or chronic bronchitis. The surgery is the primary treatment method with reported 5 year survivals of 20-40% for SCC and 60-100% for ACC. The role of radiotherapy (RT) has generally been limited to the postoperative setting or as the primary modality in unresectable disease. We presented 2 patients with ACC treated with curative and postoperative chemoradiotherapy.

Case 1: In February 1998, a 46 years-old female patient applied to thoracic surgery in our hospital with 2 months history of dispnea, and strong inspiratuary stridor. Ten months before the onset of dyspnea, the patient treated as a chronic bronchitis. Roentgenograms and bronchoscopy showed an tumor filling more than 80% of the upper level of tracheal lumen extending of 4.5 cm. Histopathological examination with biopsy revealed an ACC of trachea. Tumour is adjacent to critically organs and too large to permit surgery.

We treated this patient with a total of 6660 cGy RT and concomitantly 6 cycles of 30 mg/m^2 cisplatin weekly as a lung cancer. At the second week, signs and symptoms lost. After four months completion of treatment, complete response was shown radiologically and bronchoscopically. The patient is living with 106 months.

Case 2: In May 2003, a 26 years-old male patient was applied to our department after the tumor resection and reverse patch tracheoplasty diagnosed with ACC of trachea. He had 2 months history of dyspnea and hoarseness. MRI showed a large tumor at the level of tyroid cartilage and the lenght of the tumor was 3.5 cm. The surgical margin was positive and there was perineural and lenfatic invasion. He was irradiated with a total of 5940 cGy concomitantly 5 cycles of 30 mg/m^2 cisplatin weekly. The case is living with 43 months.

Conclusion: Malign tracheal tumors are extremely rare. We report 2 cases with tracheal tumors of whom presented with a 2 months history of dyspnea, stridor and failure to thrive. Radiation therapy has a role in the treatment of tracheal malignancy, either as postoperative or as primary therapy for medically inoperable disease. Alternative methods such as concomitant radiosensitizer for increasing local administration of RT, should be investigated for improvement in local control.

P1-149 **Mesothelioma and Other Thoracic Malignancy Posters, Mon, Sept 3**

Cisplatin and i.v. Vinorelbine first line chemotherapy in non-resectable Malignant Pleural Mesothelioma (MPM)

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Background: The most active regimens in MPM include cisplatin and also vinorelbine is among the most active agents, though not extensively evaluated in this disease. Hence, the aim was to evaluate a combination of these two agents as first line treatment in non-resectable MPM.

Methods: Previously untreated pts with histologically verified MPM, normal renal-, hepatic-, and bone marrow function and performance status 0-2 were included. There was no upper age limit. Patients received vinorelbine 25 mg/m^2 i.v. weekly and cisplatin 100 mg/m^2 i.v. every four weeks for a maximum of six cycles. Hydration and standard prophylactic antiemetic treatment was given. Pts gave written informed consent.

Results: A total of 57 consecutive patients were entered from 02/2003 to 01/2006. Characteristics were: Males 83%, epithelial subtype 76%, IMIG stages I, II, III, and IV 4%, 14%, 35%, and 47%, performance status 0 1, and 2 25%, 70%, and 5%, and median age 63 yrs (31-78 yrs). CTC grade 3 or 4 toxicity occurred with respect to leucocytopenia (47% of pts, grade 4 in 12%), nausea (14%), neurotoxicity (5%), nephrotoxicity (4%), and other toxici**ties (9%). There were no toxic** deaths. Median no. of cycles was 4. The fraction of patients alive at 1-, 2-, and 3-yrs were 49%, 23%, and 4%, respectively, and median survival was 11.6 mths (0.5-41.7+mths). There were one CR and 15 PRs, response rate 28% (95% confidence limits 17%-42%), with median response duration of 3.8 mths (1.6-36.2 mths). Second-line chemotherapy was given to 39% of patients.

Conclusions: Cisplatin and intraveneous vinorelbine is a highly active regimen in MPM with a response rate and survival comparable to the most active regimens so far reported, quality of life for the regimens should however be compared. Hematologic toxicity was moderate and the regimen is feasible without any toxic death. The regimen may be simplified by use of oral vinorelbine.

P1-150 **Mesothelioma and Other Thoracic Malignancy Posters, Mon, Sept 3**

Phase II study of Carboplatin and Vinorelbine (i.v. and orally) first line chemotherapy in non-resectable Malignant Pleural Mesothelioma (MPM)

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Background: The most active regimens in MPM include cisplatin together with another active agent such as pemetrexed, raltitrexed, or gemcitabine. Cisplatin has in many trials been substituted by carboplatin for more easy administration and milder toxicity. Also vinorelbine is among the most active agents, though not extensively evaluated in this disease. A combination of cisplatin and i.v. vinorelbine has previously shown response rate of 28% and median survival of 11.6 months which is comparable to the most active regimens in MPM. The purpose of this trial was to evaluate the activity of a more feasible regimen of carboplatin together with vinorelbine administered i.v. and orally.

Methods: Previously untreated pts with non-resectable histologically verified MPM, normal renal-, hepatic-, and bone marrow function and performance status 0-2 were included. There was no upper age limit. Patients received carboplatin AUC 5 (Calvert formula) i.v. every three weeks together with vinorelbine 25 mg/m^2 i.v. day one and 60-80 mg/m^2 orally day 8 in each cycle (60 mg/m^2 in first cycle, then 80 mg/m^2 in subsequent cycles pending it was well-tolerated) for a maximum of six cycles. Standard prophylactic antiemetic treatment was given. Patients gave written informed consent.

Results: A total of 27 consecutive patients were entered from 08/2005 to 03/2007. Characteristics were: Males 89%, epithelial subtype 67%, asbestos exposure 81%, IMIG stages II, III, and IV 11%, 48%, and 41%, performance status 0, 1, and 2 19%, 59%, and 22%, respectively, and median age 69 yrs (56-79 yrs). CTC grade 3 or 4 toxicity occurred only with respect to leucocytopenia (63% of pts, grade 4 in 15%). There were 7 cases of febrile leucocytopenia but no toxic deaths. Median no. of cycles was 5 (range 1-6). Eleven patients have expired while 16 are alive; the median survival is not yet reached, being in excess of 9 months. Five PRs have been recorded, response rate 19% (95% confidence limits 6%-38%). Second-line chemotherapy was given to 22% of patients.