Results: 85 patients who met the selection criteria were analyzed. The demographic features were - males 61%; Caucasians - 54%; African Americans - 38%; history of pulmonary disorder - 41%; NSCLC - 78%; PS - 0.1 - 92%; Stage III - 89%. The median dose of TR was 5940 cGy. Radiation fields have been retrospectively assessed in 41 patients to date. Of the 41 patients (22%) received involved field radiation. 53 patients (63%) received Cisplatin/Etoposide and 20 patients (24%) received Carboplatin/Paclitaxel. 75 patients (88%) received concurrent therapy. 31 patients (36%) developed RP; 15 (18%) had RTOG grade ≥ 3 RP. Median time to development of RP was 4.6 months. Rate of RP in females and males was 42% vs. 33% (p=0.49). Rate of RP in patients with history of pulmonary disorder at baseline was 49% as compared to 28% in others (p=0.068). 1 year hospitalization rate was 74% and 37% in RP and non-RP patients (p=0.0015). For all 85 patients, the median overall survival (OS) was 19.5 months (95% CI 16.4 - 23.3). Length of OS did not differ significantly (p = 0.59) between the 31 patients who had RP vs. the 54 patients who had no RP (median OS: 19.3 vs. 18.8 months, respectively). The median survival of the 15 patients who had severe RP was 16.6 months.

Conclusions: The rate of severe RP in these 85 lung cancer patients, treated off-protocol with CT and TR, is higher than that reported in clinical trials. Despite higher morbidity (i.e., increased hospitalization) in patients with RP, survival duration did not differ significantly by RP status.

P2-221 NSCLC: Combined Modality Therapy Posters, Tue, Sept 4

Adjuvant docetaxel plus carboplatin versus observation in patients with completely resected stage IB-IIIA non-small-cell lung cancer: preliminary results of the Chinese Society of Lung Cancer randomised controlled trial (CSLC201)

Wu, Yi-Long¹ Yang, Xue-Ning² Chen, Gang² Gu, Li-Jia³ Yang, Jin-Ji² Zhong, Wen-Zha³ Liao, Ri-Qiang² Zhu, Ying-Chang⁴ Ben, Xiao-Song²

¹ Guangdong Provincial People’s Hospital, Guangzhou, China ² Lung Cancer Research Institute, Guangdong Provincial People’s Hospital, Guangzhou, China ³ Thoracic surgery department of the 3rd University Hospital, Sun Yat-sen University, Guangzhou, China ⁴ Nanhai People’s Hospital, Nanhai, China

Background: Four larger clinical trials, IALT, NCIC-JBR 10, ANITA and Japanese UFT trial, have shown significant OS advantages with adjuvant chemotherapy. Unless vinorelbine plus cisplatin, whether other third generation doublet chemotherapy regimen improves survival of patients with non-small-cell lung cancer (NSCLC) is not known. We aimed to compare the effect of adjuvant docetaxel plus carboplatin versus observation on survival in patients with completely resected NSCLC.

Methods: 82 patients with stage IB-IIIA NSCLC from 3 centres in China were randomly assigned to 75mg/m² docetaxel plus AUC=5 carboplatin (n=43) or to observation (n=39). The primary endpoint was disease free survival (DFS). The second endpoint was overall survival, response rate in the chemo group and safety. Analysis was by intention to treat. This trial was closed early by the EC as adjuvant chemotherapy became a standard therapy for resected NSCLC in 2005.

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Conclusions: The patients with LANSCLC patients after 2-3 cycles of induction chemotherapy can tolerate the chemotherapy regimen of 60 mg/m² T and 60mg/m², 2 cycles in 6 weeks radiotherapy, based on toxicity.

Methods: Previously untreated 9 patients with histological/cytologically proven Stage III non-small-cell lung cancer were eligible after induction chemotherapy for 2-3 cycles. Followed a month later by continued radiotherapy (62-70Gy in 31-35 fractions, 6-7weeks) delivered concurrently with cisplatin and docetaxel. The dosage of level 1 was of 56 mg/m² docetaxel, on day 1 and 28mg/m² cisplatin, on day 1 and day 2, 2 cycles during CCRT. The radiotherapy model was conformal radiotherapy or intensity modulated radiotherapy. The dosage of level 2 was 60 mg/m² docetaxel, on day 1 and 30 mg/m² on day 1 and day 2. Response rate was evaluated as complete remission (CR), partial remission (PR), stable disease (SD) and progressive disease (PD).

Results: Nine patients were enrolled, with median age of 58, (43-70). Seven patients were male, 2 female. The ECOG scores of 4 patients were 0, and ECOG scores of 5 patients were 1. The loss of weight of 8 patients was 0%, that of one patient was ≤5% in three months before diagnosis. Seven patients were with squamous cell carcinoma, 2 with adenocarcinoma. The objective response was as follows: PR 8/9, SD 1/9. The toxicities were showed in table 1.

Conclusions: The patients with LANSCLC can tolerate 60mg/m² docetaxel and 60mg/m² cisplatin for 2 cycles during concurrent radiotherapy after 2-3 cycles of induction chemotherapy.