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Support: Pain, nutrition, psychosocial aspects, care of the skin and mucous

Best oral presentation: Fentanyl buccal tablets (FBT) titration and treatment: Spain's preliminary results

R. Molerón[1], J. Boceta[2], R. Gálvez[3], F. Gómez Armenta[4], J. Virizuela[2], F. Barón[5], C. Garzón[6], A. Mañas[7], J. Sanmartín[8], D. Rodríguez[9], A. Casas[10], P. Galdós[11], C. Pérez[12], C. Centeno[13], N. Batista[14], N. Calvo[15], P. Martínez[16], A. Blasco[17], M. Ramos[18], J. Santamaría[19], L. Torres[20], E. del Barco[21], M. Hebrero[22], A. Mogollo[20], M. Nabal[23], J. García[24], E. Bayo[25]

[1] *Hospital Universitario Puerta de Hierro (Madrid)*
[2] *Hospital Universitario Virgen Macarena (Sevilla)*
[3] *Hospital Universitario Virgen de las Nieves (Granada)*
[4] *Hospital Los Morales (Córdoba)*
[5] *Complejo Hospitalario Universitario de Santiago*
[6] *Institut Català d'Oncologia Hospital Duran i Reynals (Barcelona)*
[7] *Hospital Universitario La Paz (Madrid)*
[8] *Complejo Hospitalario A Coruña*
[9] *Hospital Sant Joan de Reus (Tarragona)*
[10] *Hospital Universitario Virgen del Rocío (Sevilla)*
[11] *Hospital Universitario Marqués de Valdecilla (Santander)*
[12] *Hospital de La Princesa (Madrid)*
[13] *Clínica Universitaria de Navarra (Pamplona)*
[14] *Hospital Universitario de Canarias (Tenerife)*
[15] *Hospital de la Santa Creu i Sant Pau (Barcelona)*
[16] *Hospital de Basurto (Bilbao)*
[17] *Hospital General Universitari de Valencia*
[18] *Centro Oncológico de Galicia (A Coruña)*
[19] *Hospital General de Mallorca*
[20] *Hospital Puerta del Mar (Cádiz)*
[21] *Hospital Universitario de Salamanca*
[22] *Hospital Universitario Carlos Haya (Málaga)*
[23] *Hospital Universitari Arnau de Vilanova (Lleida)*
[24] *Hospital Universitario San Cecilio (Granada)*
[25] *Hospital Juan Ramón Jiménez (Huelva)*

Introduction. FBT quickly acts against Breakthrough cancer pain (BTcP) in opioid tolerant patients. FBT must be adjusted until reaching an effective dose which gives analgesia, minimizing adverse effects.
Objective. The main endpoint of the study is to compare the percentage of patients reaching an effective FBT dose with a starting dose of 100 mcg to those with a starting dose of 200 mcg.
Materials and methods. Open-label Phase IV study in 7 European countries, in oncological opioid tolerant patients who suffer 1-4 BTcP episodes/day. Patients were randomized (1:1) to FBT 100 μg or 200 μg as initial dose for tritration, increasing until effective dose within available dose range (100, 200, 400, 600, 800 μg), followed by a 8 BTcP episodes treatment period. Preliminary results in Spain.

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Results. 76 patients were assessed (age: 60.9 ± 10.9 years old; men: 53.9%; outpatients: 65.8%). Most frequent tumors: lung (21.1%), colon/rectum (14.5%) and breast (13.2%). 61.8% received transdermal fentanyl 25 μg, and presented a mean pain intensity of 5.3 ± 2.2 on the week before inclusion. 64.4% suffered 2–3 BTcP episodes/day [average duration per episode, 10–30': 49%, and >30': 47%. Time to maximum intensity, 10–30': 39% and >30': 5.8%]. Titration period was started by 75.4% of patients, being 100–400 μg the most common effective doses (87.9%). Quality of life and functional status improved comparing to previous medication in all 7 items of the Brief Pain Questionnaire (BPI), as well as global patient satisfaction with treatment, highlighting its ease of use by 100% of patients.
Conclusions. Preliminary results in Spain show that effective dose of FBT after titration gets established between 100 and 400 μg, improving QoL and functional status of cancer patients who suffer BTP, as well as their global satisfaction with treatment. For now, it is not possible to predict what patients will respond better to 100 μg or 200 μg doses.

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Best oral presentation: Prevention of mucositis in head and neck cancer (HNC) with glutamine

J. Pachón Ibáñez, B. Quintana Ángel, V. Suárez Gironzini
Hospital Virgen del Rocío, Servicio de Oncología Radioterápica

Objectives. Evaluate the efficacy of glutamine in the prevention of the incidence of oral mucositis secondary to cancer therapies in patients with HNC. Secondary objectives were to know the incidence of odynophagia, interruptions of treatment, the dose of radiation at the time of the secondary effects and the requirements of analgesia and nasogastric tube.
Material and Methods. Prospective cohort study of patients with squamous cell carcinoma of HNC treated with radiotherapy ± concomitant chemotherapy. We compared 131 patients receiving glutamine orally at a dose of 10 mg/8 h from 7 days before the start of radiotherapy until the end of the treatment with 131 patients who did not receive it.
Results. Patients not taking glutamine had a hazard ratio 1.78 times higher of mucositis, 95% CI (1.01–3.16), $p = 0.047$. Regarding odynophagia patients not taking glutamine had a hazard ratio 2.87 times higher, 95% CI (1.62–5.18), $p = 0.0003$. The 19.8% of patients who did not take glutamine discontinued treatment versus 6.9% of patients who took, $p = 0.002$. The mean dose of radiation at the time of occurrence of mucositis and odynophagia was 30.9 Gy and 29.8 Gy respectively in patients without glutamine versus 43.5 Gy and 40.1 Gy in patients with glutamine, both $p < 0.001$. Regarding support requirements 87.8% of patients without glutamine required analgesia versus 77.9% of patients with glutamine, $p = 0.03$ and nasogastric tube was indicated in 9.9% and 3.1% respectively, $p = 0.02$.
Conclusion. Oral glutamine in patients receiving cancer treatments for HNC, prevents the incidence of oral mucositis and odynophagia, delays the onset of these toxicities, decreases treatment interruptions and the use of analgesia and nasogastric tube.

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Assessment of sleep disturbances and anxiety in breast cancer patients

E. López[1], A. Lazo[2], A. de La Torre-luque[3], J. Álvarez[4]
[1] *ONCOSUR. Granada, Radiation Oncology*
[2] *ONCOSUR, Cabra, Radiation Oncology*
[3] *Granada University, Department of Personality, Evaluation and Psychological Treatment*
[4] *ONCOSUR, Granada, Nursing*

Introduction. Sleep and anxiety difficulties are concerns of breast cancer patients. Knowledge of the nature and prevalence of these problems can provide the basis for new approaches to supportive care because many sleep problems and anxiety can be treated.
Objectives. To determine sleep problem and anxiety prevalences in breast cancer patients who attended for the first time to a Radiation Oncology Department. To establish the nature of sleep disturbances and its associations with patient's characteristics, treatments, and psychological symptoms.
Patients and methods. This cross-sectional survey study examined 48 breast cancer patients between October 2010 and March 2012. All patients were offered two brief sleep and anxiety screening tools (COS and HARS, respectively). Our patients' characteristics were: Mean age 56.13 years (range = 37–78); Clinical Stage: I (58.3%); II (29.2%); III (6.3%); and IV (6.3%); and KPS: 99.17 (range = 70–100).
Results. Our patients were satisfied with their sleep process (M = 4.37; range = 3–7). When insomnia was present, it was mild or moderate in the 75% of cases. Main insomnia problems were: difficulty to fall asleep (33.3%); waking up several times (18.8%); waking up too early (8.3%); daytime sleepiness related to insomnia (31.3%). Insomnia treatments were: Benzodiazepines (41.7%); herbal medicines (8.3%); Our series showed a global anxiety mean score of 14.17 (minor anxiety). Significant associations ($p < .05$) were found between greater insomnia levels and a) younger patients ($r = -.30$); and b) higher anxiety scores ($r = .57$). An insomnia explanatory model was found for the global anxiety score (R2c = .27). Sleep satisfaction was associated with global anxiety score ($r = -.60$; $p < .05$). Sleep satisfaction was only predicted by psychological anxiety component (R2c = .31).