cancers showed no vessel invasion or positive cytology results. There was no correlation between tumor size, TDR, and subtype. No mortality or recurrence has occurred, but one patient developed postoperative pneumothorax.

**P3-277**

**Induction chemoradiotherapy for pancoast tumors with N2 disease**

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**Introduction:** Pancoast tumors are seen as a subgroup of lung cancer that behave differently from most other non-small cell lung cancers. These tumors tend to behave more aggressively locally and metastasize more rapidly. Therefore their treatment should also be more aggressive. Our center’s experience with Pancoast tumors will be discussed and compared with current literature to assess the effects of induction chemoradiotherapy on the outcome. Based on these results a proposal for treatment will be advocated.

**Methods:** We retrospectively analyzed the records of all patients with Pancoast tumors treated with a multimodality approach at our institution from July 2001 through January 2007 and compared them with recent literature.

**Results:** Twenty-six patients were in the study cohort. Because two patients failed to receive both chemotherapy and radiotherapy, we eventually included 24 patients (7 women, 17 men). The mean age was 60 years (range, 40-78 years).

There were 18 patients with T3 tumors. 7 patients were proven N2 positive after a positive PET scan and following mediastinoscopy. The chemotherapy regimens consisted of gemcitabine-carboplatin or etoposide-carboplatin. Chemotherapy was concurrently or sequentially given with external beam radiotherapy delivered in daily fractions for a total dose of 46 Gy in most patients. 7 patients with N2 disease underwent re-mediastinoscopy after completed induction therapy, with all proven negative N2 lymph nodes. Postoperative complications occurred in 8 patients (36%) without any postoperative mortality. Although in 8 patients (36%) there was still visible tumor in the pathologic specimen, we achieved complete resection in all patients but 1. There were no positive N2 nodes in the definitive pathologic specimen. In 2 patients with N2 positive nodes before induction therapy, there were postoperative positive N1 nodes in the specimen. Mean length of follow-up was 19 months (2-58). 6 patients died, 2 patients because of locoregional recurrence, 3 patients due to metastasis and 1 patient died of cardiac cause. 4/12 patients with a follow-up of more than two years died as a result of recurrent malignancy.

**Conclusions:** Preoperative Chemo-Radiotherapy results in a high percentage of radical resections. Postoperative complications are more frequent. The subgroup of patients with a >2 year follow up show high survival rates of 66% especially when compared to patients in literature that have been treated with surgery alone. The overall results are comparable to results reported in literature. Tumor positive mediastinal lymph nodes before treatment should not necessarily exclude patients from trirnodality treatment. The improved survival rates compared to surgery alone make this treatment the treatment of choice. Therefore we advocate that in this group of patients early multidisciplinary staging and organization of treatment is mandatory.

**P3-278**

**Effect of neoajuvant chemotherapy in surgery and around surgery of patients**

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**Background:** The aim of this study was to assess feasibility and efficacy of neoajuvant chemotherapy with NVB and carboplatin followed surgery for patients with stage III NSCLC.

**Methods:** We report 27 consecutive patients with all staged III NSCLC receiving neoajuvant therapy, mean age was 62.1 years. Cell type was squamous 17 cases, adenocarcinoma 7 cases, adenosquamous 3 cases. Operations included pneumonectomy(10), pneumonectomy plus carino-resection(1), bilobectomy(2), lobectomy(10), lobectomy plus lung artery plastics(1), exploration(3). Chemotherapy was NP or NC for 1-2 cycle before surgery. All patients were gived 4-6 cycles chemotherapy after operation.

**Results:** In this group, CR 1, PR 12, SD 13, PD 1. The rate of resection was 88.9%. 3 cases of exploration due to tumor invasive heart, cava venous. No surgical complication and mortality rate. Bleeding during operation was 150-4500ml.

**Conclusion:** Destination of neoajuvant chemotherapy is down-stage, improving complete resection rate, killing micro-tumor of body, avoiding relapse and distant metastasis, prolong survival and improving life quality of patients. Therefore, from our group and foreign papers, neoajuvant chemotherapy is safe, effective, not increasing surgical mortality and complication after operation.

**P3-279**

**Atrial resection in advanced lung cancer**

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**Purpose:** To assess the results of the surgical treatment of patients with non-small cell lung cancer (NSCLC) invading the pulmonary vessels or atrium.

**Methods:** From November 1986 to December 2006, 49 patients underwent fomibed pneumonectomy with partial resection of the left atrium for lung cancer, without (n=41) and with cardiopulmonary bypass and reconstruction bovine pericardium graft (n=8).

**Results:** Of the 49 patients (median age of 58.6 years, range 41 to 75 years), 47 were men (96%) and 2 were women. Pathologic analysis of the specimens identified 26 patients (53%) with N2 disease, 22 patients (45%) with N1 disease, and 1 patient with N0 disease. The T status was PT4 in 35 patients, PT3 in 14 patients. The myocard in border of resection was detected by microscopy. Histology was squamous cell carcinoma in 37 patients, adenocarcinoma in 4, large cell carcinoma in 2, mucopidermoid carcinoma in 1 and adenos cystic carcinoma in 1. 8 patients received a preoperative chemotherapy (n = 2) or radiotherapy (n = 6). 31 patients (63.2%) underwent right pneumonectomy. Only left atrium was resected in 34 patients, two organs in 10 patients, and three organs in 5 patient. The superior vena cava was resected in 2 patients, muscular coat of esophagus in 3, the adventitia of the aorta in 3, the trachea in 9, diaphragma in 1 and the pulmonary artery in 2. The operative mortality rate was 6.6% (n = 3). Non-fatal major complications occurred in 6 patients (12.2%). The survival rate, calculated with the Kaplan-Meier method, was estimated as 61% at 1 year, 36% at 3 years and 24% at 5 years (median 15 months), including the operative