Background: Second-line chemotherapy offers advanced non-small cell lung cancer (NSCLC) patients a small but significant survival improvement. Docetaxel is usually administered as a 3-week schedule. But it has a high toxicity burden. Therefore, weekly schedule has been explored in several trials. In this retrospective study, we compared the efficacy and safety of weekly schedule and 3-week schedule docetaxel monotherapy as a second-line setting.

Methods: Docetaxel was administered with 75 mg/m^2 on day 1 every 3 week or 37.5 mg/m^2 on day 1, 8 every 3 week until disease progression or severe toxicity developed.

Results: From October 2003 to March 2006, a total 38 patients received docetaxel monotherapy and 37 patients can be evaluated. A total 141 cycles were administered and evaluated. The median overall survival was 13.3 months (95% Confidence interval; 6.3 ~ 20.3) in the weekly schedule and 10.7 months (95% Confidence interval; 8.3 ~ 13.0) in the 3-week schedule (p=0.41). The median time to progression was 3.0 months (95% Confidence interval; 1.9 ~ 4.0) and 2.8 months (95% Confidence interval; 1.0 ~ 4.6), respectively (p=0.41). Response rate was 16.7% in weekly schedule and 21.1% in the 3-week schedule. Major hematologic toxicity was grade 3-4 neutropenia (3-week: 39.2%, weekly: 11.9%). Non-hematologic toxicities were similar between the two schedules. There were no treatment-related deaths.

Conclusions: Docetaxel weekly schedule is very well tolerable and comparable activity with 3-week schedule. Considering efficacy and tolerability, it can be alternative schedule of standard treatment as a second-line setting.

P2-271 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

Phase II trial of biweekly Gemcitabine and Paclitaxel as second-line chemotherapy for patients with non-small cell lung cancer previously treated with platinum-based chemotherapy

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Background: We have previously shown the optimal dose of biweekly Gemcitabine and Paclitaxel (GEM/PAC) for the treatment of refractory and/or resistant patients with non-small cell lung cancer (NSCLC). We conducted a phase II study of this combination chemotherapy to evaluate the efficacy and safety of biweekly GEM/PAC in patients with NSCLC as a second line chemotherapy after platinum-based chemotherapy.

Methods: Patients with measurable tumor who had received one previous chemotherapy or chemotherapy/radiation regimen were eligible. PAC (150mg/m^2) was administered first over one hour followed by GEM (1000mg/m^2) over 30minutes and repeated biweekly at least 4 cycles.

Results: Thirty-one patients were enrolled, median age of 64 yr (range 39 to 75). Nine were female and twenty-two were male. Stage 3b was eleven and Stage 4 was twenty. Thirteen patients had a performance status 0, sixteen were 1, and two were 2. Twenty-six patients (84%) were received with platinum compound plus Docetaxel regimen. Biweekly GEM/PAC was performed with the median cycles of 5.2 (1-20 cycles). Partial response observed in seven cases (23%), and stable disease was seen in eighteen (58%). Median survival time after GEM/PAC was seven months. Over grade 3 or 4 hematological toxicity (3%) and neurotoxicity (3%) were observed in one patient, respectively. One patient who received only one cycle of this chemotherapy developed pulmonary toxicities, resulted in fatal respiratory failure.

Conclusions: The biweekly GEM/PAC combination chemotherapy was active and well tolerated as a second-line therapy in patients with NSCLC. Paclitaxel might be a promising and alternative agent in patient with previously treated with Docetaxel as first line.

P2-272 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

Gemsitabine plus cisplatine therapy in local advanced NSCLC

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In our study, patients who were diagnosed as local advanced NSCLC and treated with gemsitabine plus cisplatine (GP) regimen, were evaluated retrospectively. 77 patients (72 male and 5 women) who were taken more then two cycles of GP chemotherapy and reevaluated after chemotherapy is admitted to the study. Patients median age was 65. Patiens were evaluated with their stages, responce to the chemotheray after 2 and 4 th cycle with WHO responce criteria, time to progression, toxicity profiles and EQRLC quality of life assesment of 24 patents. Median chemotherapy cycle is 3 and 5% complete responce, 39% partial responce, 30% stable disease, 26% progressive disease were restaged after 2 course of chemotherapy. Median survival is 12,5 mounth and time to progression is 5 mounth. Neutropenia and anemia are the most common hematological toxicities whilst emezis and allopesia are the most common nonhematological toxicities .

P2-273 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

Treatment of elderly 75 years) with lung cancer. A three-year material in clinical practice from Karolinska University Hospital - Sweden

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Introduction: Sixty percent of all neoplasms and two-thirds of all deaths due to cancer occur in persons older than 65 years. More than 50% of patients with lung cancer are older than 65 years and 30% older than 70 years. With more persons surviving to older age treatment of the elderly with lung cancer has become an important issue.

Material and Method: All patients 75 years or older with lung cancer seen at the Department of Respiratory Medicine and Allergy, Karolinska Hospital from 2003 to 2005 were retrospective reviewed. In all, 334 patients were analyzed.

Results: The mean age was 80.5 years, 94 (58.1%) were men. 94% of the males and 79% of the females were smokers or former smokers. 246 (73.6%) had PS 0-2. 9.2% had SCLC, 19.9% adenocarcinoma, and 6.7% squamous cell carcinoma. 23.9% had clinical lung cancer and the others broncheoalveolar cell carcinoma or low differentiated