stage IIIB 43 pts (71.7%). 56 pts were evaluables for response and 58 pts for toxicity. Induction chemotherapy response: 1 CR and 34 PR (RR 62.5%; CI95%:50−75), 16 SD (28.6%) and 5 PD (8.9%). 6 pts went to surgery: 3 pPR, 1 pEE, 1 pSD and 1 unresectable. 34 pts completed concurrent CT-RT treatment with 6 CR, 21 PR, 4 SD and 3 PD (RR 79.3%; CI95%:66−93). The median time to progression was 13 mo and median overall survival was 14 mo. The progression-free survival and overall survival at 1 year was 52% and 62% respectively. A total of 163 cycles of induction chemotherapy were administered (2.8 per pts), with the main toxicity (NCI-CTC) per pts Grade (g) 1−2/3−4 (%) as follows: neutropenia 20.6/24.1; anemia 44.8/1.7; nausea/vomiting 39.6/1.7; fatigue 34.5/1.7; diarrhea 22.4/0; allergy 5.2/1.7; one possible toxic death were scored. The main toxicities (RTOG) in concurrent CT-RT were: g1−2 neutropenia/anemia 30.7/38.4 5% of pts; g1−2/3 esophagitis in 51.2/2.5% and g1−2/3 pneumonitis in 20.5/2.5% of pts.
Conclusions: Docetaxel and Cisplatin induction chemotherapy followed by bi-weekly docetaxel with concurrent thoracic radiotherapy is a feasible treatment option, showing good clinical activity and tolerability for locally advanced NSCLC.

6603 POSTER

Sequential or concomitant chemotherapy and 3D conformal radiation therapy with dose-volume histogram assessment in limited disease small cell lung cancer

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Background: To assess the outcome of patients with limited disease small cell lung cancer (LDSCLC) treated with combined chemotherapy (CT) and conformal radiation therapy (RT).
Materials and Methods: From 8.1998 to 9.2006, 69 patients with LDSCLC were treated at our institutions. Treatment consisted of CT and 3D conformal irradiation in all patients. Median age was 61 years (37−78). Sequential or concomitant CT/RT was given in 47 and 22 patients, respectively. Chemotherapy consisted of either cisplatin and etoposide (PE) in 74% of the patients, or ifosfamid, cisplatin, and etoposide (ICE) in 26%. Clinical target volume (CTV) included gross tumor volume and involved lymph nodes. In 23% of the patients, positron emission tomography was used for CTV delineation. Dose-volume histograms (DVH) assessing the pulmonary volume receiving 20 Gy (V20) were performed in all patients. Median RT dose was 60 Gy in 6 weeks. Prophylactic cranial RT (24−30 Gy @ 2 Gy/fr) was given in 47 (68%) patients in complete remission (CR).
Results: In a median follow-up period of 36 months (6–107), 16 patients are alive without disease. Median survival time was 24 months, with a 3-yr overall survival (OS) rate of 29%. The 3-yr disease-free survival (DFS) and locoregional control (LRC) rates were 23% and 60%, respectively. There was no significant dose response relationship in terms of LRC or OS. When considering the timing and the type of CT, patients treated with full-dose sequential CT/RT had better outcome than those treated with concomitant treatment (3-yr DFS: 27% vs. 13%; p = 0.04). Moreover, ICE chemotherapy resulted with better outcome (3-yr OS: 41% vs. 25%; p = 0.04). No grade 3 or 4 CTC v3.0 toxicity was observed.
Conclusions: We conclude that patients treated with sequential ICE chemotherapy followed by tailored 60-Gy 3D conformal RT with DVH V20 evaluation and PCI in CR patients have a good outcome without significant morbidity.

6604 POSTER

Age-related prognostic factors and treatment results for advanced non-small cell lung cancer (NSCLC)

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Background: There is much debate whether choice of optimal management of elderly patients with locally advanced, inoperable NSCLC with good performance status (PS) should be made entirely on terms of age. We compared results of chemotherapy (CT), radiotherapy (RT) and chemo-radiotherapy (CT-RT) between elderly and younger patients, and studied predictive factors for survival in these age groups.
Materials and Methods: 231 patients with advanced NSCLC were included in this study, being assigned to subsets by age: >65 years (148p, 64.1%) and <65 years old (83p, 35.9%). All patients were analyzed for sex (M/F 215/16), PS (KI >70%/<70% 133/98), weight loss (>5%/<5% 129/102), mean hemoglobin level (Hb), disease stage (IIIA/IIIB/IV 84/87/60), tumor type (squamous/adenocarcinoma/other 169/51/11), associated morbidities (yes/no 112/119), treatment modality (CT-RT/CT/RT 90/61/80), tumor response (CR/PR/SD/PD 1/47/111/72), and time to progression (TTP). Univariate analysis and Cox regression models were used to assess significance of variables for prediction of survival.
Results: Mean overall survival (OS) for the whole group 11.48 months (median 9.0 months); no significant difference in median OS between elderly and younger patients (11.55 vs. 11.65 months, p = 0.537). Median TTP 6.37 months, 103 patients (44.6%) had PFS <6 months, and 128 (55.4%) >6 months. Univariate analysis revealed significant survival benefits in both age groups as per weight loss <5%, absence of comorbidities, earlier clinical stage, high initial Hb levels, longer TTP and good PS (p = 0.0001). Treatment type had different survival impact between age groups; best median survival in patients >65 years old (14.0 months) was obtained by CT alone, while patients <65 years benefited more (13.35 months) from sequential CT-RT. Logistic regression model identified 5 variables to be significant for survival in all patients: PS, extent of disease, Hb, TTP and age. When applied to the elderly group, only 4 variables had predictive value: extent of disease, Hb, TTP and presence of comorbidities. Treatment toxicity did not differ significantly between age subsets, except for renal toxicity, which was greater in elderly patients.
Conclusions: Age should not be a choice-limiting item for the treatment of advanced NSCLC. An active therapeutic approach, such as chemotherapy, can be feasible, effective and well tolerated in selected elderly NSCLC patients with a good PS and no associated comorbidities.

6605 POSTER

Oral vinorelbine as single-agent first-line treatment in elderly patients (pts) with advanced non-small-cell lung cancer (NSCLC)

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Background: Oral vinorelbine has shown to be effective with an acceptable tolerability profile as first-line treatment in elderly NSCLC pts. The oral formulation avoids the side effects associated with the IV injection, may reduce administration and toxicity-related costs and is easy to administer. Due to these advantages, single-agent oral vinorelbine treatment could be considered as an optimal option for these pts. We retrospectively evaluated efficacy and toxicity of oral vinorelbine administered as single agent first-line NSCLC treatment in elderly pts.
Materials: Oral vinorelbine was administered at a starting dose of 60 mg/m^2/week during the first 3 weeks, escalating to 80 mg/m^2/week if no grade 4 or no more than two grade 3 neutropenia were observed during first cycle. At 80 mg/m^2, if grade 4 or 2 consecutive grade 3 neutropenia ocurred, the dose was reduced to 60 mg/m^2. 1 cycle was equal to a 3-week period. Treatment was administered for 6 cycles, unless progression of the disease was observed earlier.
Results: Data on 46 pts were collected in 11 Spanish centres. Median age was 77 years (range 70−85). Male, 87%; female, 13%. ECOG PS 0, 26.8%; 1, 68.3%; 2, 4.9%. Stage IIIA, 4.3%; IIIB, 30.4%; IV, 65.2%. Histology: squamous, 56.5%; adenocarcinoma, 28.3%. Self-sufficiency in ADL and IADL was 82.5% and 55% of the pts analyzed. 81.9% of the pts had comorbidities. 46 pts are available for toxicity and 27 for response. Median cycles: 3 (1−8). 158 cycles were performed, 13.4% were delayed and 5.4% had dose reduction. Hematological toxicities (%pts): neutropenia grade 3−4, 17.4%. Grade 3 non-hematological toxicities: asthenia, 6.5%; anorexia, 4.3%; respiratory, 4.3%; pain, 4.3%; nausea and vomiting, 2.2%. No grade 4 non-hematological toxicities were reported. In the evaluable pts, 3 PR (11.1%) and 11 SD (40.7%) were reported (disease control 51.8%). With a median follow-up of 3.4 months (mo), median survival for the whole population was 6.37 mo, progression free survival 3 mo.
Conclusions: This trial confirms the results of previous studies of single-agent oral vinorelbine therapy in elderly NSCLC pts. It has been shown that this treatment offers a reasonable control of the disease, with easy administration and a favorable toxicity profile for this specific population.