

the two systems, the two parameters, therefore, should both be considered during decision-making for therapeutic approaches.

PD6-2-8 Mesothelioma and Other Thoracic Malignancy, Mon, 16:00 - 17:30

High-resolution ROMA analysis of chromosomal rearrangements in mesothelioma patients with poor and good survival

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Background: Representational oligonucleotide microarray analysis (ROMA) is a recently developed microarray-based high-resolution technology that helps linking chromosomal losses and gains with specific genetic events. ROMA identifies the boundaries of deletions, duplications, and amplifications with the accuracy of roughly 50-100 kb throughout the whole human genome. Mesothelioma is an aggressive asbestos-related cancer with short (median 11-22 months) survival and poorly investigated genetic components.

Methods: We performed ROMA on DNAs isolated from mesothelioma patients to assess the possible link between chromosome rearrangements and prognosis and to identify the critical chromosomal events involved in the disease progression. Analysis of the signal intensity data obtained with microarray that contained more than 40,000 features was performed using CGH-Explorer software.

Results: A remarkably high rate of losses and gains on the sub-chromosomal level was reported in the patients with poor survival. The most frequent events in the long survivors were losses of chromosomes 1, 4p, 6q, 9, 10, 14-22 and gains of chromosomes 12 and 13. The comparison between two groups of patients helped to identify "early" chromosomal events and genes that may play critical roles in mesothelioma progression.

PD6-3-1 Supportive Care & QOL, Mon, 16:00 - 17:30

Health related quality of life, mood disorders and coping abilities in an unselected sample of patients with primary lung cancer.

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Background: Health related quality of life (HRQoL) and mood disorders have previously been evaluated only in selected patients with primary lung cancer, for example alongside chemotherapy studies or after lung surgery. The aims of this study were therefore to assess HRQoL and mood disorders, as well as coping abilities, in an unselected sample of patients with primary lung cancer, and test the associations between them and performance status (Eastern Cooperative Oncology Group, ECOG).

Methods: A questionnaire-based prospective study of all patients diagnosed with primary lung cancer in Southern Norway from June 14th, 2002 to June 13th, 2005. HRQoL was assessed according to European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaires (QLQ C30 and LC13 (the lung specific module); for both, a high symptom or function score indicates a low or high HRQoL, respectively), anxiety and depression according to Hospital Anxiety and Depression scale (HAD) and coping ability according to

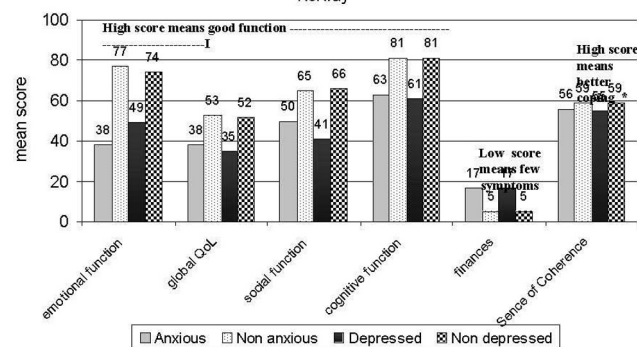
Sense of Coherence 13 (SoC) (13 indicating lowest coping ability and 91 the highest).

Results: According to EORTC the function scores for global QoL, role and cognitive varied between 49,4 (mean, SDplusmn26), 41,1 (38) and 77,3 (27). Correspondingly, symptom scores ranged from 52,7 (31) for fatigue, dyspnoea 52,3 (34) to haemoptysis 6,7 (18). There were no differences between NSCLC and SCLC except for fatigue and sore mouth, being more pronounced in SCLC 60,6, (31) than in NSCLC 50,7 (35) and 7,6 (21) versus 15,6 (31), respectively ($p < 0,05$). These scores are poorer than recorded in EORTC databases from chemotherapy and radiotherapy studies.

According to HAD, 17% of patients scored compatible with anxiety and 14% with depression. Seven percent scored consistent with combined anxiety and depression. Mean SoC score was 58,3 (SD 7). A HAD-score compatible with anxiety or depression was associated with significantly poorer HRQoL scores. The Odds Ratio for depression was 4 in cases of poor performance status (ECOG) 3-4 compared to ECOG 0-2. A reduced coping ability was associated with anxiety ($p = 0,025$, 95%CI 0,39 - 5,70) and depression ($p = 0,035$, 95%CI 0,24 - 6,60).

Conclusion: In this survey on unselected patients with newly diagnosed lung cancer, mean HRQoL scores were poorer than reference values from previous, treatment-based studies. Patients with HAD scores compatible with depression and/or anxiety, percept more symptoms and report reduced quality of life at the time of diagnosis compared with patients without mood-related disorders. Anxiety and depression are also associated with lower coping abilities.

Figure 1. Selected baseline EORTC and Sense of Coherence scores in an unselected sample of anxious vs. non-anxious and depressed vs. non depressed patients with newly diagnosed primary lung cancer in Southern Norway



Anxious tested vs non-anxious, depressed vs. non-depressed, MWU-test, all EORTC $p < 0,003$.

*t-test (SoC) $p < 0,035$

PD6-3-2

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

Research priorities in non-small-cell lung cancer (NSCLC): recommendations of the Scientific Leadership Council (SLC) in Lung Cancer of the Coalition of Cancer Cooperative Groups (CCCG)

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Background: While many potentially revolutionary therapies are being developed for NSCLC, the leading cause of cancer-related death in the US, advances are being made in screening and staging technology. Focused, consensus-based recommendations of research priorities, em-

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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PD6-3-4

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.