Conclusions: Multimodal therapy in SCLC is feasible and requires further investigation. TEC produced a high response rate of 92.7%.

P1-210 **SCLC: Combined Modality Therapy Posters, Mon, Sept 3**

Prognostic analysis of Small Cell Lung Cancer (SCLC) treated with postoperative chemotherapy

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Background: Several pretreatment characteristics in patients with small-cell lung cancer (SCLC) have been associated with meaningful differences in survival. In patients with limited-stage disease,good PS, female gender, age younger than 70 years, normal LDH,and stage I disease are associated with a more favorable prognosis.In patients with extensive-stage disease, normal LDH and a single metastatic site are favorable prognostic factors. Recently our study revealed that LD stage SCLC treated with multidisciplinary therapy including surgery had beter survival outcome. We try to explore clinical and pathologic factors that affect the prognosis of SCLC treated with postoperative chemotherapy in this retrospective study.

Methods: From Jan 1999 to Dec 2004, 111 patients treated with postoperative chemotherapy in our single institute were reviewed retrospectively. Postoperative chemotherapy including platin-contained or non-platin contained standard regime: CE (Carboplatin AUC 5 d1 Etoposide 100mg/m^2 d1-5,q3w), EP (cisplatin 60-80/mg^2 divided into 3 days/Etoposide 100mg/m^2 d1-5,q3w), CAO (Cyclophosphamide 1000mg/m^2 d1/Doxorubicin 45 mg/m^2 d1/Vincristine 2mg d1, q3w), CAP (Cyclophosphamide 1000mg/m$_2$ d1/Doxorubicin 45 mg/m^2 d1/cisplatin 60-80/mg^2 divided into 3 days, q3w). Postoperative chemotherapy range from 1 to 13 cycles, median cycles 6. Prognostic analysis included clinical and pathologic factors related.

Results: The overall median survival time (MST) of SCLC treat with postoperative chemotherapy is 38 months, the 1-,3-,5 year survival rate was 85.6%, 50.6%, 38.7%,respectively. The significant prognostic factors for survival in these series of patients were early stage, female, no lymphnode metastasis, no lymphovascular invasion (P=0.001), and more chemotherapy cycles (p=0.032). According to TNM stage system, the MST of stage IA and IB were not reached,for stage IIB, IIIA and IIIB was 52 months, 24 months and 13 months (P=0.006), respectively. MST of male and female were 35 months and not reached (P=0.042); lymphnode metastasis and no lymphnode metastasis were 26 months and not reached (P=0.001), lymphovascular invasion and no lymphovascular invasion were 15 and 51 months, and MST of received 1-3,4-6 and more than 6 chemotherapy cycles were 26,40months and not reached.

For 66 pts with stage III, the MST of postoperative chemotherapy and postoperative chemoradiotherapy were 20 and 40 months, 5 years survival rate were 26.1% and 45.3% (P=0.071). Cox's multivariate analysis identified sex (P=0.011), lymphovascular invasion (P=0.002), TNM stage (P=0.019), combined radiotherapy (P=0.030) and more chemotherapy cycles (P=0.009) as independent prognostic variables.

Conclusion: For SCLC treated with postoperative chemotherapy, TNM stage system was an important prognostic factor, sex, lymphovascular invasion,combined radiotherapy and chemotherapy cycles also affect overall survival time.

P1-211 **SCLC: Combined Modality Therapy Posters, Mon, Sept 3**

Combined modality treatment approach in small cell lung cancer: results of 83 patients

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Purpose: To evaluate the combined modality treatment results of patients with limited-stage small cell lung cancer (SCLC).

Patients and Methods: Eighty-three patients with limited-stage SCLC diagnosed between 1999 and 2005 were included. All patients were treated with chemotherapy and thoracic radiotherapy. Median age was 57 years (range 37-76), 90.4% (75) were male and 9.6% (8) were female. Median Karnosky Performance Status was 90% (range: 70-100). Surgery was performed for diagnosis in 3 patients. Median four cycles of chemotherapy were administered to 81 patients, composed of cisplatin/carboplatin-etoposide (CE) (78 patients), cyclophosphamide-vincristine-adriamycin (CAV) (1 patient) or alternated CE and CAV (2 patients). Response to chemotherapy was as follows; complete %44.6, partial %32.5, stable %15.7 and progression %4.8. Median total dose of radiotherapy was 5600 cGy (range: 4500-6600) with 180-200 cGy daily fractions given to the primary tumor and mediastinum, excluding the spinal cord after 4500 cGy. Response to radiotherapy was as follows; complete 66.3%, partial 19.3%, stable 13.3% and progression 1.2%. Prophylactic cranial irradiation (PCI) was performed in 42 (50.6%) patients with complete response. Overall survival (OS) and progression-free survival (PFS) were calculated from the date of diagnosis. Kaplan-Meier method was used for obtaining survival rates. Log-rank test was used for univariate analyses.

Results: Local recurrences were detected in 32 patients (37.5%) and distant metastases in 50 (60.2%). Median PFS and OS were 12 (range 1-76) and 20 (range 7-76) months, respectively. Two-year PFS and OS rates were 16.2 % and 21.8 %, respectively. During a median follow-up of 57 months 20 (24.1%) patients developed brain metastasis; among them only 5 had received PCI before. Univariate analysis showed that the complete response to chemotherapy and radiotherapy (p=0.008) was a favorable prognostic factor for OS, however no significant prognostic factor influencing PFS was detected.

Conclusion: The prognosis of SCLC is poor despite a combined treatment approach. Prognostic factors should be cautiously evaluated because of small number and heterogeneous distribution of patients in subgroups. Prospective studies are necessary for better determination of prognostic factors.

P1-212 **SCLC: Combined Modality Therapy Posters, Mon, Sept 3**

Impact of early concurrent chemoradiotherapy and prophylactic cranial irradiation in limited disease small cell lung cancer treatment - experience since 2000

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Background: Combined chemoradiotherapy is the standard treatment for patients with limited disease small cell lung cancer (LD SCLC). Prophylactic cranial irradiation (PCI) is recommended for complete