

29.6 ± 19.1 ml transfused volume and the mean Hb post-transfusion of 13.6 ± 2.1 g/dl. Only 5 (6%) of infants did not reach the desired Hb level post-transfusion and 4 of these infants were mechanically ventilated. There was a poor correlation between infant weight and post transfusion Hb (R = 0.028, p = 0.81). However, pre-transfusion Hb positively correlated with post-transfusion Hb (R = 0.509; p < 0.001) (Figure 1).

**Conclusion** Incorporation of the pre-transfusion Hb value in the calculation of RBC transfusion volume may achieve the desired Hb threshold and hence reduce the need for further transfusion.

PO-0150 WITHDRAWN

PO-0151 EPIDEMIOLOGICAL CONSIDERATIONS ABOUT PAEDIATRIC SARCOMAS IN ALBANIA

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**Dates** Sarcomas are frequent in the paediatric age occupying the fourth place (by about 10%).

**Objectives** Presentation of some epidemiological data of paediatric sarcoma in our country for 14-year period from 1997 to 2010.

**Method** 116 children 0 to 14 years with PS were followed in our service, in Adults Oncology service and surgery service. We studied the specific weight of the PS in the general paediatric morbidity vs. paediatric cancers; annual incidence in the paediatric population, the incidence during the performance period under study (1997–2010); geographical distribution according to three areas of Albania, 12 regions and 36 districts, urban and rural areas, according to different age groups and by gender.

**Results** Sarcomas in our country constitute 8.3% of all paediatric cancers (CI from 1.5% to 15.1%). The annual incidence in the general population is 0.19, the cumulative incidence for the period 14 years in the paediatric population is 9.1/10<sup>5</sup> children born alive, with an average annual incidence of 0.65/10<sup>5</sup> children born alive. However, within the period of study '04-'10 incidence has increased almost by 50% compared with the first 7-year (0.96 vs. 0.43). High incidence was found in Northern Albania, in the areas of Dibra, Kukes, and Durres etc. By age group, annual incidence increased in proportion with the increase of age (0.86/10<sup>5</sup> paediatric population at age 10–14 years vs. 0.38/10<sup>5</sup> in the age group 0–12 months) is higher in urban areas and in males, but without significance.

**Conclusions** High numbers of PS in Albania, high mortality, is forcing attention from health institutions.

Dynamics study of incidence for the whole period draws attention to a growing incidence of lightly progressive; a higher incidence for years 04–10, there may be incentives in search of various factors favourable or explosive, environmental or other that may have influence on this phenomenon.

PO-0152 WITHDRAWN

PO-0153 A REVIEW OF PRACTICE FOR PRESCRIBING ANTIEMETICS IN PAEDIATRIC HAEMATOLOGY AND ONCOLOGY

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**Background and aims** In July 2013 the European Medicines Agency reviewed risk-benefit ratios for Metoclopramide following concerns about neurological side-effects including short-term extrapyramidal disorders.

Our practice review assesses safety and efficacy of current antiemetic agents in controlling CINV (Chemotherapy induced nausea and vomiting) in a tertiary centre of UK.

**Methods** A randomised review of inpatient chemotherapy prescriptions done from paediatric Haemato-Oncology in first 7 days of initiating treatment in Excel format. It included choice of anti-emetics with regards to chemoregimen, compatibility of agents used together, dose, frequency and adverse reactions that might be related to antiemetics.

**Results** Number of children assessed in study were 26. A total of 23 prescriptions with Ondansetron, Metoclopramide, Dexamethasone, Hyoscine, Domperidone, Levomepromazine and Aprepitant were assessed. Ondansetron was prescribed in 23 and Metoclopramide in 19 prescriptions.

Degree of antiemetic control surrogately assessed by use of PRN antiemetics where Metoclopramide and Levomepromazine most commonly used PRN drugs.

There were 8 occasions (34%) of multiple dopaminergic antiemetic prescribing.

1 acute dystonic reaction observed in a 9 year old male child on Day 4 during methotrexate clearance. Metoclopramide and Levomepromazine were both administered.

**Conclusions** Raising awareness about antiemetic compatibility in prescribing multiple dopaminergic antiemetics. A considerable degree of Metoclopramide use noted for controlling CINV in both regular and PRN use. Developing validated tools to improve antiemetic prescribing efficacy with specialist pharmacology input.

REFERENCES

- 1 Antiemetic medication for prevention and treatment of CINV in childhood, Phillips, Cochrane CCG-Sep'10
- 2 Development and validation of pictorial nausea rating scale for children. *Pediatrics* 2011;127(6)

PO-0154 SYMPTOMATIC OSTEONECROSIS OCCURRING IN PORTUGUESE CHILDREN AND ADOLESCENTS TREATED FOR HEMATO-ONCOLOGIC DISEASES – A 15-YEAR LONGITUDINAL OBSERVATIONAL STUDY

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**Background and aims** Along with the improved cure rate in paediatric cancer, awareness of treatment related late effects has become increasingly important. Osteonecrosis is an emerging complication of intensive chemotherapy including high doses of steroids. We aimed to describe clinical and imagiologic characteristics of survivors of paediatric hematologic malignancies who developed osteonecrosis.