tolerance was relatively good, despite some severe pulmonary damage probably related to the toxicity of the carmustine.

In view of these results, the BEAM protocol could be used widely in children with relapsed or refractory Hodgkin's lymphoma.

No conflict of interest.

CPC-143 TRABECTEDIN FOR METASTATIC SOFT TISSUE SARCOMA – A RETROSPECTIVE ANALYSIS

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Background Soft tissue sarcomas (STSs) are rare tumours arising from connective tissues characterised by high morphologic and biologic heterogeneity, as well as by limited responsiveness to cytotoxic chemotherapeutic agents. Trabectedin was approved in 2007 for patients with advanced STS after failure of anthracyclines and ifosfamide, or for patients unsuited to receive these agents.
Purpose To obtain basic epidemiological information on patients with soft tissue sarcomas, standard treatment procedures and results of trabectedin treatment in clinical practise.
Materials and Methods This retrospective study analysed 31 STS patients treated with trabectedin between January 2009 and September 2012. A retrospective cohort study of all patients with a diagnosis of STS treated with trabectedin 1.5 mg/m^2, D1, 24 hours' continuous IV infusion, every 3 weeks. Toxicity was evaluated using Common Terminology Criteria for Adverse Events (CTCAE). Progression-free survival curves (PFS) and Overall Survival (a 95% confidence interval was used) were estimated by using the Kaplan-Meier method.
Results Median age at the initiation of trabectedin therapy was 52 years (18–79 years).

Leiomyosarcoma was the most frequent tumour (25.8%) and liposarcoma occurred in 16.2% of the patients.

Median number of cycles administered was 6.7 (2–16 cycles).

Thrombocytopenia, leukopenia (16.1% of patients), asthenia (12.9%) and elevation of liver transaminases (9.7% of patients) were the most frequent adverse effects.

Nine patients achieved a partial remission (PR) and in 3 the disease stabilised (SD).

Median overall survival (95% CI) was 6.0 months (0.8; 36.1), median progression-free survival (PFS) (95% CI) was 11.48 months.

PFS for all patients was 90.3% at three months and 79.0% at six months.
Conclusions Our results indicate that trabectedin shows promise as an effective and tolerable new drug for the treatment of patients with STS.

No conflict of interest.

CPC-144 TRACING THE RE-EVALUATION OF ANTIBIOTICS AT 48–72 HOURS: IT IS NOT AUTOMATIC...

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Background In our hospital, the medication system is totally managed by computers. When physicians sign the computerised prescription, an electronic sheet must be completed for controlled antibiotics. In 2011, pharmacists created a specific second part on the sheet about re-evaluating the antibiotic. Physicians can complete it 72 hours after initiation of empirical treatments as indicated in the recommendations.
Purpose To evaluate the traceability of the re-evaluation of the antibiotic in the paper medical records and in the electronic antibiotics sheets. The results were compared with an audit conducted in 2010 of the re-evaluation in the paper medical records.
Materials and Methods An audit grid was created to assess the traceability of the re-evaluation, the changes of antibiotic treatment after re-evaluation and re-evaluation deadlines.
Results Of 50 medical records audited in the 5 hospital units, 12 were excluded because patients were hospitalised for less than 72 hours. 94.7% of empirical treatments were re-evaluated, 73. 5% of them before 72 hours (84% in 2010 and 90.7% of them before 72 hours). Physicians noted the re-evaluation in 58.3% of paper medical records (38.1% explicit re-evaluation, 61.9% implicit) versus 52% in 2010 (36.4% explicit re-evaluation, 63.6% implicit). 100% of electronic antibiotics sheets were completed: 25% by physicians and 75% by the pharmacist after calling the physicians. The re-evaluation led to treatment modification in 41.7% of the patients: change of the prescribed antibiotic (33.3%), change route of administration (26.7%), termination of treatment (20%), adding another antibiotic (20%).
Conclusions The rate of re-evaluation on paper medical records wasn't significantly different to the result from a first audit conducted in 2010. Thanks to the pharmacists' involvement, traceability on electronic sheets is being noted correctly. The results will be passed on to the hospital antibiotics committee. Improvements will be proposed for better multidisciplinary collaboration between bacteriologists, pharmacists and physicians.

No conflict of interest.

CPC-145 TREATMENT OF CUTANEOUS CALCIPHYLAXIS WITH SODIUM THIOSULFATE: A CASE REPORT

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Background Calciphylaxis is a rare and potentially life-threatening condition. It is thought to result from arterial calcification causing complete vascular occlusion and subsequent cutaneous infarction. Most often, it is a complication of end-stage renal failure or hyperparathyroidism. This condition may be present in up to 4% of end-stage renal disease patients. The clinical picture is typically characterised by very painful skin lesions and ulcerations following calcification and occlusion of small cutaneous arterioles. Recently some evidence supports the use of intravenous sodium thiosulfate (STS) (Hayden M.R. *et al*, Calciphylaxis: calcific uremic arteriolopathy and the emerging role of sodium thiosulfate, Int Urol Nephrol 2008;40:443–451)
Purpose This abstract focuses on a case report of calciphylaxis successfully resolved with IV STS, as randomised controlled studies on STS efficacy are lacking.
Materials and Methods We report a case of calciphylaxis in a 77-year-old white woman with CKD. The acute presentation was seemingly precipitated by a high calcium-phosphorus product. As the patient was already taking bisphosphonates and phosphate binders, STS was suggested as a good treatment alternative. STS was administered intravenously using 25 g diluted in 100 cc of normal saline during dialysis.
Results The calciphylaxis episode was related to a high calcium-phosphorus product (P*Ca = 73), besides a high increase of parathyroid hormone (800 pg/ml). Clinical signs included cutaneous infarction and pain (photo is included). Four months after the initiation of STS injuries began to improve (photo is included) and the P*Ca was reduced but still remained high (P*Ca = 60). The parathyroid hormone level continued the same. The patient is still on IV STS treatment.

Conclusions Current calciphylaxis treatments alternatives aim to lower the serum calcium phosphate concentration thereby preventing, or even reversing, calcium phosphate oversaturation, precipitation and, finally, calcification. Administration of IV sodium thiosulfate, which sequesters calcium ions to form highly soluble calcium thiosulfate complexes, can prevent calcium phosphate precipitation.

No conflict of interest.

CPC-146 TREATMENT OF GLIOBLASTOMA RECURRENCES: ROLE OF CHEMOTHERAPY – RETROSPECTIVE AND DESCRIPTIVE STUDY WITHIN 3 CENTRES OF THE N.E.N.O. GROUP (NORTHEAST NEURO-ONCOLOGY)

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Background Glioblastoma multiforme (GBM) are primary brain tumours that are currently incurable. Despite a well codified first-line treatment with concomitant radio-chemotherapy (temozolomide), recurrences of GBM occur and have limited treatment options. Furthermore, there is a lack of effective therapies and no standard relapse treatment. Anti-angiogenic drugs, such as bevacizumab, show encouraging results for patients with recurrences of high-grade gliomas.
Purpose To describe treatments of GBM relapses within three cities in northeast France: Nancy, Reims and Strasbourg. We especially tried to assess the impact of bevacizumab on survival endpoints.
Materials and Methods This is a retrospective study with GBM patients diagnosed between 2006 and 2008. Medical data describing the population and therapeutic oncology support were collected in each site from individual patient charts. Overall Survival (OS) and Progression Free Survival (PFS) were estimated by the Kaplan-Meier method and compared by the log-rank test.
Results Between 2006 and 2008, 321 patients were diagnosed with GBM, of whom 133 patients were treated for at least one recurrence. There were 95 males and 38 females; median age at diagnosis was 58. Main relevant signs of the initial tumour were intracranial hypertension and epilepsy. Initial treatment consisted for 64% of patients in surgical excision, and 86% of patients received conventional radio-chemotherapy followed by adjuvant temozolomide.

More than 50% of recurrences were diagnosed on both clinical and radiological grounds. Discarding palliative care, almost all patients with GBM relapse received chemotherapy: 95% at first recurrence (n = 126/133), 95% at second recurrence (n = 69/73) and 100% at third recurrence (n = 26/26). Bevacizumab was used (alone or in association) in a third to half of cases.

In our population, neglecting the type of relapse treatment, median OS was 17.8 months [5–50 months]. When patients received bevacizumab at some point in their care, median OS was 20.2 months [7–50 months]. This OS is significantly different from the median OS observed without bevacizumab which was 13.5 months [5–41 months]. PFS until the second recurrence with bevacizumab was 5.5 months compared to 3.1 months without bevacizumab. PFS until the third recurrence with bevacizumab was 5 months against 2 months without bevacizumab. However, these results do not show bevacizumab providing significant PFS improvement, especially in the long term.
Conclusions Bevacizumab seems to improve OS in patients with GBM recurrences. However only prospective randomised studies will define the appropriate strategy treatment in recurrent glioblastoma. This work is one of the several projects of the NENO group which aims to standardise practise and build rational standards.

No conflict of interest.

CPC-147 TREATMENT OF HEPATIC METASTASES FROM MELANOMA WITH IRINOTECAN LOADED IN ELUTING BEADS

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Background Chemoembolization of hepatic melanoma metastases refractory to treatment using irinotecan-loaded DC beads [embolic Drug-Eluting Beads]: a novel palliative treatment with which there is as yet little experience.
Purpose To show the progress of a clinical case of metastatic choroidal melanoma treated with irinotecan-loaded DC Beads.
Materials and Methods The pharmacy department loaded the particles with irinotecan ourselves and monitored the patient through the clinical history. The patient was a 38-year-old man with stage IV choroidal melanoma in the left eye (2007).
Results In October 2011, 4 hepatic nodules were detected: 3 in segment VII (23, 25, 11 mm) and 1 in segment II (16 mm). 2 cycles of dacarbazine treatment (1649 mg × 1day) stabilised the disease. The patient experienced emesis and diarrhoea. Given this intolerance and negative BRAFV600E mutation, ipilimumab reinforcement treatment was administered (225 mg × 1day q21days). After 4 cycles of ipilimumab, the disease stabilised for 5 months. In May 2012, an increase in size of the nodules was described and 6 new nodules in both hepatic lobes: segment II (42 × 34 mm), IVb (15 mm), VII (25, 26 and 61.4 × 43 mm) and VIII (14 mm) were observed. Surgery was rejected due to the presence of multinodular lesions and transarterial chemoembolization with irinotecan-loaded DC beads was attempted.

Hypervascular lesions were observed in the distal branches of the hepatic artery by bilobar hepatic arteriography using selective catheterization of both hepatic arteries. Subsequently, hepatic chemoembolization was performed by administering 100 mg irinotecan-loaded beads (75–100 microns). After 2 cycles in each hepatic lobe, treatment response was assessed by the RECIST criteria. One month after the last chemoembolization, stable disease (no new nodules and arterial necrosis <30%) was confirmed. No immediate complications were observed, except for a slight elevation of hepatic enzymes that resolved.
Conclusions Hepatic chemoembolization using irinotecan-loaded beads is a viable alternative with good prognosis for hepatic metastases of choroidal melanoma. A higher concentration of chemotherapeutical drug is achieved within the hepatic lesions using lower doses of irinotecan, which therefore has less systemic impact.

No conflict of interest.

CPC-148 TREATMENT OF SEVERE PSORIASIS WITH BIOLOGICALS

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Background Biological drugs are a relatively new class of treatment for severe psoriasis (SP).
Purpose To analyse the use and outcomes of biologicals in SP.
Materials and Methods Retrospective observational study for 23 months of patients with SP who had not previously received