OBJECTIVES: CHEMOTHERAPY IN TREATMENT WITH ERLOTINIB VS TAXANES NON-SMALL CELL LUNG CANCER WHO FAILED TO FIRST LINE

A284 Paris Abstracts

IMPACT OF TUMOR RESPONSE ON HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN NEWLY DIAGNOSED MULTIPLE MYELOMA PATIENTS TREATED WITH VELCADEMELPHALAN/PREDNISON (V-MP) VS BENDAMUSTINE (Bv) - PVCN140

Material: Patients with newly diagnosed multiple myeloma, stage I to IIIA, were randomised to V-MP or Bv (8 mg bendamustine/m² on day 1 and 2 of each cycle, and dexamethasone, 40 mg/m², on days 1, 8, 15 and 22 of each cycle) until disease progression or unacceptable toxicity. The primary endpoint was time to progression in a sample of 120 patients. A post-hoc analysis of the impact of best response to chemotherapy on HRQoL was done using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and EORTC QLQ-MM22 scores. RESULTS: As of 28 March 2012, 116 patients had been randomised and 111 were evaluable. The median time to progression was 18.4 months for patients treated with V-MP and 13.7 months for patients treated with Bv. CONCLUSIONS: Patients who responded to chemotherapy had a better HRQoL compared with patients who did not respond to chemotherapy. Despite a longer time to progression, patients treated with Bv had a better HRQoL compared with patients treated with V-MP.

PATTERNS OF EMPLOYMENT AFTER CANCER: RESULTS OF A LONGITUDINAL STUDY de Moor E1, Emmins KD, de Moor CJ1

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OBJECTIVES: Patterns of employment for cancer survivors and non-cancer controls, with particular attention to the impact of cancer treatment, will be estimated in a longitudinal study using the Health and Retirement Study (HRS), a longitudinal panel study started in 1992 of 14,000 participants in the United States. The aim is to compare the age and sex-specific patterns of employment of cancer survivors and non-cancer controls. The second aim is to evaluate whether cancer treatment, after adjusting for age and sex, had an impact on employment.

RESULTS: In the final model, the employment was significantly lower for cancer survivors versus non-cancer controls (OR = 0.58, 95% CI = 0.44–0.77). After 5 years from diagnosis, the employment rate was 0.48 (95% CI = 0.39–0.58) for cancer survivors and 0.74 (95% CI = 0.69–0.79) for non-cancer controls. The cancer survivors who were employed at the baseline were less likely to retire (OR = 0.50, 95% CI = 0.32–0.80) at the fifth wave. The relative risk of quitting employment after cancer was 1.49 (95% CI = 1.16–1.90) for cancer survivors compared to non-cancer controls.

CONCLUSIONS: Cancer survivors were less likely to continue working and more likely to quit employment than non-cancer controls. Cancer treatment appeared to be associated with a negative impact on employment.