were 198 thoracoscopic talc pleurodesis, 39 pleuroperitoneal shunts, 37 pleurodesis via an intercostal drain, 28 pleural biopsies alone and 9 long term drains. Referring physicians provided survival data. Factors significance were examined with the log rank test (Kaplan-Meier), those significant entered a Cox logistic multivariate regression analysis. 

**Results:** Median follow up 1288 days (range 173-2329) 100% complete. Median post-operative survival was 211 days (95%CI 169-253). Survival was not significantly different by procedure performed or tumour type. MPM had a median survival of 297 days (95%CI 236-358). Univarate analysis: Pre-operative leucocytosis, hypoalbuminaemia, raised alanine transaminase, hypoalbuminaemia were associated with reduced post-operative survival. Multivarate analysis: leucocytosis (p<0.0001), hypoalbuminaemia (p=0.014 hypoalbuminaemia (p<0.0001) maintained significance.

**Conclusions:** Surgical palliation can be individualised depending upon prognosis. Survival following palliation of MPM is the benchmark for the results of radical surgery.

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**Primary tracheal tumours**

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**Background:** Primitive tracheal tumors are extremely infrequent lesions which correspond to 2% of all upper airway neoplastic pathologies and to 0.01% of all malignant lung diseases. The objective is to evaluate the survival of these patients according to their histological type, length of resection and characteristics of the tracheal margins.

**Materials and Methods:** retrospective study of a descriptive type analyzed over ten year-periods. An examination was conducted of all patients diagnosed and treated for a primitive tracheal tumor at "Maria Ferrer" Respiratory Rehabilitation Hospital from January 1971 to May 2006. Out of 48 patients, ranging from 9 to 79 years of age, 29 were female and 19 were male.

**Results:** The most frequent tumor was adenocystic carcinoma, followed in frequency by epidermoid carcinoma. The duration of symptoms until diagnosis was 10 months and 33% of these patients were wrongly treated for asthma. Deobstruction, through rigid bronchoscopy, was successful as a bridge towards surgery, and it was reserved for use as an exclusive treatment for benign tumors or with a palliative criterion in non-resectable tumors. The lowest one-third was the most affected tracheal segment.

**Conclusions:** The best results in this group of patients are related to resections which were less than 6 cm long and had negative margins.

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**Evaluation of tymic tumors treated with postoperative radiotherapy**

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**Background:** To retrospectively evaluate the role of postoperative radiotherapy (RT) in the management of thymic tumors (TT).

**Methods:** From 1995 to 2004, 10 pts (4 females, 6 males) with histologically proven TT (4 tymoma, 6 tymic carcinoma) were treated at our department. The median age of the pts was 42 years (19-73 yrs). According to Masoaka staging system, there was 1 stage 1, 3 stage 2, 4 stage 3, 1 stage 4-A, 1 stage 4-B pts. Eight pts were treated with total resection and postoperative RT with the median dose of 5940 cGy (5040-6000 cGy) in 28-30 fractions. One case who was treated with curative RT, only received 1620 cGy and 1 cycles of chemotherapy (CT) and died in three months. One case who had stage 4-B tymic carcinoma was treated with total excision and metastasectomy and chemotherapy. One case who has stage 1 tymoma was treated with RT due to high mitoses (6/10) and high proliferative index (Ki-67: 104/1000). The histological subtype was in most of cases squamous cell carcinoma.

**Results:** All cases were evaluated at January 2007. The median follow-up time was 48 months (3-84 months). Five pts were living at the evaluating time. There were 6 complete surgical resections with postoperative RT (2 of these also were received CT-median 6 cycles), 2 incomplete resections followed by chemoradiotherapy (paclitaxel 60-70 mg/m2/weekly), 1 complete resection and metastasectomy with CT (This pt were administered second-line CT and RT), 1 with curative RT and CT as the initial treatment. Prior to surgery 1 pt had Myastenia Gravis. The median and 2-4 year overall survival rates were 48 months (3-84 months), %74, %47, respectively. The median overall survival was 34 months (28-49 months) and 48 months (3-84 months) for pts with tymoma and tymic carcinoma, respectively. Recurrences were seen at mediastinum, and pericardium at the median 47 months (12-54 months) for 4 pts (4/8, 50%) (2 complete, and 2 incomplete resection, and 2 tymic carcinoma and 2 tymoma). Local control rate was 50% in the median follow-up time. After the recurrences, pts were treated with chemotherapy, surgery and reirradiation with 3960 cGy. The mean and 2-4 year disease-free survival rates were 47 months (12-62 months), 75%, 62.5% respectively excluding the pts who have metastatic or died at treatment.

**Conclusion:** The use of surgery and postoperative RT lead to good control of residual disease and high overall survival rates.