

phasizing which clinical trials need to be conducted within the next 3 years to reduce NSCLC-related morbidity/mortality, would be of value.

Methods: The SLC in Lung Cancer, an initiative of the CCCG to establish and advance national clinical research priorities in lung cancer, is a multidisciplinary group with representation from cooperative groups, Specialized Programs of Research Excellence, cancer centers, and leading academic and community institutions. The initial meeting of the SLC in Lung Cancer was held in Philadelphia, Pennsylvania, on November 13-14, 2005, followed by a scientific dialogue with associated constituencies (patient advocacy groups and pharmaceutical companies engaged in lung cancer drug development) in Santa Monica, California on January 25-26, 2006. This report summarizes the primary research priorities identified during this series of meetings.

Results: Eight primary research priorities were identified:

Clinical trial design/accrual

- Identify and address barriers to accrual into adjuvant trials, building awareness among patients and clinicians
- Evaluate new measures of response
- Support novel agent development and associated biomarker validation
- Revisit trial design approach for novel agents with consideration of traditionally low accrual rates in early-stage NSCLC
- Ensure adequate funding of trials and correlative studies

Screening and staging

- Integrate emerging CT scan data into screening paradigms
- Prospectively evaluate molecular screening tests
- Develop new molecular imaging and staging approaches

Conclusions: The SLC in Lung Cancer has identified several priority research areas to be addressed in the next 3-5 years, which will guide continued CCCG for advancing NSCLC research. The recommendations rely on adequate clinical trial accrual and ongoing cooperative group support.

PD6-3-3

Supportive Care & QOL, Mon, 16:00 - 17:30

Medical and economical impact of bone metastases in lung cancer patients: a prospective French national, multicentric study (GFPC 06-01 study)

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Background: Bone metastases are an important emerging problem in patients with lung cancer and are leading to increasing consumption of health care resources.

Objectives: To assess the epidemiology, the management strategies and the costs of bone metastases in lung cancer; to model the management of these patients by a Markov model in order to evaluate the effectiveness of different therapeutic strategies.

Methods: prospective, national, multicentric, observational, epidemiological study planned to include 500 patients between may 2006 and may 2007, with a one year follow up, a monthly report of skeletal-

related events and resources consumptions. The economic analysis is limited to the direct costs with the health care payer's perspective.

Results: At this time, 404 patients are included by 36 centres: men: 77.2%, median age: 61 (39-84) years, non small cell lung cancer: 90%. Bone diagnosis metastases is made by scintigraphy (59.7%), standard radiology or RMI (3.4%), and bone-scan (36.9%). At inclusion the median number of lesions was 4; 74.4% of patients receive an analgesic treatment, 41.5% a biphosphonates therapy (zoledronate in 83% of cases), 20.5% a radiotherapy and 5%.had a bone-surgery.

Conclusion: complete demographic, clinical and economical datas will be presented at the IASCL meeting.

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Supportive Care & QOL, Mon, 16:00 - 17:30

Responding to the needs and quality of life experiences of advanced non small cell lung cancer patients

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Background: Little is known about the patient's and carer's experience of non small cell lung cancer (NSCLC), despite a growing research interest in quality of life, psychosocial aspects and unmet needs of cancer patients. The aim of this project is to explore and describe the NSCLC patient and carer perspective in terms of their needs (including unmet needs) and quality of life issues.

Method: Focus groups were conducted with 27 patients with Stage IIIB/IV NSCLC recruited from seven hospitals in New South Wales and Queensland including public and private, metropolitan and regional with visiting oncology services. Focus groups with 13 carers were conducted in three sites. A semi-structured discussion guide was used. Participants were asked to discuss the needs of people with NSCLC, impact on families, concerns about the future, interactions with health care providers, experiences and expectations of patient support groups. Discussions were audio-taped and transcribed verbatim.

Results: Overall, participants described high satisfaction with the quality of health and supportive care received. However, there was a range of experiences relating to the degree of engagement in "driving" or "managing" their health care: some participants were satisfied with being directed through treatment, others wanted to be "one step ahead" of treatment delivery. One patient was particularly fearful of his condition and unconnected with any support service. Patient participants expressed concerns regarding the impact of NSCLC on their families and, in particular, their spouses. Patients described difficulties in communicating with their spouses in discussing their thoughts, fears and concerns about the future. Issues discussed also included needing to know "how they would die", lack of choice regarding voluntary euthanasia and, for younger participants, communicating and dealing with the reactions of their young children. Typically, carers seemed to "hide" their feelings about the cancer and the impact on their lives. They also described putting the rest of their lives "on hold" to care for their partners. The lack of media attention on NSCLC (or prominence of adverse media around smoking and lung cancer) was a concern for some participants and affected the extent and quality of support they received from family and social networks.