Abstract P13 Figure 1  Survival analysis according to LENT score (1a) and clinical PROMISE (1b) categories

Discussion The LENT and clinical PROMISE score predicted a mortality trend in our MPE cohort however, patient survival was better than predicted. This may be due to better diagnostic pathways, improvement in cancer services over time, availability of newer treatment options or other factors. Our findings are limited by a small study population therefore a larger study can explore how primary malignancy and treatment options impact survival.

REFERENCES

P14 PATIENTS WITH MESOTHELIOMA AND THEIR CARERS EXPERIENCE OF DIET AND APPETITE: A QUALITATIVE PRELIMINARY INSIGHT FROM THE HELP MESO STUDY

Background Evidence around diet and appetite for patients with mesothelioma is lacking, despite known links between malnutrition and adverse health outcomes in cancer patients. In patients with mesothelioma the lived experience of diet and appetite are not researched, and a better understanding could inform the design of treatment strategies. The aim of the Help-Meso study is to develop an understanding of experiences of diet and appetite in patients with mesothelioma and their informal carers and to consider the opportunities for dietary interventions to prevent and treat poor appetite or malnutrition.

Method Nine patients and nine informal carers have been interviewed to date and interviews are ongoing. Open ended questions focussed on experiences of diet and appetite. The Help Meso study was granted ethical approval from Wales Health Service Research and Development approvals. The study was funded by Mesothelioma UK.

Findings Patients with mesothelioma experience weight loss and appetite problems during the diagnostic pathway, whilst undergoing medical intervention and because of mesothelioma related symptoms (breathlessness, fatigue, pain and feeling bloated). Strategies to managing diet and appetite included taking a daily approach, with individuals eating in accordance with taste preferences and because of physical symptoms. Family played a key role in managing their relative’s diet through various ways of coping, this included implementing their own nutritional interventions (use of high calorie food intake and using supplements).

Conclusion Preliminary findings suggest that there are significant appetite symptoms that are often overlooked and that the caregiver take on responsibility of managing dietary behaviour. Completion of the study will give further insight to plan further interventional work.

Introduction Treatment of patients with non-small cell lung cancer (NSCLC) in UICC stage III requires a combined multimodal approach including surgical resection, chemo- radiotherapy and immunotherapy. Yet the role of surgical resection is discussed controversially. Therefore, we sought to study the effect of surgical resection being part of the treatment concept on survival in those patients.

Methods Retrospective investigation of reported data of the regional cancer registry (Baden-Wuerttemberg, Germany) including all patients with NSCLC staged UICC III between 2015 and 2021 and at least 12 months follow up. Analysis of demographic data, treatment regimen and overall survival was performed. In addition to descriptive statistics, Kaplan-Meier curves were calculated to compare overall survival of patients with surgical resection being part of the therapy vs. those without surgical resection.

Results A total of 6784 patients staged UICC III were included, 66.4% female, 33.6% male with a median age of 67 and 69 years. Adenocarcinomas counted for 45%, squamous cell carcinomas for 46%. As for UICC stages percentages for IIIA, IIIB and IIIC were 47.7%, 37.3% and 15% respectively. Median overall survival according for stages IIIA, IIIB and IIIC was 26.2, 17.5. and 10.5. months correspondingly.