

HT3-receptor antagonists (RAs) for moderate- to high-risk radiotherapy and radio-chemotherapy regimens. A survey was recently conducted in Europe to assess prescribing patterns and factors affecting treatment decisions for RINV. The results from a questionnaire completed by 200 radiation therapists/oncologists from 5 countries will be presented. Respondents were screened to ensure that they saw more than 50 patients/month, and that at least 50% of these patients were at moderate to high risk of RINV. The results suggest that the 5-HT3-RAs are underused – of 93 cancer patients treated with radiotherapy in an average month, only 1/3 were treated with these agents. Nor was there much of a perceived increase in 5-HT3-RA use since the previous year, with 62% of respondents indicating that their use of 5-HT3-RAs had remained the same. Use of the 5-HT3-RAs varied with treatment region, with the highest proportion of use among patients receiving radiotherapy for gastro-intestinal (53%) or abdominal (51%) cancers. Ondansetron was the most frequently prescribed antiemetic (41%), followed by granisetron (24%) and metoclopramide (20%). Efficacy and lack of side-effects were rated as the two most important factors when choosing a particular agent, though efficacy and experience were the main reasons given for prescribing ondansetron. The results show low levels of 5-HT3-RA prescribing in Europe, and their use may sometimes stem from familiarity. Metabolic and pharmacodynamic differences in the 5-HT3-RAs have implications for effective treatment of particular patient groups such as the elderly, for whom issues such as comorbidity and polypharmacy may have profound effects on the efficacy and safety of individual agents. Such factors will therefore require consideration when determining which agent to use. Increased awareness of evidence-based guidelines on emetogenic risk factors and recommended treatment, as well as of the efficacy and safety profiles of the various 5-HT3-RAs, could substantially improve control of nausea and vomiting in radiotherapy-treated patients.

Reference

[1] Gralla et al. *J Clin Oncol* 1999; 17: 2971–94

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POSTER

The efficacy and safety of lanreotide (28-day prolonged release) in relieving clinical symptoms associated with carcinoid tumours: a 6-month, open, multicentre, dose-titration study

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Background: 28-day prolonged release (PR) lanreotide (Autogel® is a new aqueous gel formulation of this somatostatin analogue. It is presented as a prefilled syringe (injection volume <0.5ml) given by deep subcutaneous (sc) injection, and demonstrates a sustained release with duration of benefit of 28 days. The aim of this study was to investigate the efficacy and safety of 28-day PR lanreotide (Autogel®) in the control of diarrhoea and/or flushing associated with carcinoid tumours.

Materials and Methods: 71 patients with symptomatic carcinoid tumours were recruited who had recorded 3 or more stools per day and/or 1 or more moderate/severe flushes per day over the week prior to first treatment. The most troubling symptom for each patient at baseline was identified as the target symptom. Patients received a deep sc injection of 28-day PR lanreotide (Autogel® 90mg, every 28 days for 2 months. The dose was then titrated down to 60mg if the patient was a responder, or up to 120mg if a non-responder. Responders (defined as a reduction of 50% or more from baseline of the mean daily number of episodes of the target symptom) could have monthly dose titrations thereafter.

Results: Diary card symptom assessments showed significant improvement from baseline (flushing 3.0±3.2; diarrhoea 5.0±2.7) throughout the study (Table). By the end of the study 25/31 (81%) flushing and 30/40 (75%) diarrhoea patients showed an improvement from baseline. Tumour marker

	Month					
	1	2	3	4	5	6
Flushing (n=31)						
Mean (SD) Episodes	2.2(2.5)	1.9(2.8)	1.8(3.0)	1.7(3.0)	1.7(3.1)	1.7(3.0)
Δ from Baseline	-0.8	-1.1	-1.3	-1.3	-1.3	-1.3
	(-21%)	(-48%)	(-56%)	(-56%)	(-57%)	(-56%)
	p=0.006	p<0.001	p=0.001	p=0.001	p<0.001	p=0.001
Responders (%)	39%	58%	61%	71%	65%	65%
Diarrhoea (n=40)						
Mean (SD) Episodes	4.1(2.3)	4.0(2.2)	4.0(2.2)	3.9(2.2)	3.8(2.3)	3.9(2.2)
Δ from Baseline	-0.9	-1.0	-1.0	-1.2	-1.2	-1.1
	(-15%)	(-18%)	(-16%)	(-20%)	(-21%)	(-19%)
	p<0.001	p<0.001	p<0.001	p<0.001	p<0.001	p<0.001
Responders (%)	8%	13%	13%	15%	23%	18%

levels also improved, so that by Month 6 the median 5-HIAA and Chromogranin A levels had decreased from baseline by 24% and 38%, respectively. The diarrhoea subscale of the EORTC-C30 questionnaire indicated a 33% improvement from baseline. For all data analyses, any missing data were imputed using the last observation carried forward method.

The incidence of the most common drug-related adverse events were abdominal pain (20%), fatigue (13%), diarrhoea (11%) and cholelithiasis (10%).

Conclusions: 28-day PR lanreotide (Autogel®) was effective in reducing flushing and diarrhoea associated with carcinoid neuroendocrine tumours. The degree of improvement and safety profile are consistent with previous studies with other formulations of lanreotide.

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POSTER

Reflexology for symptom relief in patients with cancer: a Cochrane systematic review

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Background: Reflexology is defined as the systematic application of pressure to specific reflex points on the feet (or hands) and is employed in cancer and palliative care largely to improve patients' quality of life and reduce psychological distress. The aim of the study is to investigate whether reflexology decreases psychological morbidity, symptom distress and/or improves the quality of life in patients with a cancer diagnosis.

Methods: Comprehensive search strategy developed, utilising databases including: Cochrane Controlled Trials Register, Database of the Cochrane Complementary Medicine Field, MEDLINE, CINAHL, BNI, EMBASE, AMED, PsycINFO, SIGLE, CancerLit, Dissertation Abstracts International. Experts in the field of complementary therapies contacted and hand searches of relevant journals undertaken.

Results: 312 articles retrieved. Only 7 merited in-depth examination: *Excluded* - Dobbs-Zeller 1986 - based on anecdotal evidence, Shatkina 1991 - no control group, Yung 1993 - not randomised & no baseline data collection. Insufficient information available for decision - (Sabia 1992). *Included* - Hodgson 2000 and Stephenson 1997, 2000 (both references reflect one study only).

Conclusions: Preliminary analysis concluded that although the available evidence is limited, it does suggest that reflexology can confer some physical and psychological benefits to people with cancer, over those offered by a foot massage or no-intervention control. However, a number of methodological issues still require resolution: sample sizes were small and follow-up periods very limited; possibility for bias occurred in both studies with unclear randomisation methods, lack of allocation concealment and in one study, interventions and outcomes assessed by same person. Neither study assessed side effect profiles.

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POSTER

French physicians' attitudes toward legalisation of euthanasia and the ambiguous relation between euthanasia and palliative care

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Background: In France, euthanasia is strictly forbidden by law. In 1999, the Parliament established a "right to palliative care", which has reactivated public debates about euthanasia.

Methods: A cross-sectional survey of a stratified probability sample of 1,552 French GPs, oncologists and neurologists, conducted in 2002.

Findings: Overall, 917 physicians (response rate, 59.1%) participated in the survey. Oncologists were less likely than GPs and neurologists to consider that high dose morphine prescription, palliative sedation and withdrawing life-sustaining treatments (WLST) were euthanasia. Oncologists are also less prone to support the legalisation of euthanasia (OR=0.68, CI 95%=[0.49;0.94]). Multivariate analysis showed that this result is due to oncologists' greater experience and training in palliative care.

Interpretations: In France, physicians' attitude about the legalisation of euthanasia is strongly influenced by whether they distinguish palliative care from euthanasia or not. Improved palliative care requires better training of