Conclusions. We recommend the use of sleep and anxiety screening tools in breast cancer patients, which provide relevant information in planning supportive care services.

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Steady diet as prophylaxis of acute diarrhea in preoperative pelvic radiotherapy of rectal adenocarcinoma

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Introduction. Concomitant preoperative radiotherapy with capecitabine is one of the choice treatments in patients with rectal adenocarcinoma. This treatment has benefits for local tumor control, however it does have its complications affecting quality of life. Change in diet is essential as prophylaxis in this case. The aim of this paper is to prove the superiority of a steady diet versus general recommendations in regards to reducing the frequency and severity of diarrhea.

Material and methods. A prospective, randomized, controlled trial of 29 patients. Patients were divided into two groups: control group, patients on recommendations based on exclusion diets and a steady diet group. Patients were evaluated at baseline, at three weeks and after radiotherapy. At each visit we evaluated the weight, toxicity (CTC v2.0 scale) and quality of life with the validated FACIT-D questionnaire.

Results. The median dose was 45Gy. Fourteen patients were included in the control group and 15 in the steady diet group. The control group showed a significant increase in incidence and grade of acute diarrhea (≥G2) at the end of treatment compared with the steady diet group (p = 0.035). The mean weight loss in the control group at 3 weeks was 1.02 kg while there was a 1.22 kg (p = 0.024) gain in the steady group. At the end of the treatment, the control group lost 2.12 kg and the steady diet group gained 1.41 kg (p = 0.001). At three weeks, patients in steady group showed less decreased in quality of life than control group (p = 0.02). These differences remained at the end of the radiotherapy, although it was not significant (p = 0.64).

Conclusions. The steady diet reduces the incidence of acute radiation diarrhea compared to that of general recommendations. Moreover, this diet reduces weight loss significantly and could reduce the impact of quality of life.

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Treatment of radiation-induced cervical fibrosis with pentoxifylline-tocoferol and hyperbaric oxygen

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Introduction. Cervical fibrosis is a prevalent and symptomatic side effect in patients receiving radiotherapy for head and neck cancer. The association pentoxifylline-tocopherol is the only treatment that has proven effectiveness so far. Hyperbaric oxygen therapy is effective for some complications of radiation and may increase the pharmacological effect through its angiogenic capability.

Objectives. To assess if the addition of hyperbaric oxygen therapy, improves the results of pentoxifylline and tocopherol for radiation-induced fibrosis in patients treated for head and neck cancer.

Methods. An open, controlled, randomized clinical trial was performed with irradiated patients and at least Grade II cervical fibrosis in LENT-SOMA scale. Arm 1: pentoxifylline 400 mg b.i.d and tocopherol 400 mg b.i.d for six months. Arm 2: same pharmacological treatment and 25 sessions of hyperbaric oxygen between 3rd and 9th week. These sessions were administrated in a multiplace chamber with 100% oxygen at 2.4 ATA for 90 min, five times a week. Clinical evaluation was performed at zero, three and six months.

Results. Thirty-seven patients were randomized and 26 completed the trial, 13 in every arm. Treatment was well tolerated and only two patients suspended by drug intolerance. Patients that improved their fibrosis in at least one grade were: – Arm 1(only drugs): 1/13 at 3 months and 4/13 at 6 months – Arm 2(drugs and hyperbaric oxygen): 6/13 at 3 months and 10/13 at 6 months Differences between arms were statistically significant (p = 0.001 at 3 months and p = 0.047 at 6 months).

Conclusions. The addition of hyperbaric oxygen therapy significantly improves the results of drug therapy in cervical subcutaneous fibrosis at three and six months. The efficacy of the combination of these treatments had never been published.

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