available at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejconline.com

Abstracts

Thoracic oncology

ROLE OF POSITRON EMISSION TOMOGRAPHY (PET) IN ADVANCED STAGE NON-SMALL CELL LUNG CANCER PATIENTS TREATED WITH CISPLATIN-BASED DOUBLETS

V. Gebbia, U. Ficola, G. Mancuso, Arcara C. La Maddalena. *Clinic Department of Experimental Oncology and Clinical Applications, University of Palermo, Italy*

PET is an important cancer imaging tool, both for diagnosis and staging, as well as offering prognostic information based on response. PET scan with the glucose analogue FDG is based on the enhanced glucose metabolism of lung cancer cells. FDG undergoes the same uptake as glucose but is metabolically trapped and accumulated in the cancer cell after phosphorylation by hexokinase. In our unit PET scan is used to rule out distant disease in staging patients before starting loco-regional treatments or CT. Patients classified as stage IV were treated with 3 cycles of cisplatin-based regimen (80 mg/m^2 q21d) in combination with gemcitabine (1000 mg/m^2 d1 + 8) or vinorelbine (25 mg/m^2 d1 + 8) every 3 weeks. Patients were restaged with CT scan according to the Recist criteria and with PET. To date 61 patients with stage IV NSCLC have been included in this analysis with a median age of 64 years and a median ECOG PS of 1 (r.0–1), without uncontrolled diabetes. All patients had measurable disease and fulfilled all the criteria necessary to receive cisplatinum-based CT. Up to date objective response rate according to CT-guided dimensional criteria has been 36% with no CR, while SD was recorded in 34% of cases and PD in 30%. PET after 3 cycles has shown good correlation with objective response ($p = 0.046$), but PET scan also showed metabolic response in patients with CT-documented SD in 6 cases. The correlation of metabolic response to survival parameters, i.e. TTP and overall survival, is still ongoing. This preliminary data are in accord to data reported by other authors on the efficacy of PET scan in evaluating the clinical efficacy of any CT regimen even if at present it should not substitute classical imaging in restaging advance NSCLC. Further studies are needed to clarify the role of PET scan in early prediction of clinical efficacy of CT.

doi:10.1016/j.ejcsup.2008.06.093

MALIGNANT PLEURAL MESOTHELIOMA: SCHEME THERAPEUTIC AFTER STANDARD TREATMENT (STUDY OF PHASE II)

S. Vitello[a], G. Giarratano[a], ssa Oriana Maiorana[a], Di Cristina[b]. [a] *U.O.Oncologia Medica Osp.S.Elia,Caltanissetta, Italy.* [b] *U.O. Oncologia Castelvetrano (TP), Italy*

On the basis of improvement survival in a randomised trial, the combination of pemetrexed and cisplatin has received indication for the treatment of unresectable mesothelioma.

In patients on progression after the standard chemotherapeutic there is not advised systemic treatment therapeutic. Nevertheless there are some patients that can be continue therapy again.

For these patients in our structure we have adopted an regimen of phase II that includes:

Bleomicin	15 mg/m^2	e.v.	days 1,2
Oxaliplatin	85 mg/m^2	e.v.	day 1
Gemcitabine	1000 mg/m^2	e.v.	days 2,9
	Repeated every 21–28 d.		

In our structure we treated from April 2006 to December 2007 9 patients: 7 men/2 women, median 64 years, range 44-68; of the patients 4 with stage II Butchart, 2 with stage III ,2 with stage IV.

After 4 cycles the results are: 2 R.O.,2 S.D. After 8 cycles the results were:

1 R.O. 3 SD.

The results and the moderate toxicity found (fever,malaise,neurotoxicity and neutropenia grades I and II WHO) were very encouraging.

doi:10.1016/j.ejcsup.2008.06.094

doi:10.1016/S1359-6349(08)00158-4