Objective: To evaluate the effects of postoperative anticancer chemotherapy for small cell lung cancer on LCNEC.

Methods: Twenty-four patients who had undergone resection of LCNEC in our hospital between 1986 and 2004 were classified, according to the presence or absence of postoperative adjuvant chemotherapy and to its regimen, into group A which received two or more courses of a platinum-based regimen with VP-16 or CPT-11 for small cell lung cancer, group B which received other regimens, and group C which received no postoperative adjuvant chemotherapy, and evaluated in terms of 5-year recurrence-free survival and 5-year survival rates.

Results: The subjects consisted of 24 men and 2 women, with a mean age of 68 years, and all were smokers. Six patients had stage I cancer, 4 stage II cancer, 13 stage III cancer, and 1 stage IV cancer. Six patients (25%) belonged to group A, 4 (1 received MVP 2 courses, 1 CAV 1 courses, and 2 UFT courses) to group B, and 14 to group C. The 5-year recurrence-free survival and 5-year survival rates in group A were 50% each, whereas all patients in group B died within 2 years, and the 5-year recurrence-free survival and 5-year survival rates in group C were 25% and 34%, respectively.

Discussion: No significant intergroup differences were observed, because of the small number of patients studied. However, the prognosis in group A was slightly better than that in groups B and C. Since the present study evaluated a small number of patients in all stages of cancer, the current issue remained unresolved. Therefore, further studies are needed in more patients.

P2-199 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Phase II study of cisplatin and weekly docetaxel combined with concurrent radiotherapy in patients with advanced non-small cell lung cancer

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Background: We have reported an efficacy of the combination of cisplatin on day 1 and docetaxel on days 1, 8 and 15 every 4 weeks for the treatment of previously untreated patients with non-small cell lung cancer (NSCLC). Concurrent radiation applied to cisplatin-based chemotherapy with new anticancer agents is expected for locally advanced NSCLC. We evaluated the efficacy and safety of cisplatin and weekly docetaxel combined with thoracic radiotherapy for patients with Stage III advanced NSCLC.

Methods: We identified 34 eligible patients with locally advanced NSCLC and good performance status (PS) (ECOG; 0 or 1) who had not received prior treatment and who were under 75 years old. Their median age was 63 years (range, 45-74 years), 32 patients were male (94.1%), two (5.9%) were female, 30 (88.2%) had PS 0, 4 (11.8%) had PS 1, 3 had Stage IIIA (8.9%), and 31 had Stage IIIB (91.1%). Tumor histology included adenocarcinoma (55.9 %) and epidermoid (41.2 %). The patients received intravenous infusions of docetaxel (20 mg/m^2, days 1, 8, 15) and cisplatin (80mg/m^2, day 1) with standard thoracic concurrent radiation (60Gy, 2Gy/day).

Result: Grade 3/4 neutropenia was recorded in four patients (12 %), but there were no episodes of neutropenic fever. Nonhematologic toxicities were also mild, consisting mainly in grade II anorexia. Esophagitis and pulmonary toxicities over Grade 3 were observed in 18 % and 12 %, respectively. One complete response and 19 partial responses were observed and the objective response rate was 59.6 %. The median survival time was 26.4 months, and the 1-year survival rate was 76.0 %.

Conclusion: Cisplatin with weekly administration of docetaxel combined with concurrent radiotherapy is a feasible and effective regimen against advanced NSCLC.

P2-200 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Concurrent biweekly gemcitabine plus cisplatin chemotherapy and radiotherapy

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Background: In locally advanced non-small cell lung cancer(NSCLC), concurrent chemoradiotherapy(CCRT) becomes the leading therapeutic modality. But there are still many controversies in the chemotherapeutic regimens and in the radiation methods.

Materials and Methods: 27 NSCLC patients of clinical stage IIIB, 2 patients with stage IIIA were enrolled since December 2002. The performance status of ECOG grade 0 or 1 was in 22 patients(75.9%) and the others were grade 2. Squamous cell cancer was the most common (62%), followed by adenocarcinoma (31%). Cisplatin(30mg/m^2) and gemcitabine(500mg/m^2) were administered every two weeks while 50.4 Gy(28 fractions) was irradiated on the tumor site. Booster irradiation of 18 Gy (10 fractions) was administered unless the disease progressed. Two or three cycles of consolidation chemotherapy were done with gemcitabine(1200mg/m^2 1st and 8thday) and cisplatin(60mg/m^2) every three weeks.

Results: During CCRT, severe esophagitis(>grade III) was serious complication(51.6%), followed by granulocytopenia(72.2%) and pneumonitis(20.7%). But they were mostly grade 2 and well managed by medical treatments and no patients withheld the treatment. After the consolidation chemotherapy, 3 patients(10.3%) had complete remission, 21 patients (72.4%) showed partial remission, and in 4 patients, the disease was stable, and in 1 patients it progressed.

Median survival time was 16 months(95% CI;2.4-39.2 months), The survival rates in one, two, and three years are 62.7%, 43.9%, 20%, respectively.

Conclusion: The response rate and survival time of biweekly gemcitabine plus cisplatin chemotherapy with concurrent radiotherapy was encouraging in patients with locally advanced NSCLC. However, treatment related toxicities were significant, thus further modification of therapy seems to be warranted.

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Correlation of gefitinib efficacy and detection of new EGFR mutation variants in pre-treated patients (pts) with advanced non-small cell lung cancer (NSCLC)

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