patients were still alive. For these patients, the survival was calculated until March 8, 2007.

Results: Between October 2001 and December 2006, a total of 46 NSCLC patients were treated. Two patients were not evaluable because we could not find his data file. Characteristics of patients were as follows: Median age 56 years (range 41-72), male 41, female 3 and PS 0 = 7 / 1 = 37. Histologic diagnosis was adenocarcinoma in 17 patients, squamous cell carcinoma in 5 and undifferentiated NSCLC in 22. Brain metastasis were present 7 patients (16%) prior starting the treatment. Median number of cycles were 3.0 (range 1-6). In 45 evaluable patients, complete responses were seen in 1 patient (2.3%), partial response in 15 (34.1%) and disease stabilization in 19 (43.2%). In total of 140 cycles, grade 3-4 neutropenia, grade 3-4 leukenopia and grade 3-4 anemia occurred in 16.5%, 10% and 0.7% respectively. One fatal event was observed. The median survival was 285 days (95% CI [172-397]) and at 1 and 2 years survival were 39% and 9.5%, respectively.

Conclusion: The combination of cisplatin plus vinorelbine is an active and tolerable regimen in Turkish patients with metastatic NSCLC.

P2-322 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4
Phase II study of docetaxel and carboplatin in elderly patients with advanced non-small cell lung cancer: final results
Yoshimura, Naruo1 Kudoh, Sinzoh1 Kimura, Tatsu2 Mitsuoka, Shigeki2 Yana, Takashi1 Hirata, Kazuto1
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Background: Single-agent chemotherapy has been considered as standard treatment for elderly patients with non-small cell lung cancer (NSCLC). However recent subset analyses suggest that platinum-based combination chemotherapy may be safely administered to the elderly with good performance status (PS). We evaluated the efficacy and safety of carboplatin and docetaxel in a phase II study of elderly patients aged 70 years or older.

Methods: Chemotherapy-naive patients aged ≥70 years with advanced NSCLC (IIB-IV), ECOG performance status (PS) of 0-2, a measurable lesion, and adequate organ functions were enrolled. Patients received carboplatin (AUC 5) and docetaxel (60 mg/m2) administered on day 1 every 3 weeks. The primary endpoint was response rate (RR). This study, with a planned sample size of 25, had 80% power to support the hypothesis that the true RR was >30%, and 5% significance to deny the hypothesis that the true RR was <10%.

Results: Between October 2003 and April 2006, 30 elderly patients with NSCLC were enrolled in the study and all patients were treated. Demographics: M/F 20/10; PS 0/1/2 2/23/5; median age 75 (range 70-84). Median number of treatment cycles was 3.5. Responses in the 30 evaluable patients included 1CR; 13PR; for an objective RR of 46.7% (95%CI 28.8-64.6%). By January 4, 2007, 21 (70.0%) of 30 patients had died. Median follow-up for survival was 8.4 months. The median time to tumor progression was 4.4 months, and the median survival was 9.9 months. The 1-year survival rate was 43.3%. Grade 3/4 hematologic toxicities included leukopenia (80.0%), neutropenia (86.7%), anemia (16.7%) and thrombocytopenia (3.3%). Non-hematologic toxicities were mild with no grade 4 toxicities; grade 3 nausea (10.0%), anorexia (30.0%), diarrhea (13.3%), fatigue (6.7%), allergic reaction (6.7%), pneumonitis (3.3%), febril neutropenia (16.7%) and infection (10.0%) were observed.

Conclusion: The combination of carboplatin and docetaxel was safe and promising for the treatment of chemotherapy-naive elderly patients with advanced NSCLC. This regimen warrants further evaluation in a phase III trial.

P2-323 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4
Outcome of patients with stage III and IV non-small cell lung cancer in Marmara University Hospital, Istanbul, Turkey
Yumuk, Perran F.; Teomete, Mhemet; Dane, Faysal; Cabuk, Devrim; Caglar, Hale B.; Abacioglu, Ufuk; Basaran, Gul; Turhal, Nazim S. Marmara University Medical School, Istanbul, Turkey

Background: Lung Cancer is one of the five most diagnosed cancers in Turkey. Treatment outcomes of 353 patients with advanced or metastatic NSCLC who were treated in Marmara University Oncology Clinics between April 1997 and March 2007 were evaluated.

Methods: All patients were diagnosed histologically or cytologically and staged with CAT scans. Patients with WHO performance status (PS) 2 and lower received chemotherapy (CT). A platinum analogue was used in combination with etoposide, vinorelbine, gemcitabine or taxanes as the first line treatment in 83% patients. Elderly (65 years and older) or patients with poor PS (PS=2) were treated with single agent CT. Three to 6 cycles of treatment was administered depending on clinical or radiological response. Radiation therapy to primary tumor was administered to stage III patients after completion of first line CT and to symptomatic stage IV patients for palliation. Eligible stage IIIA patients (16%) were operated. Second line treatment was offered to patients with progressive disease for 3 to 6 cycles.

Results: Median age was 60 years (range: 29-87) and 80% of patients were male. Histological subtypes were squamous cell in 33%, adenocarcinoma in 35%, NSCLC in 30% and large cell cancer 2%. PS was 0 in 53% of the patients. Fifteen percent of the patients were stage IIIA, 22% were stage IIIB, and 63% were stage IV. The median number of cycles administered was 3. At a median follow-up was 11 months (range 1-82), 71% of patients died. Median overall survival (OS) was 14 months, 1-year and 2-year OS ratios were 54% and 27%, respectively. Median time to progression (TTP) was 5 months; 1-year progression free survival (PFS) rate was 16%. Women, patients with stage III disease, and PS 0 or 1 lived significantly longer (p=0.01, p=0.03, and p<0.001, respectively). Age, histology, smoking history or type of CT didn’t have any statistically significant effect on survival in univariate analysis. Only stage had an impact on OS in multivariate analysis. Stage was also the only factor on PFS (p<0.001).

Conclusions: Advanced staged NSCLC patients has poor prognosis. Our results are consistent with the world literature.

P2-324 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4
Is there a survival benefit in patients with NSCLC under taxane administration? A multi-centre study
Zarogoulidis, Konstantinos1 Kontakiotis, Theodor2 Eleftheriadou, Ellada1 Balassoulis, George2 Kosma, Alexandros2 Eleftheriou, Klio3 Tsouda, Theodora2 Zarogoulidis, Pavlos2 Kalaitzidou, Efthi4 Milonaki, Efthi2
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Conclusion: The combination of carboplatin and docetaxel was safe and promising for the treatment of chemotherapy-naive elderly patients with advanced NSCLC. This regimen warrants further evaluation in a phase III trial.

P2-323 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4
Outcome of patients with stage III and IV non-small cell lung cancer in Marmara University Hospital, Istanbul, Turkey
Yumuk, Perran F.; Teomete, Mhemet; Dane, Faysal; Cabuk, Devrim; Caglar, Hale B.; Abacioglu, Ufuk; Basaran, Gul; Turhal, Nazim S. Marmara University Medical School, Istanbul, Turkey

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Results: Median age was 60 years (range: 29-87) and 80% of patients were male. Histological subtypes were squamous cell in 33%, adenocarcinoma in 35%, NSCLC in 30% and large cell cancer 2%. PS was 0 in 53% of the patients. Fifteen percent of the patients were stage IIIA, 22% were stage IIIB, and 63% were stage IV. The median number of cycles administered was 3. At a median follow-up was 11 months (range 1-82), 71% of patients died. Median overall survival (OS) was 14 months, 1-year and 2-year OS ratios were 54% and 27%, respectively. Median time to progression (TTP) was 5 months; 1-year progression free survival (PFS) rate was 16%. Women, patients with stage III disease, and PS 0 or 1 lived significantly longer (p=0.01, p=0.03, and p<0.001, respectively). Age, histology, smoking history or type of CT didn’t have any statistically significant effect on survival in univariate analysis. Only stage had an impact on OS in multivariate analysis. Stage was also the only factor on PFS (p<0.001).

Conclusions: Advanced staged NSCLC patients has poor prognosis. Our results are consistent with the world literature.
Background: Although Taxane is widely used for various types of cancer for lung cancer treatment, it is used for no more than five years. Thus, there is not enough data on survival benefit of this new agent. In order to investigate the impact of Taxane in the survival of patients with NSCLC, a multi-centre retrospective investigation was conducted between 1st January 1995 and 31st December 2006.

Methods: Two groups of patients were included: Group A consisted of 403 patients (338 males and 45 females), median 61.00 ± 0.41 years, treated with Docetaxel (D) in a dose of 100mg/m² in a two-hour infusion, combined with Carboplatin (C) in a dose of AUC = 5.5 in a four-week interval up to 8 cycles. Group A consisted of 288 patients (266 males and 22 females), median 62 ± 0.47 years, treated with a variety of chemotherapeutic agents including Carboplatin in the same dose as in group A, following the same number and cycle interval. No statistically significant differences were observed in age, histological type, performance status and TNM staging between the two investigated groups.

Results: The table shows the median survival in each group of patients. Kaplan Mayer method was used to estimate survival curves and log rank correlation to check for statistical difference between the two groups.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Survival (in days)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Median ± SEM (95% CI)</td>
<td>(log rank)</td>
</tr>
<tr>
<td>Group A</td>
<td>403</td>
<td>356 ±19.3 (318 - 393.9)</td>
<td>(log rank)</td>
</tr>
<tr>
<td>Group B</td>
<td>288</td>
<td>250 ± 15.3 (287.4 - 342.5)</td>
<td>0.047</td>
</tr>
<tr>
<td>Group A</td>
<td>197</td>
<td>411 ± 40.5 (331.6 - 490)</td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>173</td>
<td>286 ± 31 (224.6 - 347)</td>
<td>0.007</td>
</tr>
<tr>
<td>Group A</td>
<td>206</td>
<td>299 ± 20 (259 - 338.7)</td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>115</td>
<td>203 ± 26 (151 - 254.7)</td>
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</tbody>
</table>

A statistical significant increase in patients’ survival of group A was observed compared to group B, especially in patients of stage IV. Moreover, an increase in survival of group A was observed in stage IIIb, but at the limits of significance.

Conclusion: It seems that D administration increases survival in patients with NSCLC especially in stage IV. On the other hand, in stage IIIb the survival benefit is at the limits of significance.

P2-326 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4

Extracellular matrix expression in non-small cell lung cancer and the relationship with neo-adjuvant chemotherapy
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Objectives: To investigate the expression of extracellular matrix in neo-adjuvant chemotherapy and control group, and its relationship with clinical significance in non-small cell lung cancer.

Methods: Expression of extracellular matrix in lung cancer tissues was detected in 73 patients by using immunohistochemistry Envision method.

Results: The median survival of 14 patients with low expression of fibronectin was 67month, 57 patients with positive expression was 38month. A significant difference existed between the two groups (P=0.048). The high expression of laminin in neo-adjuvant chemotherapy group were negatively related to clinical response. When analyzed only patients randomized to neo-adjuvant chemotherapy using cox stepwise regression analysis, the TNM stage is the only prognostic factor to survival.

Conclusion: Overexpression of some extracellular matrix may be involved in the negative chemoresponse rate. The survival time of fibronectin and laminin negative patients may be longer than positive patients.

P2-327 NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4

First-line chemotherapy of vinorelbine/cisplatin (NP) combined with cyclooxygenase-2 inhibitor celecoxib in advanced non-small cell lung cancer (NSCLC)
Zhou, Songwen; Zhou, Caicun; Xu, Jianfang; Lv, Meijun
Shanghai Pulmonary Hospital, Shanghai, China

Objective: To investigate efficacy and safety of first-line chemotherapy of vinorelbine/cisplatin (NP) combined with cyclooxygenase-2 inhibitor celecoxib in advanced non-small-cell lung cancer (NSCLC) patients.

Methods: 65 NSCLC patients were randomly assigned to Arm A or B. In the arm A, 32 patients were treated with vinorelbine 25mg/m² iv on days 1 and 8, cisplatin 75mg/m² iv on day 1 and celecoxib 400mg bid po on days 1 to 12, repeated every 21 days. In the arm B, 33 cases were treated with NP regimen alone.

Results: Compared with arm B, the response rate in arm A was 35.5% vs 26.7%(P=0.457), disease control rate was 87.1% vs 66.7%(P=0.058), one-year survival rate was 58.1% vs 36.7%(P=0.094) and median survival time was 12 months vs 9.2 months (P=0.062) respectively. Subgroup analysis showed that in the 36 adeno-