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## G-RM-10

### Mediastinal Lymph Nodes in Silicosis: Calcification Pattern on Computed Tomography

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Eggshell calcification of mediastinal lymph nodes is regarded as pathognomonic of silicosis. This study evaluates the pattern of mediastinal lymph node calcification on computed tomography (CT) in 29 men [64.9 ± 9.04 years (mean age ± SD)] with established silicosis. Type of nodal calcification (central, eccentric, uniform, eggshell/peripheral, speckled) and nodal density (normo- or hyperdense to aorta) in six lymph node stations (paratracheal, tracheobronchial, aortopulmonary, subcarinal, hilar, esophageal) were evaluated. All patients had enlarged nodes, the commonest sites were paratracheal (97%), tracheobronchial (97%), subcarinal (93%) and aorto-pulmonary (86%). Four patients had no nodal calcification, their duration of silica exposure was shorter compared with those with calcification (23.8 and 29.0 years). At each nodal station, only 21%-52% of nodes was calcified, with an almost equal proportion of hyperdense nodes. Mean number of calcified lymph node stations (2.5) in the group with progressive massive fibrosis (PMF; n=23) was greater than those without PMF (1.2). Uniform calcification was the most common pattern (77.7%), followed by speckled pattern (52%). Eggshell calcification was a rare finding (6.9%). Mediastinal nodes in silicosis are therefore invariably either hyperdense or calcified, with uniform calcification being the most frequent pattern seen on CT. There also appears to be an association between calcification and duration of silica exposure, and between PMF and number of calcified nodal stations.

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## G-RM-11

### A Multi-Centered Asian Trial of Docetaxel (Taxotere) and Cisplatin in Advanced Non-Small Cell Lung Cancer

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Non-small cell lung cancer (NSCLC) is the commonest cause of cancer death in Hong Kong and invariably presents at advanced stages. Combination chemotherapy has been used in advanced stages with unsatisfactory response. There has been inadequate data on the efficacy of combining docetaxel (Taxotere) and cisplatin in the treatment of advanced NSCLC, particularly for non-Caucasians. We have performed a phase II multi-centered study on the efficacy and safety docetaxel and cisplatin in patients with stage III or IV NSCLC. Chemotherapy naïve patients with histologically or cytologically proven stage NSCLC and good performance status were recruited consecutively. Exclusion criteria included brain or leptomeningeal involvement, major organ failure, previous malignancies, active uncontrolled infection, or definite contraindications for the use of corticosteroids. Docetaxel (75mg/m$^2$ as 1h IVI) and cisplatin (75mg/m$^2$ as 30min IVI) were given in 3-weekly intervals for a maximum of 8 cycles. Altogether 146 recruited patients (103 M; median age 58 years; median ECOG performance status 1) were evaluated. There were 94 adenocarcinomas, 38 squamous cell carcinomas, and 14 undifferentiated NSCLC with 38 locally advanced and 108 metastatic diseases. The median number of chemotherapy cycles administered was 6. In an intent-to-treat analysis, the best overall response rates were 43% (2% in complete remission), 36% had stable disease, and 15% progressive disease. The median time to progression was 6.93 (95%CI 5.70-7.57) months and median survival 14 (95%CI 12.30-15.83) months. Grade 3 or 4 neutropenia occurred in 84 patients (57.5%) with febrile neutropenia in 9 patients. There was one treatment-related death due to sepsis. Other grade 3 or 4 toxicities included allergy (2%), asthenia (2.7%), diarrhoea (2%), infection (2.7%), nausea (2.7%) and vomiting (6.2%). Our results show high efficacy of combination of docetaxel and cisplatin as first line treatment of advanced NSCLC among Asian patients, future phase III study is warranted for comparison with first line chemotherapeutic combinations.

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