range within and across indications and were on average 4.18–4.78 times those for Botox in FD and HS and 2.41–3.18 times those for Botox in JCP (overall range 2.41–4.78).

**Conclusions**  Botox and Dysport are not interchangeable. The doses used in Poland are consistent with the results of the REAL DOSE study [1]. Treatment is individualised according to patient needs, experience and doctors’ preferences.

**Reference**  1. Marchetti A et al, Retrospective evaluation of the dose of Dysport and Botox in the clinical management of cervical dystonia or blepharospasm (The REAL DOSE Study), Movement Disorders Vol. 20, No. 8, 2005, pp. 937–944

No conflict of interest.

**USE OF COLONY STIMULATING FACTORS (CSF-G) IN FEBRILE NEUTROPENIA IN PATIENTS UNDERGOING CANCER CHEMOTHERAPY**

- **V Cascione, F Caruso, D Sammatrice, G Rizza. ASP of Ragusa, Hospital Pharmacy RG 1 District, Ragusa, Italy**
- **Background** The hematopoietic growth factors are a fundamental tool for medical oncologists in the treatment of chemotherapy-induced cytopenia. The proper use of these therapeutic aids plays an important role in terms of reduction of morbidity, mortality and costs.
- **Purpose** To evaluate whether clinical practise follows national guidelines on colony stimulating factors (CSF-G) in the management of hematopoietic toxicity in oncology (AIOM 2010); to investigate the incidence of certain parameters involved in the overall assessment of the risk factors for febrile neutropenia (FN).
- **Materials and Methods** In the first half of 2012, we analysed the CSF-G requirements in patients undergoing cancer chemotherapy. We selected patients treated with cancer chemotherapy, older than 60 years with a risk factor of FN > 20%, calculated on factors related to the chemotherapy regimen, patient age and type of tumour.
- **Results** We identified 57 patients treated with chemotherapy and CSF-G. Of these, 27 were treated with lenograstim, 24 with pegfilgrastim and 6 with filgrastim. Evaluating the appropriateness of prescribing, according to the parameters identified, showed that only in 12 patients undergoing chemotherapy was a risk factor of FN greater than 20% observed; of these, 4 were treated with pegfilgrastim, 3 with lenograstim and 5 were not treated (3 of which were older than 65 years). We observed that most patients were treated for ovarian, breast or lung cancer or non-Hodgkin’s lymphoma, whereas only a small percentage were treated for other cancers such as endometrial, colon, bladder, thymus or biliary tract cancer.
- **Conclusions** The comparison between clinical practise and the AIOM guidelines showed that the use of CSF-G is higher than the level required by the guidelines, when referring exclusively to the 3 major risk factors considered. Therefore, the use of CSF-G in chemotherapy regimens with a low score for febrile neutropenia seems very influenced by additional factors related to the treatment, the patient and the disease.

No conflict of interest.

**USE OF SGN35 OR BRENTUXIMAB VEDOTIN IN ANAPLASTIC LARGE-CELL LYMPHOMA: A CASE REPORT IN PAEDIATRICS**

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- **Background** Lymphoma is one of the most frequent haemopathies among children and young adults. Anaplastic large cell lymphoma affects 15% of such children under 15 years old and 40% above 15 years old in France. Although the initial treatments are well codified and the efficacy of chemotherapy is well established in most patients, non-responses or relapses with these drugs are leading haemo-oncologists to look for new and effective therapeutic strategies. Thus, SGN35 or brentuximab vedotin is a monoclonal antibody drug conjugate (mADC). It combines an antibody that selectively targets CD30 expression in tumour cells and a cytotoxic drug derived from auristatin. This cell poison is delivered in situ and selectively targets CD30+ Hodgkin’s lymphoma and relapsed or refractory systemic anaplastic large-cell lymphomas that are CD30+.
- **Purpose** To report the use of brentuximab vedotin in a paediatric case study.
- **Materials and Methods** A literature search was undertaken about the use of brentuximab vedotin in paediatrics. The pharmacy undertook the administrative work to obtain the treatment for the patient.
- **Results** In July 2012, FDA licenced this ADC to treat CD30+ Hodgkin’s lymphoma and relapsed or refractory systemic