinolones are among the most used drugs in this setting. Prulifloxacin is a prodrug, that converts in the body to the active form ulifloxacin which is active in various bacterial diseases including respiratory and urinary tract infections, skin infections, infectious enteritis, and cystitis.

Methods: Since January 2009, we have treated 28 pts affected with grade 4 leukopenia due to cancer chemotherapy with G-CSF plus prulifloxacin at dosage of 600 mg/day for 5 consecutive days. The table below summarizes patient characteristics and their outcome.

Status N Sex	M/F	Median age	Adj/ Adv	Line of CT 1/2	G-CSF vials	Days of fever	Days of ANC<500	TOX
Febrile	5/2/3	49	0/5	4/1	4	2	4 (4-10)	any
Not Febrile	23/12/11	53	4/19	17/6	3	-	5 (3-15)	any

Results: Among febrile pts, the median number of G-CSF vials used was 4 (range 2-8), the median duration of fever was 2 days and the median duration of ANC<500/mmc was 4 days (range 4-10). In not febrile pts, the median number of G-CSF vials used was 3 (range 1-5), the median number of days with ANC<500 /mmc was 5 (range 3-15). No toxicity was observed.

Conclusions: Although the guidelines for use of G-CSF advice to treat not febrile pts with G4 leukopenia with prophylactic antibiotics only, and reserve treatment with G-CSF to febrile pts, in Italy use of G-CSF in not febrile pts with G4 leukopenia is common. The preliminary results of our observational study suggest that prulifloxacin can be safely given in addition to G-CSF in febrile pts. Moreover, the occurrence of G4

neutropenia complications, as fever or infection, seem to be prevented by concomitant use of prulifloxacin and G-CSF in not febrile pts.

**B105 ITALIAN VALIDATION OF THE "WELLNESS COMMUNITY" BOOKLET AND FSA PROGRAM**

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Background: the project is based on the cooperation between AIMaC, the Unit of Internal Medicine and Oncology Ovada, University of Ferrara, Psychiatry Unit and SIPO.

AIMaC is partner of The Wellness Community (TWC), the American organization which promotes support and education programs for cancer patients aiming to improve their quality of life and their compliance to treatment. In Ovada has been developed the C.I.G.N.O. program and in 2008 a study has demonstrated striking reduction in emesis incidence applying an active emotional support.

AIMaC purpose was to validate according to Italian culture the concept of active patient, at the basis of the "Frankly Speaking about Cancer Treatment" program.

METHODS In February 2009 AIMaC in collaboration with Italian Association of Psychooncology and the Unit of Internal Medicine and Oncology of Ovada, has translated and adapted into Italian the booklet "Frankly speaking about cancer treatment : take control of side effects through Medicine, Mind and Body".

On april 16th a group of 10 patients in Ovada has been invited to the first Italian workshop about the FSA program. Patients received information about cancer treatment and were also taught to use relaxation techniques. The admission criteria requested informed cancer patients undergoing chemotherapy with high and medium ematogenic potential according to MASCC. Only patients before treatment or just at the beginning ( first cycle) could enter the study.

Patients were administrated at basal time 3 of questionnaires: SF12, BSI18, 30 minutes questionnaire and distress scale.

Results: The study is planned to verify the same tests after 30-40 days from the first workshop to verify whether intensive psychological support and information therapy may have a positive influence on cancer and treatment related symptoms. The results will be presented at the Congress. University of Ferrara is going to start the same program.

**B106 SCIENTIFIC ACTIVITY AND NEEDS AMONG MEDICAL ONCOLOGY UNITS IN SICILY: A SURVEY OF THE ITALIAN ASSOCIATION OF MEDICAL ONCOLOGY**

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Testo Aims and Background: In the era of targeted therapies and combined modalities of treatment scientific research plays a role of paramount importance in improving knowledge on cancer treatment. The aim of this survey was to review the scientific activity of medical oncology units in Sicily and to analyze their needs and possible pitfalls in order to improve future scientific cooperation.

Materials and Methods: The regional section of the AIOM approved this survey in November 2007. A systematic review of scientific activity produced in the last 5 years was done. Papers dealing with solid tumors reported in the MEDLINE web site have been included in the analysis. Data were reported as absolute number of published papers and impact factor per medical oncology unit and also as ratio between global impact factor and number of oncologists working in each single unit to analyze scientific production accordingly to the working force of each institution.

Results: We identified a total of 283 papers reported in MEDLINE between 2004 and March 2009. The mean number of publications/unit was 10.9 with a range of 0-50. The mean number of publications/year was 11.7 with a range of 0.2-10. The 15 units included in the impact factor evaluation published 252 paper with a total impact factor of 1014.6 points in 5 years with a mean of 63.4 points per institution and a mean of 4.02 points/paper. However only four medical oncology units reported a cumulative 5-year impact factor ≥100 points.

Conclusions: This survey has shown that a minority of medical oncology unit in Sicily are constantly involved in clinical research although at different levels of activity. The main reasons of lack of participation to clinical trials include insufficient medical