

Norsk Lungekreftgruppe

”Norwegian Lung Cancer Study Group”
(NLCCG)
- organisering, drift og
aktiviteter

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NLCG

- Grunnlagt 1988
 - Primært organisert og driftet av onkologer, senere lungeleger tilsluttet
 - 1995 – Onkologisk Forum, egen sesjon for NLCG
 - 2000 – eget ”nyhetsbrev” (3-4 x pr år), (siste august 2008)
 - 2005 egen web.side



NLCG

- Ledere

- 1987-1989 Erik Thorud (onkolog DNR)
- 1989-1993 Steinar Aamdal (onkolog DNR)
- 1993-1995 Johan Tausjø (onkolog DNR)
- 1995-1999 Ulf Aasebø (lungemed UNN)
- 1999-2012 Stein Sundstrøm (onkolog St Olav)
- 2012- Odd T Brustugun (onkolog OUS-DNR)



NLCG organisasjon

- Arbeidsutvalg (AU) (>10 stk)
- Styringsgruppe (SG) (> 40 stk)
 - Geografisk balansert
 - Ulike spesialiteter (onkolog, lungelege, thoraxkirurg, epidemiologi/Kreftregisteret, profylakse, patologi, genetikk, radiologi)
 - Fra 2007 ”Translasjonsgruppe” opprettet

NLCG organisasjon, fra 2012

- Styre (14 stk)
 - Fag
 - Geografi
 - Norsk Thoraxkir Forening, Norsk Patolog Forening, Norsk Thorax-radiologi Forening
- Interessegruppe
 - For hvem, som helst

NLCG målsetning

- Nasjonale retningslinjer ”Handlingsprogrammer”
 - Overordnet målsetning at det er likebehandling i Norge, uavhengig av bosted/geografi (NOU Kreftplan 2006-2009)
- Studier i de fleste situasjoner
 - Mindre fase II
 - Store fase III
 - Implementere ny kunnskap (fase IV)
- Referansegruppe/høringsinstans nasjonalt



Hvordan har NLCG lyktes?

- Gjennomført flere store fase III studier på imponerende kort tid
 - VING, PEG, n= 444 på 15 mnd
 - > 50% av aktuelle pasienter inkluderes i studier
- Flere studier er blitt internasjonale referanse studier i kliniske guidelines
- ASCO
 - 2007 2 stk oral presentation
 - 2008 1 stk oral presentation



Fase III studier i regi av NLCG

1. Cisplatin and Etoposide Regimen Is Superior to Cyclophosphamide, Epirubicin, and Vincristin Regimen in Small-Cell Lung Cancer: Results From a Randomized Phase III Trial With 5 Years Follow-Up. **J Clin Oncol** 20: 4665-4672, 2002. ***
2. The effect of hypofractionated palliative radiotherapy (17 Gy per two fractions) in advanced non-small-cell lung carcinoma is comparable to standard fractionation for symptom control and survival: Results from a national phase III trial. **J Clin Oncol** 22; 801-810, 2004. ***
3. Palliative chemotherapy beyond three courses conveys no survival or consistent quality-of-life benefits in advanced non-small-cell lung cancer (BLANK). **Br J Cancer** 95;966-73, 2006. ***
4. Vinorelbine/carboplatin versus gemcitabine/carboplatin in advanced non-small cell lung cancer (NSCLC) shows similar efficacy, but different impact of toxicity. **Br J Cancer** 97;283-89, 2007.
5. Irinotecan plus Carboplatin compared with oral Etoposide plus Carboplatin in Extensive Small Cell Lung Cancer – a randomized phase III trial. **J Clin Oncol**, 26; 4261-67, 2008. **
6. The PEG study. A randomized phase III study comparing pemetrexed and carboplatin versus gemcitabine and carboplatin in advanced non-small cell lung cancer. **J Clin Oncol** 27:3217-24, 2009. ***
7. A phase III study of radiation therapy with concurrent docetaxel versus radiation therapy alone in patients with non-small cell lung cancer stage IIIA/B with 5 years follow up. In prep
8. Non-platinum chemotherapy with vinorelbine/gemcitabine as first-line treatment of advanced NSCLC. A phase III study from the Norwegian Lung Cancer Study Group. In prep

Spin off, fase II studier NLCG, populasjonsbaserte studier

1. Phase II Trial of Paclitaxel, Cisplatin, and Etoposide With Concurrent Radiation for Limited-Stage Small-Cell Lung Cancer. **J Clin Oncol** 19: 3532-3538, 2001.
2. The value of prognostic factors in small cell lung cancer: results from a randomised multicenter study with minimum 5 year follow-up. **Lung Cancer**, 39: 303-313, 2003
3. Second-line chemotherapy in recurrent small cell lung cancer. Result from a crossover schedule after primary treatment with cisplatin and etoposide (EP-regimen) or cyclophosphamide, epirubicin, and vincristin (CEV-regimen). **Lung Cancer**, 48: 251-261, 2005.
4. Immediate or delayed radiotherapy in advanced non-small cell lung cancer (NSCLC)? Data from a prospective randomised study. **Radiotherapy and Oncology**, 75: 141-148, 2005.
5. Palliative Thoracic Radiotherapy in Locally Advanced Non-small Cell Lung Cancer: Can Quality-Of-Life Assessments Help in Selection of Patients for Short- or Long-Course Radiotherapy? **J Thorac Oncol**; 8:816-24, 2006.
6. Effectiveness of third-generation chemotherapy on the survival of patients with advanced non-small cell lung cancer in Norway – a national study. **Thorax** 63: 866-71, 2008
7. Chemotherapy and quality of life in NSCLC PS 2. **Acta Oncol**; 48: 1019-25, 2009
8. A prospective phase II study: High-dose pemetrexed as second-line chemotherapy in small-cell lung cancer. **Lung Cancer** 63:88-93, 2009
9. Influence of comorbidity on survival, toxicity and health-related quality of life in patients with advanced non-small cell lung cancer receiving platinum- based chemotherapy. **Eur Journ Cancer**, 46:2225-34, 2010
10. Potentially curative radiotherapy for non-small cell lung cancer in Norway – a population-based study of survival. **Int Journ Biol Phys**, 80: 133-41, 2011

NLCG

- Avsluttet studier
 - HAST, LD-SCLC, rand fase II, N=168
 - CONRAD st IIIA/B negative prognostiske faktorer (fase III), N=191

NLCG økonomi

- Tilskudd fra SHDir, NOK ca 50 000,-/år
- Ingen andre tilskudd
 - drift hjemmeside, ingen midler
 - ”gaver”, ingen midler

NLCG, studier videre??

- MAIA/IDA???
- Andre??
- Er muligheten for nasjonale fase III studier i regi av NLCG forbi?