atherosclerotic disease. There were no serious side effects during the study period. Digestive side effects were most frequently reported (lovastatin 8.3% vs simvastatin 8.8%).
In conclusion, both lovastatin and simvastatin were similar in lipid lowering effects and there was no difference in incidence of side effects.

[PA2-6] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Gabapentin and Tramadol for the Management of Chronic Low Back Pain

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Background : Gabapentin and tramadol had demonstrated its usefulness in treatment of neuropathic pain. These drugs are very safe with minimal side effects. Chronic intractable low back pain is very difficult to be relieved and has some limitation with use of conventional drugs because of side effects. Gabapentin is advisable to start with low doses with a slow increase to reach full dosage for several weeks, which emphasize on improvement of compliance by patient education.
Objective : We conducted this study to evaluate the effect of the combination therapy of gabapentin and tramadol on chronic low back pain.
Methods : Medical charts were reviewed retrospectively for patients who received gabapentin and tramadol for the treatment of chronic low back pain for the year of 2000. Gabapentin was administered initially 300 mg up to 1800 mg and tramadol, 50 - 150 mg. We studied of relieving the pain score in patients who received the drugs for more than 4 weeks and for less than 4 weeks. Data were collected for sex, age, dosage and duration of treatment, causes and duration of the chronic low back pain. Then we called patients and asked about the pain score, side effects, causes of withdrawal of the drugs and alternative treatments after withdrawal. We analyzed the pain score before the combination therapy and after the therapy in the subgroups with duration of treatment(<4 weeks, ≥ 4 weeks).
Result : Among patients with low back pain, 9% of them suffered from chronic low back pain. Most of these patients were nonspecific origin. A significant decrease of the pain score in patients who received study drugs more than 4 weeks was noted(pre-treatment, 5.5 ± 1.1, post-treatment, 4.2 ± 1.6, $n=17$, $p=0.001$). In patients who received the drugs less than 4 weeks, however, no significant decrease was observed(pre-treatment, 5.9 ± 1.0, post-treatment, 5.5 ± 1.3, $n=10$, $p=0.104$). The difference of the post-treatment between two groups was significant($p=0.007$). There were several mild side effects and three of patients should withdraw the regimen.
Conclusions : The combination therapy of gabapentin and tramadol may be the alternative for the treatment of intractable chronic low back pain. But patient education for the regimen which should be increased slowly may be necessary for better outcome of pain control.

[PA2-7] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Bleeding Complications and Analysis of Risk factors in Patients on Warfarin after Mechanical Heart Valve Replacement

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Warfarin is an anticoagulant for preventing thromboembolic disorder. Patients on warfarin should be monitored closely because of narrow therapeutic range. Bleeding is a common, potentially lethal complication of warfarin therapy. This retrospective study was to evaluate the incidence and risk factors of bleeding in patients on warfarin after mechanical valve replacement. Patients were included if they were on Anticoaguation Consult Service (ACS) after mechanical valve replacement. Exclusion criteria were an active peptic ulcer and bleeding disorders other than warfarin related risk. Data were collected for patient characteristics, comorbid diseases, bleeding sites and frequency. Bleeding complications

were analyzed by patient characteristics comorbid diseases, ACS follow-up, weekly warfarin dosage, target internatinal normalization ratio (INR) and measured INR. Total evaluation included 68 outpatients and 786 follow-ups of 214 bleeding cases and 572 non-bleeding cases. Incidence of minor bleeding was 13.3%/year and major bleeding was 0.3%/year. Most sites of minor bleeding were gingival, bruising and epistaxis. Major bleedings were hematuria and cerebral hemorrhage. Under multivariate analysis, female, advanced age, warfarin dosage, measured INR, ACS follow-up length, compliance were related to the risk of bleeding. The most significant risks of bleeding in patients with mechanical valve replacement on warfarin were female and advanced age. For prevention of hemostatic complication, we should do close monitoring of warfarin therapy, continuous patient education and early identification of clinical conditions potentially at risk for hemorrhage.

[PA2-8] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Clinical Effects of The Combination Chemotherapy of Docetaxel and Cisplatin in Non-Small Cell Lung Cancer

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The purpose of this study was to evaluate the efficacy and toxicity of docetaxel and cisplatin in patients with histologically confirmed NSCLC. 19 patients who were administered with the combination therapy of docetaxel and cisplatin between the period of February 2000 and April 2001 were evaluated retrospectively. The patients were treated with docetaxel 75mg/m2 on Day 1 and cisplatin 25mg/m2 on Day 1-3 every 4 week and then were evaluated for the response by CT scans after 2 or 3 cycles of treatments. 17 patients were evaluated for the response and the 19 patients for the toxicities. Of these 17 patients complete response (CR) was not observed in any patient while partial response (PR) was observed in 5 patients (29.4%). The overall response rate (CR+PR) was 29.4%. Stable disease (SD) was observed in 11 patients and progressive disease (PD) in 1 patient. Among the 19 patients who were administered with 77 cycles Grade 3 and 4 neutropenia occurred in 53 cycles (90%). Grade 1 thrombocytopenia occurred in 2 cycles (3.9%). The other toxicities included the weight gains due to peripheral edema (5-10%, grade 1) in 4 patients and nausea and vomiting in 9 patients (47%). 4 patients were hospitalized due to febrile neutropenia and one discontinued the administration of docetaxel and cisplatin because of skin allergy. This study showed that the combination chemotherapy of docetaxel and cisplatin is effective for the treatment of NSCLC.

[PA2-9] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Mechanism of anticancer activity of Korean mistletoe lectin in Hep3B and SK-Hep-1 human hepatoma cell lines

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The mistletoe lectins are major active components in the extract of European mistletoes that have been widely used in adjuvant chemotherapy of cancer. This study was performed to investigate the mechanism of anticancer activity of the purified Korean mistletoe lectin (Viscum album L. var. coloratum agglutinin, VCA) against hepatoma cells. The induction of apoptosis of Hep3B and SK-Hep-1 hepatoma cell lines by VCA was investigated by DNA fragmentation characteristics and cell cycle analysis. Treatment of cells with VCA resulted in growth suppression, DNA fragmentation, and an increased fraction of cells in sub-G1 consistent with apoptosis. Western blot analysis confirmed that the apoptotic process elicited by the exposure to VCA was executed through the activation of caspase-3, which plays an important role for several key events during apoptosis. The response of the two cell lines to VCA appeared to be independent of p53 status, as both cell lines with either wild-type or mutant p53 were affected similarly by VCA. The inhibition of telomerase activity of VCA was also observed by TRAP assay