patients had received chemotherapy, 18% had undergone surgery and 50% had received radiation therapy. Still in this group of patients (lung cancer) performance Status (PS) was 0 or 1 in 29% of patients, 2 in 14%, 3 or 4 in 15% (missing data: 42%). Overall, 39% of patients were malnourished. For all patients included in the study, the prevalence of malnutrition was 14.4%, 31.4%, 52.3%, 53.6%, and 65.3% in patients with a PS ranging from 0 to 4, respectively. Prevalence of malnutrition in lung cancer patients was 45%: 5% of patients with localized cancer, 22% with loco-regional cancer and 73% with metastatic cancer.

Regarding the nutritional support in the overall population of patients, 57.6% of malnourished patients versus 28.4% of well nourished patients had at least one of the following nutritional supports: dietetic advices, oral supplementation, enteral nutrition and/or parenteral nutrition. Among all lung cancer patients (N = 247), 42.9% had nutritional support: 38.8% received oral supplementation, 11.1% had enteral nutrition and 8.1% had parenteral nutrition.

Conclusions: Along with an improvement of cancer treatments, the prevalence of malnutrition is still very high in lung cancer patients. Systematic screening and care of malnutrition are mandatory in these patients.

P1-258 Supportive Care/QOL Posters, Mon, Sept 3

High prevalence of anaemia among French hospitalised cancer patients: a one-day cross-sectional survey

Lemarié, Etienne1 Delaloge, Suzette2 Hemequen, Christophe1 Castaigne, Sylvie1 Diviné, Marine4 Zureik, Mahmoud1 Tourani, Jean-Marc1

1 Hôpital Bretonneau, Tours, France 2 Institut Gustave Roussy, Villejuif, France 3 Hôpital Saint Louis, Paris, France 4 Hôpital André Mignot, Le Chesnay, France 5 Amgen SAS, Neuilly sur Seine, France 6 INSERM U700, Paris, France 7 Hôpital la Milletière, Poitiers, France

Aims: To evaluate the prevalence of anaemia (haemoglobin [Hb] <12.0 g/dL) among hospitalised cancer patients (long term and day hospital) in France.

Material and Methods: A written invitation to participate in a one day survey of anaemia among hospitalised French cancer patients on November 14, 2006, was sent to all practising hospital-based French oncologists, haematologists and pulmonary specialists (n=4165). 255 physicians provided data. Age, gender, cancer type and treatment, Hb value, type of anaemia and treatment for anaemia were recorded. Unless otherwise specified, data are presented as mean ± standard deviation.

Results: 4,161 patients (mean age, 62.2±14.6 years; males, 53.2%) from 255 physicians were described. The patients were admitted for chemotherapy (CT) (57.6%), initial staging and follow-up (19.6%), radiotherapy (5.2%), supportive care (22.6%), and/or other (20.6%). 57.8% of patients had a hospital stay >24 hours. 76.9% of patients had received radiation therapy. Still in this group of patients (lung cancer) the prevalence of malnutrition was 14.4%, 31.4%, 52.3%, 53.6%, and 65.3% in patients with a PS ranging from 0 to 4, respectively. Prevalence of malnutrition in lung cancer patients was 45%: 5% of patients with localized cancer, 22% with loco-regional cancer and 73% with metastatic cancer.

Regarding the nutritional support in the overall population of patients, 57.6% of malnourished patients versus 28.4% of well nourished patients had at least one of the following nutritional supports: dietetic advices, oral supplementation, enteral nutrition and/or parenteral nutrition. Among all lung cancer patients (N = 247), 42.9% had nutritional support: 38.8% received oral supplementation, 11.1% had enteral nutrition and 8.1% had parenteral nutrition.

Conclusions: Along with an improvement of cancer treatments, the prevalence of malnutrition is still very high in lung cancer patients. Systematic screening and care of malnutrition are mandatory in these patients.

Conclusions: The high prevalence of anaemia among cancer patients in our survey is consistent with findings of ECAS, which found a prevalence of anaemia in 67% of patients in a large European survey of anaemia in this setting. Better identification of the causes of anaemia in cancer patients may optimise patient care. Detailed data on lung cancer patients will be presented.

P1-259 Supportive Care/QOL Posters, Mon, Sept 3

Patient and caregiver perceptions of symptom severity: a needs assessment in persons diagnosed with primary and metastatic brain tumours and their caregivers

Levy, Karen E.; Cashman, Rosemary
British Columbia Cancer Agency, Vancouver, BC, Canada

Background: Brain tumors cause threats to wellbeing for patients, and pose unique challenges in care provision by family members. Lung cancer patients are prone to developing intracranial metastases. Primary and metastatic brain tumors and their treatments may engender physical and psychological disorders, including fatigue, cognitive impairment, and changes in patients’ insight and judgment. There is a lack of information about the relationship between these problems and the influence of patient variables such as age, gender, economic status, stage of disease and treatment, medications, and co-morbid conditions.

Appraisal and reporting of symptoms by these patients may be difficult for them, often resulting in ‘proxy’ symptom assessment by the primary care provider. There is debate about the congruency of these two perspectives and how it might impact health-seeking behaviors, including accessing support for symptom management from professional care providers.

The Edmonton Symptom Assessment Scale (ESAS) was used by our cancer centre for two days in 2006 to document symptom severity in all cancer patients and found that lung and brain cancer patients ranked tiredness and impaired general wellbeing as their most severe symptoms. In addition, data from a 2006 British Columbia Ministry of Health province wide ambulatory oncology survey found that patients reported gaps in their care ranging from education and communication to emotional support required to alleviate fears and anxieties.

Purpose of the Study and Methods: This study will document the perception of symptom intensity in patients with primary brain cancer, in patients with metastatic brain lesions from lung cancer, and from the perspective of their caregivers. We will use the ESAS to assess the perception of symptom severity in 50 lung cancer patients with brain metastases and 50 primary brain tumor patients. An independent assessment of the perception of symptom severity for each patient will be completed by a family caregiver. A cognitive assessment using the Montreal Cognitive Assessment (MOCA) of patients will clarify whether symptoms are associated with cognitive impairment. Other important patient variables will be documented. Finally, an assessment of caregivers’ sense of competency will guide the development of an intervention to assist them in care provision.

By analyzing the symptom assessment and questionnaire data provided by the patients and their primary caregiver we will develop a support-
Feasibility of geriatric assessment of elderly lung cancer patients treated in an oncology out-patient setting

Maestu, Inmaculada; Comes, Ana; Cabrera, Enrique; Oltra, Desamparados; Sastre, Jose Manuel
Hospital Virgen de los Lirios, Alcoy, Spain

Background: The assessment of performance status according to the classical Karnofsky or ECOG scales has been shown to be an effective predictor of outcome in several oncological studies. However, its application to patients over 70 years of age has limited utility and may underestimate the degree of functional impairment. Comorbidity and functional status according to ECOG, ADL and IADL have shown to be independent in older cancer patients. However, some degree of correlation between comorbidity and IADL has been reported before. Geriatric assessment is a time-consuming task sometimes difficult to perform by oncologists out of clinical trials. The experience of a single institution about elderly lung cancer patients in an out patient setting will be presented.

Methods: For geriatric assessment the following characteristics were considered:

- Comorbidity by means of Charlson and Kaplan Feinstein scores
- Activities of daily living (ADL)
- Instrumental activities of daily living (IADL)
- Nutritional status by means of proteins/albumin levels and/or BMI
- Cognitive mental status is examined with the Mini-Mental state
- Expression of depression with the Geriatric Depression Screening
- Scale (GDSS)
- Family/Institutional support.

Results: By February/2007 seventy elderly lung cancer patients (pts) have been analyzed in our institution. The main descriptive characteristics were: median age 76 years (70-84); stage disease, II in 5.7 %, III in 45.8 % and IV in 57.1 % of the pts; distribution of performance status (ECOG) was: PS 0/10 %, PS 1/50 % and PS 2/40 %; sex: M (84 %) and F (16 %). Serum albumin level was lesser than 3.5 g/dl in 28 % of the patients. Comorbidity according to Charlson and Kaplan scales was presented in 74.2 % and 82 % of pts respectively. Ability in 51-99 % of ADL and IADL was able in 25 % and 39.7 % of pts and was < 50 % in 8.8 % and 22.1 % of pts. Mini-Mental state was applied to 33 patients, 40 % of them obtained a punctuation < 25. Treatment administered was: surgery in 1 pt, radiotherapy alone in 2 pts, chemo-radiotherapy in 11 pts, chemotherapy alone in 55 pts and tyrosine-kinase inhibitor in 1 pt.

Conclusions: The analysis is ongoing but the heterogeneity of the pts in these preliminary results suggests the importance to carry out a detailed evaluation of elderly lung cancer patients for detecting several situations not detectable by means of a conventional examination. A more completed analysis of comorbid, clinical, nutritional and social conditions will be presented at the meeting. Correlation between different factors and the influence of them on the outcome of the elderly patients will be examined.