Background
It has been reported that the determination of magnesium levels could be used as a surrogate marker of efficacy in chemotherapy regimens with cetuximab.

Purpose
To investigate the hypomagnesemia caused by cetuximab as a predictor of efficacy and outcome in patients affected by head and neck cancer in first-line treatment.

Materials and Methods
Retrospective observational study (Study period: November 2008–October 2012). We analysed patients with head and neck carcinoma treated with cetuximab in first-line treatment, who had magnesium determinations from the start of treatment until one month after the end of treatment with cetuximab. Patients with magnesium determinations were stratified into two groups: Patients who presented hypomagnesemia during the treatment (<1.7 mg/dL) and patients who didn’t present hypomagnesemia. The primary outcome was to compare remission rate, progression-free survival (PFS) and overall survival (OS) in the two groups. PFS and OS were both determined by the Kaplan-Meier product-limit method.

Results
We collected a total of 14 patients (92.8% male). The median age at onset of treatment was 61 years (range: 21–86). Six patients developed hypomagnesemia during treatment. The most common diagnosis was carcinoma of the oral cavity (28.6%) followed by laryngeal carcinoma (21.4%). The group of patients who presented hypomagnesemia showed a higher remission rate (66.7% vs. 37.5% patients), OS (mean: 34.8 [18.8 to 50.9] months vs. 22.4 [95% CI: 11.9 to 32.9 months, p = 0.532] and PFS [34.5 months (15.11 to 50.9) vs. 19.7 (7.8–31.5)] p = 0.456] in comparison with the group in which hypomagnesemia was not detected.

Conclusions
Despite the small number of patients studied, hypomagnesemia could be a marker of cetuximab efficacy in first-line treatment in patients with head and neck cancer. Magnesium levels should be determined routinely in patients treated with cetuximab.

No conflict of interest.

[72.0, 216.0] euros, p = 0.136) and CERA (196.7 [172.1, 295.0] euros vs. 98.3 [59.0, 147.5] euros, p = 0.001).

30.9% patients were on dialysis (35.0% epoetin, 58.3% darbepoetin α, 6.8% CERA). Median [p25, p75] patient-month cost for patients on dialysis vs. not yet on dialysis was: epoetin (151.1 [74.1, 239.1] euros vs. 92.1 [59.5, 165.6] euros, p = 0.006), darbepoetin α (144.0 [72.0, 216.0] euros vs. 144.0 [67.2, 229.2] euros, p = 0.888) and CERA (393.4 [98.3, 491.7] euros vs. 147.5 [98.3, 196.7] euros, p = 0.05).

Conclusions
The cost of epoetin and CERA is greater for both patients with a kidney transplant and patients on dialysis. However there was no difference regarding darbepoetin α.

No conflict of interest.

REFERENCES


Background
Chronic bronchial infection with Pseudomonas aeruginosa in patients with non-cystic fibrosis (CF) bronchiectasis/chronic obstructive pulmonary disease (COPD) is related to worsening lung function and increased morbidity and mortality. Inhaled antibiotics represent an effective therapeutic approach for these diseases.

Purpose
To evaluate the use of inhaled colistine in the treatment of chronic colonisation Pseudomonas aeruginosa in patients with non-CF bronchiectasis/COPD.

Materials and Methods
Retrospective study of patients with COPD/non-CF bronchiectasis colonised with Pseudomonas aeruginosa treated with inhaled colistin for at least three months from January 2008 to April 2012. Data collected: sex, age, diagnosis, duration of the treatment, disease-related hospitalizations pre and post-treatment, sputum cultures, clinical evolution.

Results
5 patients (3 with non-CF bronchiectasis and 2 with COPD) and 6 treatment episodes (1 patient received 2 courses of treatment) were included. Treatment duration was 27.6 months (range 4–48). Average cost per patient €13,896 (range €2,950–25,888). In 5 episodes, treatment was initiated after ≥2 consecutive sputum cultures positive for Pseudomonas resistant to tobramycin/ciprofloxacin. No difference in number of disease-related hospitalizations/month pre and post-treatment (0.25 vs. 0.26). Sputum Pseudomonas eradication (3 consecutive negative sputum samples) was reported in 2 patients; treatment was continued, which was an unnecessary cost of €15,500 (22% of total costs). No resistance developed to colistin. In two episodes (one with eradication) clinical improvement occurred (reduction in cough and expectoration).

The number of hospitalizations/month was similar before and after treatment, and the microbiological response (negative results on sputum) and the clinical response (reducing cough and sputum purulence) was moderate (2 of 6 episodes).

Three patients died from their bronchial disease.

Conclusions
In most episodes the initial prescription was correct (≥3 consecutive sputum cultures positive).

In patients whose Pseudomonas had been eradicated, treatment was continued, therefore sputum cultures should be monitored more frequently.

No effective treatment was observed.

No conflict of interest.