common. At the time of diagnosis, intrapulmonary metastases were found at seven cases (16%)

**Conclusion:** Predominant radiologic finding of PA pattern adenocarcinoma is solitary nodule or mass with lobulation and fine speculation. Secondary dominant CT feature is central mass or infiltration which are uncommon in adenocarcinoma. Further investigation is necessary to correlate pathologic findings of these two subtypes. GGO, air-bronchogram and consolidation is less common CT findings. Although it is not specific, there are several characteristic CT features to suggest subtype of adenocarcinoma with micropapillary pattern.

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Comparison of WHO and RECIST criteria for assessment of response in patients with lung cancer- A pilot study

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Objective tumor response is a common endpoint in daily practice as well as in clinical trials to evaluate the efficacy of anti-cancer agents. To maintain uniformity we are following the consensus statements for long times. The general sense suggests that any tumor response is always three dimensional. However by the application of the mathematical models we gradually reduced it to two dimensions (WHO). However progress in imaging technology mandated new methodology to evaluate response to treatment. One among such is the Response Evaluation Criteria in Solid Tumors Group (RECIST) guidelines using unidimensional measurement. Theoretically, the simple sum of the maximum diameters of individual tumors is not accepted by many oncologists as a representative of cell kill than is the sum of the bidimensional products and they prefer 3D. many previous trails have resolved this issue and presently the RECIST is considered as gold standard. However the practice of radiologists is not uniform and therefore we thought of comparing WHO and RECIST criteria.

**Methods:** A total of 48 previously untreated patients with locally advanced or metastatic NSCLC during 2004 to 2006 with an ECOG performance status (PS) scale of ≤ 2 were included. Patients received either a combination of Gemcitabine and Cisplatin; Gemcitabine and Carboplatin or cisplatin with etoposide. Gemcitabine was given at a dosage of 1250mg/m\(^2\) on days 1and 8 of a 3 weekly cycle, while Cisplatin was given at 75-100mg/m\(^2\) and Carboplatin at an AUC of 6 once every three weeks. Etoposide was given as 100mg/m\(^2\) infusion per day over 3 days.

The treatment arms were based on the socioeconomic status of the patient. The responses were assessed with either a chest X ray or a CT scan again based on the economic status and the method was maintained constant all through the study. Response was assessed as per the RECIST criteria as well as WHO criteria. Assessment was done at end of every 2nd cycle and confirmed after 4 weeks of initial response. The tests repeated if clinically indicated. Our study shows the wide discrepancy between the WHO and the RECIST assessment systems and thus the need to evaluate on similar scales.

The ideal system seems to be the one that would simply look at the volume in a 3 dimensional way.

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Is natural history of non-small cell lung cancer in accordance to TNM staging system?

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The International Staging System, is currently based on prognostic data, mainly issued from surgical series. It is generally considered that locally advanced non-small cell lung cancers have to be treated by multimodal approaches, at least including induction or adjuvant chemotherapy, because their propensity to distant metastatic spreading. Presumably those patients without N2 or N3 lymph node involvement will be referred to surgery, because disease progression is more expected at the locoregional level. Authors retrospectively reviewed 392 patients.