P1-113 Mesothelioma and Other Thoracic Malignancy Posters, Mon, Sept 3

Malignant Pleural Mesothelioma (MPM): our experience with 91 patients

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Introduction: MPM is a rare neoplasia but with an increasing incidence. It is primarly associated with asbestos exposure and it is characterized by a poor prognosis both due to its aggressiveness and to the lack of effective effective treatments. Surgery plays a pivotal role in the treatment of the early stage disease; the role of chemotherapy (CT) and local radiation (RT) is controversial both in the adjuvant and advanced setting. Recent availability of more effective drugs has allowed a renewed interest in medical therapy of this disease.

Patients and methods: We analyzed 91 cases of MPM collected by the Department of Thoracic Surgery of Civic Hospital of Verona and by Medical Oncology of the Hospital of Verona and Rimini from 1983 to 2005.

We considered 3 groups of pts: pts with early MPM treated only with surgery (49 pts); pts treated with surgery plus adjuvant CT/RT(11 pts) and pts with advanced MPM treated only with CT(31 pts).

Results: The characteristics of pts were: median age 62 years; M/F 73/18; histology: 66 epithelial, 17 biphasic, 4 sarcomatous and 4 undifferentiated; 55 Stage I-II, 36 III-IV according to Brigham's stadiation.

60 pts with good PS (ECOG 0-1) underwent pleuropneumonectomy; 49 pts underwent only radical surgery, with macroscopic residual of disease in 4 pts; 9 pts had adjuvant CT-RT, 2 adjuvant RT and 31 palliative CT.

Operative mortality was 7.5 %; surgical accidents occurred in 39% of pts.

In adjuvant setting 3 pts were treated with CAP schedule (CTX 600 mg/m^2; ADM 50 mg/m^2; CDDP 70 mg/m^2) and 6 pts with CBDCA (AUC 6) and TXL (200 mg/m^2) followed by RT (50 Gy);

31 pts were treated with palliative CT. 26 patients underwent CT with CBDCA (AUC 5) or CDDP (80 mg/m^2) and Pemetrexed 500 mg/m^2; 5 patients underwent CT with CDDP (80 mg/m^2) and Gemcitabine (1000 mg/m^2).

OS at 1, 3 and 5 years for pts treated only with surgery was respectively 49%, 23 and 14%; OS at 1, 3 and 5 years for epithelial subtype was 61%, 30 and 18%; for biphasic and sarcomatous histotype it was 8% at 1 year, 0% at 3 years.

Median Survival for pts treated with adjuvant CT + RT was 22 months.

In the group of patients treated with CT for advanced disease we observed an overall response rate of 19% and an overall survival of 9.5 months.

Conclusions: In our experience surgery, preferably associated with multimodality adjuvant strategy including CT/RT, maintains a pivotal role in the treatment of early MPM; the association of CBDCA and TXL in adjuvant setting seems to be better tolerated than CAP despite the need of further studies including new CT regimens. Prognosis of pts with advanced MPM or relapsed after surgery remains very poor especially for non epithelioid histotypes. New chemotherapeutic regimens including pemetrexed are better tolerated and more effective than older ones also in the advanced disease.

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Primary endobronchial and pulmonary mucosa-associated lymphoid tissue (MALT) lymphoma; clinical manifestation and radiographic features

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Primary endobronchial and pulmonary malignant lymphoma constitute 0.4% of all lymphomas. MALT lymphoma is characterized by noninvasive lymphoplasmacytic infiltration where foci of follicle center cells invade the epithelial structures, forming the lymphoepithelial lesion. Immunohistological examination often shows that neoplastic cells have the characteristic B-cell lymphoma. We experienced 5 cases of MALT lymphoma. *Case 1*: A 62-year-old woman was admitted because of chest abnormal shadow. Chest X-ray revealed atelectasis in the right upper lobe. A bronchoscopy showed an elevated lesion at the orifice of right B3. Histological examination showed MALT lymphoma. *Case 2:* A 74-year-old woman was pointed extrinsic compression of the esophagus at upper gastrointestinal endoscope. A bronchoscopy revealed tracheal mass in the left of the trachea. *Case 3:* A 48-year-old woman had been suffering from shortness of breath, fever and general fatigue. She was diagnosed pulmonary MALT lymphoma five years ago. Chest radiography showed pneumothorax of the left lung. *Case 4* (Fig. left): A 88-year-old man was pointed out a mass shadow of the left lower lobe on chest CT for following thoracic aortic aneurysm. Bronchoscopy was performed and transbronchial tumor biopsy was diagnosed as pseudolymphoma at that time. Although tumor increased in size nine months later, re-biopsy was performed and diagnosed MALT lymphoma.*Case 5* (Fig. right): A 57-year-old woman was pointed out chest radiograph abnormality and chest computed tomography showed consolidation shadow at right middle lobe. We will show clinical manifestation and radiographic findings of our five cases and review of the literature.