respectively (P value 0.046), indicating that the inclusion of radiographic abnormalities significantly upgrade the toxicity scores.
**Conclusion:** All patients developed radiographic abnormalities post curative radiotherapy, the extent/severity of which did not correlate with the symptoms. The use of the Symptom Only Scale seems to be more clinically relevant and may be a better tool to evaluate long-term toxicity after curative radiation in the lung.

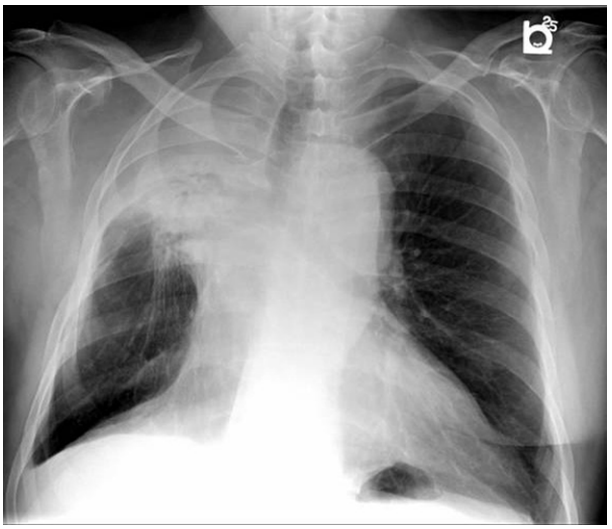

Fig 1. 74 year old male, 16 months post curative radiation, asymptomatic, scoring grade 3 according to RESS and grade 0 according to symptom only system

**1139** POSTER

**Economic impact of adopting pemetrexed plus cisplatin for malignant pleural mesothelioma into Scottish clinical practice**

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**Background:** The efficacy of pemetrexed + cisplatin (pem/cis) versus cisplatin alone (cis) was evaluated in the largest-ever randomised phase III trial in patients with unresectable malignant pleural mesothelioma (Vogelzang 2003). Emergent data early in the trial led to a decision that all patients be fully supplemented with folic acid and vitamin B12. Survival benefit was assessed in all fully vitamin-supplemented patients (FS) and in those FS patients with advanced disease (stage III/IV). A cost-effectiveness evaluation of pem/cis compared to cis in the treatment of all FS patients and in the FS patients with advanced mesothelioma was conducted for Scotland.
**Method:** A cost per life-year saved (LYS) analysis using the median survival gain from the clinical trial was undertaken. The above cohorts were chosen because either one could reflect clinical practice in Scotland: vitamin supplementation is mandatory with pemetrexed treatment (ALIMTA* SPC) and most patients treated for mesothelioma in Scotland have advanced disease at presentation (Aziz 2002). Specific unit costs were applied to drug acquisition, administration, supportive care medication, hospitalisations for serious adverse events and post-study chemotherapy, with incidence derived directly from the clinical trial. A discount rate of 3.5% per annum was applied to all outcomes.
**Results:** The incremental per patient cost for pem/cis compared to cis was £8,196 and the results of the analyses are shown in the table.
The robustness of the model was tested using one-way sensitivity analyses on key variables affecting both cost and outcomes estimates in the cost-effectiveness model. Little variation in the incremental cost/LYS was found with the variables tested for the FS with advanced disease patients (£17,500-£25,000).
**Conclusions:** The trial demonstrated clear survival gain for the combination therapy, particularly in the cohort of fully supplemented patients with advanced disease. This analysis demonstrates that the pemetrexed/cisplatin combination is a cost-effective treatment for patients with advanced maligant pleural mesothelioma.

| | Pem/cis | cis | *P* | Hazard Ratio (95% CI) | Cost/LYS |
|---|---|---|---|---|---|
| Fully supplemented (n) | 168 | 163 | 0.051 | 0.75 (0.57–1.00) | £30,355 |
| Median survival (months) | 13.3 | 10.0 | | | |
| Fully supplemented (Stage II/IV) (n) | 125 | 122 | 0.003 | 0.63 (0.46–0.86) | £20,844 |
| Median survival (months) | 13.2 | 8.4 | | | |

**1140** POSTER

**First results of long term outcome in patients with inoperable or irresectable Non-small cell lung cancer (NSCLC) treated with high-dose accelerated radiotherapy with or without concurrent or sequential chemotherapy**

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**Background:** Results of high dose radiotherapy (RT) +/− chemotherapy (CT) with curative intent were analyzed in all patients (pts) with NSCLC treated in our department from 1995–2004.
**Material:** Included are 131 pts with medically inoperable or irresectable NSCLC (TNM stage I: 15 pts, IIB: 15 pts, IIIA: 67 pts, IIIB: 32 pts, X: 2 pts). ECOG performance score was 0, 1 or 2 in 28 pts, 76 pts and 27 pts respectively. Sex distribution: male 89 pts, female 42 pts. Pathology: adenocarcinoma: 18 pts, squamous cell carcinoma (ca): 39 pts, large cell ca: 60 pts, undifferentiated carcinoma 8 pts. No pathologic confirmation could be obtained in 6 pts.
**Treatment:** Standard curative treatment in our department is 66 Gy /2.75 Gy/ 24 fx/ 33days combined with daily administration of Cisplatin 6 mg/m$^2$ after completion of the phase II EORTC 08912 study in 1997. If pts fulfilled the inclusion criteria of the EORTC phase III study 08972/22973 they were randomised to either our standard arm or the sequential treatment arm consisting of two courses of a 21-day schedule of CT(Gemcitabin 1250 mg/m$^2$ d1, Cisplatin 75 mg/m$^2$ d2) followed by the same RT without daily Cisplatin. Concurrent chemo-radiotherapy was given to 56 pts, 26 pts were treated with sequential chemo-radiotherapy. If administration of CT was not possible, pts received RT only (49 pts).
**Results:** The 1, 2 and 5 yr actuarial overall survival (OVS) are 46%, 24% and 15%. Factors with a significant influence on OVS are concurrent administration of Cisplatin (1, 2 and 5 yrs OVS 56%, 33% and 24% respectively) and performance status. Older patients (>58 yr) show a trend for a poorer survival, as does advanced stage, but this is apparent only for patients not receiving chemotherapy. The incidence of local recurrence is 36%, the incidence of distant metastases 46%. No late complications are seen in 65 pts, grade 1 or 2 in 22 pts, grade 3 in 19 pts (lung 16x, oes 2x, heart 1x) and grade 4 in 5 pts (spinal cord 1x, lung 2x, oes 2x). One patient had a lethal complication (oes). In 20 patients no sufficient data are present to assess late complications.
**Conclusion:** In patients with inoperable or irresectable NSCLC radiotherapy 66 Gy/ 24 fx/ 33 days combined with concurrent chemotherapy of daily Cisplatin 6 mg/m$^2$ results in excellent treatment outcome with a 1, 2 and 5 yr OVS of 56%, 33% and 24%.

**1141** POSTER

**Postoperative radiotherapy (PORT) for non-small-cell lung cancer (NSCLC): Results of the 1999–2001 patterns of care study (PCS) nationwide process survey in Japan**

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**Background:** Results of the PORT meta-analysis have considerable impact on the practice pattern for NSCLC after surgery. This study was undertaken to investigate the practice process of PORT for NSCLC in Japan.
**Material and Methods:** The PCS conducted a nationwide survey of PORT for NSCLC in Japan. The PCS randomly sampled institutions and patients from academic and non-academic institutions (A1: academic, treating ⩾430 patients/year, A2: <430 patients, B1: non-academic, ⩾130 patients/year,