286. Palliation and morbidity in lung cancer patients

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Sleep quality, quality of life and their correlative factors in lung cancer patients

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Objectives: To investigate the sleep quality and quality of life in patients with lung cancer.
Methods: We evaluated the sleep quality and quality of life of 98 lung cancer patients in our hospital by Karnofsky performance status (KPS), the Pittsburgh sleep quality index (PSQI) and the European organization for research and treatment of cancer quality of life questionnaire-core 30 and lung cancer module (EORTC QLQ-C30 and LC13). Then the newly diagnosed patients who had not received any treatment before were reevaluated after a month from the time of diagnosis or the first episode of treatment.
Results: The respondding rate was 59.8%, and the rate of follow-up in newly-diagnosed patients was 51.5%. Evaluating performance status of lung cancer patients by KPS, 78.6% of them were considered to be able to keep on their normal life or work. The KPS of younger or better educated patients was better than that of older or lower educated ones. Evaluating sleep quality in lung cancer patients by PSQI, 45.9% were classified as poor sleepers. Unmarried patients, patients with college education used sleep medicine more frequently than married patients or patients with primary or high school education. Sleep efficiency was lower in patients with complications than those without complications. Evaluating quality of life in lung cancer patients by EROTC QLQ-C30, Seniles had better emotional and social function and less financial problems than non-senile patients.
Conclusions: Sleep disturbances did exist in patients with lung cancer, which had a great impact on their quality of life. KPS was still one of the most important factors that influenced quality of life in lung cancer patients.

P2765

Preoperative anxiety can affect the quality of life and health outcome of the patients that undergo thoracic surgery

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Purpose: Increased preoperative anxiety level may lead to adverse outcomes. The purpose of this study was to assess the relationship between the quality of life and preoperative anxiety during the four-week preoperative period in patients scheduled to undergo thoracic surgery.
Patients and methods: The study population consisted of 100 patients, 52 men and 48 women scheduled to undergo thoracic surgery. The average of age was 56.1±15.60 years. After providing informed consent, they were asked to answer a questionnaire, through a personal interview, 12 to 15 hours prior to the scheduled thoracic surgery operation. The questionnaire included questions on demographics and incorporated the State Anxiety Inventory and SF-36 scales.
Results: Statistical analysis revealed that women (p=0.023), unemployed patients (p=0.01) and patients that were to be submitted to a mediastinoscopy (p=0.001) had elevated anxiety levels. Deterioration of several parameters related to the quality of life was found to be related to increased anxiety levels. Limitations in work capability or other everyday activities as result of mental health problems (p=0.006), low vitality (p<0.001), bad general mood (p<0.001), deteriorated general health (p<0.001) and general mental health (p<0.001) were associated with preoperative anxiety. No differences were found in anxiety level between lung cancer and non-cancer patients.
Conclusions: This study showed an inverse proportional correlation between preoperative quality of life and anxiety during a period of four weeks prior to a thoracic surgery operation. Appropriate pharmaceutical and psychological support may improve patients' anxiety status.

P2766

Religiosity and depression of patients with lung cancer

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The relationship between depression and religiosity of patients with lung cancer is not yet explored.
Aim: To examine possible association of religiousness and depression of patients with lung cancer and the relationship between religiosity and depression with sociodemographic data.
Subjects and methods: Forty-four patients with lung cancer were consecutively included. The Strength of Religious Faith Santa Clara questionnaire was used for assessment of religiosity, and for measuring depression the Center for Epidemiological Study of Depression (CES-D). Overall religiosity was measured with 5-pint Likert scale.
Results: The mean age of 59.54 years, mean overall religiosity, SCSORF 27.8, CES-D 17.9. In 43.1% meets the criteria for diagnosing depression.
In logistic regression analysis the only significant predictor of depression was less common frequency of going to church.
Depression is more pronounced in women and in religiosity there is no difference by gender. Significant differences in the items that measure loneliness, sadness, feelings of fatigue and anxiety are more pronounced in women.
Conclusions: Higher frequency of going to church predicts lower depression rate in the group of patients. Strength of faith and general assessment of religiosity were not significant predictors of depression which is not in accordance with the findings other studies. These differencies might be associated with factors specific for lung cancer and may be effect of gender, and should be explored in further studies.
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P2767

Potential role of antidepressants as part of anticancer therapy

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Antidepressants are widely used as part of adjuvant analgesic therapy. Since in vitro studies show that antidepressants have potent anticancer properties, it raised the possibility of a potential role as a part of anticancer therapy.

Aim: To estimate possible favorable effect of Mianserin (M) in lung cancer patients: (1) potential influence on survival due to anticancer properties, (2) improvement of patients psychological pattern and health-related quality of life (HRQoL).

Methods: Two groups of advanced NSCLC patiens were included:52pts treated with CT with or without M and 60pts treated with BSC with or without M. Differences in response rates (only for CT treated group), in overall survival (OS) and HRQoL (based on EORTC QLQ-30 and QLQ-LC 13) within (sub)groups were evaluated.

Results: The RR difference within the CT subgroups treated with or without M, was not statistically significant: 8/24 (33.33%) vs 6/28 (21.43%). There was significant difference in median OS with 95% CI for the different treatment subgroups (only BSC, BSC plus M, only CT and CT plus M), respectively: 6 (5-6), 7 (6-8), 8 (7-10) and 10.5 (10-13) months (p=1.89*10-15). Pts receiving M (and CT or BSC) had significantly better OS (p=0,0012). CT treated pts receiving M had significantly better survival comparing to those not receiving M (p=0.0015). BSC treated pts receiving M had also significantly better survival than those without M (p=0.003). M treated pts subgroups had significantly higher scores of QLQ-C30 and LC13 i.e. better HRQoL as well.

Conclusion: Benefit of antidepressants as part of anticancer therapy noted should be further investigated in larger patients population studies with different antidepressant drugs.

P2768

WITHDRAWN

P2769

Frequency of thromboembolic events in patients with lung cancer at the time of diagnosis and in the course of disease

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Background: Clinicians are frequently confronted by thromboembolic events (TEE) in patients with lung cancer. Early pulmonary embolism (within the first 3 months after primary diagnosis) is regarded as a negative prognostic factor. However, the benefit of a prophylactic anticoagulation has not been evaluated so far. Lung cancer itself as well as certain chemotherapeutic agents are considered to be independent risk factors for TEE.

Methods: All patients with a primary diagnosis of lung cancer between January 2008 and December 2010 were prospectively recorded within our tumour registry and retrospectively evaluated with regard to TEE. A pulmonary embolism (PE) was diagnosed with CT pulmonary angiography or alternatively with a ventilation-perfusion scintigraphy in patients with known contraindications to radiocontrast agents. A deep venous thrombosis (DVT) was diagnosed with colour-coded duplex sonography.

Results: Within the 33 months 1722 patients (1077 men, 645 women) were diagnosed with lung cancer. SCLCand NSCLC in 185 (11%) and 1537 cases (89%), respectively. TEE were documented in 132 patients (7.7%). 75 of those had proven DVT and 75 PE. At the time of primary diagnosis DVT and/or PE was detectable in 33 patients (1.9%) (DVT: n=11, PE: n=13, DVT+PE n=9). Within the observed course of the disease 99 patients (5.7%) developed TEE (DVT: n=46, PE: n=44, DVT+PE n=9).

Conclusions: According to our data, about every 50th patient with lung cancer has already proven TEE at the time of primary diagnosis. In the further course of the disease more than 5.7% develop TEE. Thus, the benefit of a prophylactic anticoagulation should be prospectively evaluated.

P2770

WITHDRAWN

P2771

Study of the lung cancer patients on hemodialysis (HD) in Japan

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Introduction: Early stage lung cancer in patients with end-stage renal disease are often detected by routine chest radiography on hemodialysis (HD) filtration. It is general that standard treatment for hemodialysis patients with lung cancer are not performed because guideline for lung cancer in HD patients is not established yet. Thus, clinicians have difficulty in treating HD patients even though early stage lung cancer is detected.

Method: We retrospectively analyzed 17 HD patients with lung cancer between April 2004 and September 2010. Patients' characteristics, histology and stage of lung cancer, treatment and outcome were evaluated.

Results: A total 17 patients (13 male, 4 female) were eligible in this study. The median age was 72 years (range 54-90). Eleven patients of non-small cell lung cancer (NSCLC) and 1 small cell lung cancer (SCLC) had histological or cytological confirmation and 5 were unknown. They consist of 3 stageI, 1 stageII, 8 stageIII and IV. As for treatment, operation was taken in 3, chemotherapy alone and radiochemotherapy were received in 4 and 1. Nine patients did not receive any treatment since they are too old, had a poor performance status or considered to be intolerable by attending physicians.In terms of chemotherapy, hepatic excretory anti-cancer drugs were used in all the 4 patients. No severe adverse events related-treatment was seen in this study.

Conclusion: Guideline for HD patients with advanced stage lung cancer should be established.

P2772

Antibiotic prophylaxis in chemotherapy-induced neutropenia in lung cancer patients

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Introduction: Chemotheapy-induced neutropenia can potentially cause fatal infections in cancer patients. Human granulocyte colony-stimulating factor (G-CSF) and granulocyte-macrophage colony-stimulating factor (GM-CSF) are recommended as prophylaxis. Alternatively, prophylactic antibiotics have been administered.

Methods: A literature search in PubMed and Scopus was performed to identify randomized control trials and cohort clinical studies that evaluated the role of antibiotic prophylaxis in chemotherapy-induced neutropenia in lung cancer (LC) patients.
Results: Five randomized controlled trials, 2 non-randomized cohort studies, 1 comparative non-randomized case control study and 1 case report were identified as eligible for inclusion. A total of 1175 LC patients were evaluated to receive antibiotic prophylaxis during the expected neutropenic period or from the beginning until the completion of chemotherapy. The main histologic diagnosis was small cell LC in 720/1175 (61.7%) patients. Quinolones and trimethoprime/sulfomethoxazole were the main antibiotics used, while G-SCF were administered in totally 260/1175 (22.1%) patients. Studies showed that prophylactic use of antibiotics in LC patients undergoing chemotherapy reduced significantly the number of episodes of febrile neutropenia, documented infections and the duration of hospitalizations due to suspected infections.
Conclusion: Although antibiotic prophylaxis remains controversial due to the lack of survival advantage, and risk for antibiotic resistance, this systematic review showed that the prophylactic use of wide spectrum antibiotics in chemotherapy-induced neutropenia in LC patients could be considered as alternative therapeutic strategy.

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WITHDRAWN

P2774
A study comparing the efficacy, quality of life and toxicity of cisplatin-etoposide to carboplatin-paclitaxel in advanced or metastatic non-small cell lung cancer in the Indian scenario
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Background: The present study was designed to evaluate the efficacy, toxicity and quality of life of the regimen of carboplatin plus paclitaxel (investigational arm) versus the reference regimen of cisplatin plus etoposide for the treatment of advanced or metastatic non-small-cell lung cancer in the Indian Scenario.
Patients and methods: A total of 50 patients were enrolled, 25 on arm A (cisplatin 25 mg/m^2 and etoposide 100 mg/m^2) and 25 on arm B (carboplatin AUC= 6 mg/ml min and paclitaxel 225 mg/m^2), with cycles repeated every 3 weeks. The arms were well balanced with respect to age, performance status, weight loss, stage of disease and disease measurability.
Results: The objective response rate (ORR) was 76% on arm A compared with 72% on arm B (P = 0.74). The most prevalent toxicities were alopecia, nausea and vomiting in both the arms. Leukopenia and neurological toxicity (neuro-sensory+ neuro-motor) occurred at a higher rate in arm B than in arm A without statistical significance. 60% patients in Arm-B had statistically significant improvement in quality of life as compared to only 20% patients in Arm-A (P=0.008)
Conclusion: There was no statistically significant difference in efficacy and toxicity for carboplatin–paclitaxel compared with cisplatin–etoposide. However, there was a statistically significant improvement in quality of life with the carboplatin–paclitaxel regimen.

P2775
Achieving better therapeutic results by education and telephone counseling for lung cancer patients undergoing scheduled chemotherapy regiments
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Patients with LC represent a remarkable percentage of the hospitalized pts in our clinic and receive chemotherapy (CT) regiments as well as best supportive care. Aim of this study was to evaluate the efficacy of an individualized program along with telephone counselling of each pt and his caregiver(s). Our final point was to facilitate our work and the pts' adherence during treatment.
Methods: 94 pts and 101 caregivers enrolled between Jan 2007 and Dec 2010. All underwent a tailored educational session by, the same for 6 months pulmonologist (a detailed update for the possible early and late side effects of CT, the supportive drugs, the blood tests' program, advises for nutrition and surveillance of their activation at home). The physician provided a phone number for any information and the arrangement of the next admission.
Results: Participants rated their appraisal for the program between "good" and "excellent" while their compliance reached 98%. The majority experienced a generalized anxiety of suffering regarding the CT. CT postponement due to toxicity was made in 23% after telephone arrangement and no hospital turnout which appreciated as better quality of life. One doctor's occupation with the complicated problems of LC pts favoured overall medical time and team's operation.
Conclusion: This study indicated the importance of special attention to psychosocial health needs of LC pts along with education and close follow up that is an integral part of an effective palliation. The expertise of the healthcare team can maximize the pt's comprehension. The overall procedure finally reduce admissions without reason and support a better pts QOL.

P2776
Can exhaled nitric oxide (FeNO) predict radiotherapy-induced lung toxicity in lung cancer patients?
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A strong increase in FeNO after radiotherapy (RT) for lung cancer may predict RT-induced lung toxicity. We aimed to describe the time-course of FeNO till 7.5 months after 3D conformal RT, and assess the relationships between FeNO variations and respiratory symptoms, CT scan changes or dosimetric parameters. FeNO was measured before RT, and 4, 5, 6, 10 weeks, 4 and 7.5 months after the beginning of RT.
Results: Most of the 65 patients were males (74%), had squamous cell carcinoma (48%), and stage III disease (72%). 41 patients had sequential chemo-RT, 20 had concurrent RT and chemotherapy, and 4 had only RT.
Eleven patients (17%) complained of respiratory symptoms after RT. Mean FeNO was a little lower before RT (14.3 (7.2) ppb) than at 7.5 months (18.2 (12.5) ppb, + 30% (8%), $p<0.05$). Between 4-10 weeks, 51-61% of patients showed non-significant changes in FeNO (< 5 ppb), whereas 13-18% showed increased FeNO compared to pre-RT values. Mean changes in FeNO were not different in patients with or without respiratory symptoms. Three patients (5%) had a >2-fold increase in FeNO, at 4 and 5 weeks. All three showed radiation-pneumonitis images at 3-4 months but only two had respiratory symptoms. The sensitivity and specificity of FeNO for the diagnosis of RT-induced symptoms were 18% and 84% for a >5 ppb increase, and 18% and 98% for a >2-fold increase. There was no correlation between dosimetric parameters and changes in FeNO. There was no correlation between absolute values or variations in FeNO and CT scan changes after RT.
Conclusion: Serial FeNO measurements during RT cannot separate patients who will develop or stay free of radiation pneumonitis with sufficient accuracy.

P2777
Cetuximab maintenance therapy – How long should we proceed? A case report
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The continuation of an active therapeutic agent for extended duration following frontline induction chemotherapy as maintenance therapy can improve overall survival. The Gemtax IV trial compares a platinum-containing doublet vs. a platinum-free sequential chemotherapy with docetaxel and gemcitabine, both arms in combination with cetuximab until progression. However, a useful predictive marker for maintaining an EGFR antibody treatment still not exists.
We report about a 56-year-old female Caucasian patient with multiple pulmonary

lesions and diagnosis of a bronchioloalveolar carcinoma. She was at good performance status (ECOG 0), without relevant comorbidities with a smoking history of 35 packyears. EGFR mutation analysis showed an insertion in exon 20 of the EGFR-gene. Within the Gemtax IV trial 4 cycles of carboplatin/gemcitabine/cetuximab were given. Toxicity was a grade III neutropenia and a grade I rash without itching. A total number of 16 cycles cetuximab were completed until therapy was stopped on patient's request. After six weeks, tumor progression was documented, resulting in a PFS of 12.5 months. In the course, the patient did benefit from another chemotherapy, but not from an EGFR-TKI (erlotinib). OS was 32 month.
In our case a rapid tumor progression was seen after stopping cetuximab maintenance therapy. This could indicate a significant antitumor activity of the EGFR antibody in this patient. Biomarkers or clinical selection criteria should be identified that allow to predict patients benefit from cetuximab maintenance therapy and avoid such "rebound phenomenon" or unneeded maintenance treatment.

P2778

Clinical predictors for long-term benefit of cetuximab maintenance therapy – Single center subanalysis of the GEMTAX IV trial

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The Gemtax IV trial compares a platinum-containing doublet (Arm B) vs. a platinum-free sequential chemotherapy with docetaxel and gemcitabine (Arm A), both arms in combination of cetuximab until progression. Our center included 59 patients in the GEMTAX IV trial so far. From them 9 patients received cetuximab for 10 or more cycles. We analyzed clinical markers in relation to long term therapeutic benefit from cetuximab.
A median of 13 cycles (10-15) with cetuximab was administered; mean age was 63 years (53-75). The relations of male to female, non-squamous to squamous histology, and treatment regimen Arm A to Arm B were 2:1 respectively. The median progression free survival was 10 months (8-13) and overall survival 22 months (9-33) so far. Seven of 9 patients developed an acne-like rash within 5 weeks of cetuximab treatment. Eight of 9 patients were former or current heavy smoker.
Patients with long-term benefit from cetuximab maintenance after induction chemotherapy were mostly male, former or current smoker, of non-squamous histology and presented rash early. In accordance with data from the FLEX trial, to monitor rash could be helpful on idenzifying patients who could benefit from cetuximab mainentance therapy.

P2779

Clinicopathologic characteristics of primary bronchial cancer metastasizing to the brain

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Brain metastasis is one of the most important factors influencing the quality of life in lung cancer patients with metastatic disease.
We analyzed the clinicopathological data of 163 lung cancer patients with brain metastasis (96 men, 67 women). The brain metastasis was diagnosed either by CT (n=119) or MRI (n=44). The lung cancer was diagnosed according to bronchoscopy, surgical resection VATS biopsy or transtoracic needle biopsy. The lung tumor was diagnosed cytologically in 43 cases, and histologically in 120 cases.
The histological distribution was the following: 67 adenocarcinomas, 43 small cell lung cancers, 22 squamous cell cancers, 12 anaplastic carcinomas,1 adenosquamous carcinoma, 2 atypical carcinoid tumors and 16 malignant tumors.
At the time of diagnosis 24% of our patients were operable, while in 98 cases (63.6%) the desease were already at stage IV.
Central tumors were found in 64.3%, and peripheral in 35.7%. In 103 cases (64%) the tumor was in the right lung. The upper lobe was concerned in 92 cases (56.4%). There were 58 tumors in the right upper lobe, and 34 in the left upper lobe. 20 tumors were in the right lower lobe, 9 in the left lower lobe,11 in the middle lobe.
When compared small cell lung cancer to adenocarcinoma, the proportion of early metastasis (< 3 months) was significantly higher ($p<0.05$).
Brain metastasis was observed most frequently in adenocarcinomas localized to the upper lobes, and among them the proportion of early metastasis was very high. According to our results, especially in case of upper lobe adenocarcinoma, the exclusion of intracranial metastasis by brain MRI is highly desirable before surgical resection of lung cancer.

P2780

Survival of lung cancer patients with bone metastases

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The presence of metastatic deseases in lung cancer patients is common in everyday clinical practice.
The aim of this study is to establish frequences of bone metastases in our patients (pts). and their association with other metastases (as brain, liver etc.) and to investigate their survival and treatment effects.
Methods: The data were collected from the Hospital Registry. The investigation was carried out in non operated patients. It included 1197 newly discovered lung cancer patients., 71 (5,93%) patients had bone metastases. In the moment of the dates analysis, 62 (87,3%) were dead, and the mean survival was 2.5 month (survival range 0.1-13month). Solitary bone matastases have 25 (35,2%) patients., and multiple bone metastases have 46 (64,8%) patients, while bone and other metastases were found in 37 (52,1%) patients. Only 14 (19,7%) patients were treated with bifosfonats therapy, and their mean survival was 2 months.
Conclusion: Lung cancer patients with bone metastases, usually associated with other metastases, achieved a wary poor surviival. Neither the paliativ irradiation of solitary metastases nor bifosfonats therapy improved the survival of lung cancer patients.

P2781

Pulmonary carcinoid tumor with multipl bone metastasis: A case report

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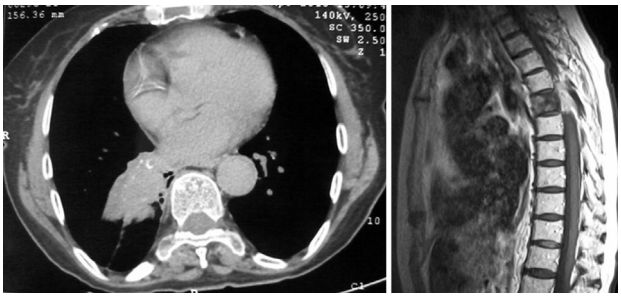
A seventy-seven years old female suffering from back pain has been hospitalized. A mass lesion with dimensions of 5.5x3.5x5 cm obliterating the intermediate bronchus with significant volume depletion in the lower lobe of right lung and metastatic lesions in thoracic 7th, 8th and 12th vertebrae was observed at computed chest tomography.



Endobronchial lesion obliterating the right intermediate bronchus was observed at fiberoptic bronchoscopy. Histopathologic examination of the mass was diagnosed as carcinoid tumor. Serum and urine 5-hydroxy indol acetic acid (5-HIAA) levels were within normal range. Thoracolomber spinal magnetic resonance imaging (MRI) revealed pressure upon the medulla spinalis and the patient underwent laminotomy and thoracic hemilamenectomy operation. The patient received chemoradiotherapy diagnosed as atypical carcinoid tumor infiltration with T6 vertebra excitional biopsy.

P2782

Complete regression of eyeball metastasis secondary to non-small-cell lung cancer with intravitreal cisplatin and vinorelbin therapy

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Purpose: To report a case of a complete regression of intraocular metastasis secondary to non-small-cell lung cancer (NSCLC).
Methods: Retrospective case review of a 61-year-old female patient treated with intravitreal cisplatin and vinorelbin therapy for posterior segment of eyeballs metastases secondary to NSCLS. Best corrected visual acuity, fluorescein angiography and computed tomography with contrast intensification were compared during the 3-month treatment period.
Results: After the 4-rd cycle of chemiotherapy (intravitreal cisplatin and vinorelbin) the best corrected visual acuity had improved to 20/40 from 20/100 and 2 elevated choroidal masses in the superotemporal and inferotemporal quadrants of the right eyeball and 1 mass in the lower-inside quadrant of the left eyeball had completely disappeared.The retina and a retinal pigment epithelial layer were flattened.
Conclusion: Combining intravitreal cisplatin and vinorelbin could be the optimal treatment form for patients with intraocular metastasis of NSCLC.