

discontinued due to PD (clinical, radiographic or AE related to PD), 16 due to AEs not related to PD, 8 for other reasons.

Conclusions: ABT-869 demonstrates an acceptable safety profile and appears to be active in NSCLC pts.

9014

ORAL

Effect of postoperative adjuvant chemotherapy with UFT on survival in patients with clinical stage IA non-small-cell lung cancer: an exploratory analysis from a meta-analysis of 6 randomized controlled trials

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Background: The Seventh Edition of the TNM Classification of Malignant Tumors in non-small-cell lung cancer (NSCLC) proposes a more detailed classification of primary tumor diameter. Clinical stage IA T1 disease is subdivided into 2 groups: T1a disease (tumor diameter, ≤ 2 cm) and T1b disease (tumor diameter, > 2 to ≤ 3 cm). Tegafur-uracil (UFT) improves survival in patients with clinical stage I NSCLC. But whether it is effective in patients with T1 disease (clinical stage IA) remains controversial.

Methods: Data from a 2005 UFT meta-analysis, which was based on 6 randomized controlled studies of UFT (West Japan Study Group for Lung Cancer Surgery [WJSG] second trial, WJSG fourth trial, Northeast Japan Study Group for Lung Cancer Surgery trial, Osaka Lung Cancer Study Group [OLCSG], Adjuvant Chemotherapy for Lung Cancer Study Group [ACTLC], and JLCRG), were reanalyzed to evaluate the effectiveness of UFT according to T1a and T1b tumors as proposed by the new TNM classification in patients who had T1 tumors with no lymph-node metastasis. In all 6 studies, patients were randomly assigned to receive either surgery alone or surgery followed by UFT monotherapy and were followed up for at least 5 years.

Results: Data from 1354 patients were analyzed: 699 (51.6%) had T1a tumors and 655 (48.4%) had T1b tumors. In the surgery alone group, survival rates at 5 years were 85% in patients with T1a tumors and 81% in those with T1b tumors after surgery alone and 87% in patients with T1a tumors and 87% in those with T1b tumors after surgery followed by adjuvant treatment with UFT. In patients with T1b tumors the survival rate was significantly higher in the UFT group than in the surgery alone group (hazard ratio[HR]=0.61; 95% confidence interval [CI], 0.43 to 0.86; log-rank $p=0.005$). Subgroup analyses of our data showed no evidence of an interaction between the effectiveness of postoperative UFT and age, sex, or histologic type. However, the proportion of patients with adenocarcinoma (89.9%) was far higher than that of patients with squamous-cell carcinoma (9.5%).

Conclusions: Our study showed that postoperative adjuvant chemotherapy with UFT was effective for T1b tumors (tumor diameter, > 2 to ≤ 3 cm) among patients with stage IA NSCLC, even though further studies in patients with squamous-cell carcinoma were required. UFT can be used as standard postoperative adjuvant chemotherapy not only for stage IB, but also stage IA (T1b) NSCLC.

Poster presentations (Wed, 23 Sep, 09:00–12:00)
Lung cancer

9015

POSTER

Phase II study of the combination of docetaxel and S-1 in patients with refractory or relapsed advanced non-small cell lung cancer

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Background: Docetaxel is a standard treatment for recurrent non-small cell lung cancer (NSCLC). S-1 is an oral agent active against lung cancer which consists of tegafur (a prodrug of cytotoxic 5-fluorouracil), 5-chloro-2,4-dihydropyridine, and potassium oxonate in a molar ratio of 1:0.4:1. Preclinical studies have shown that the combination of docetaxel and

S-1 has synergistic cytotoxicity against human cancer cell lines in vitro. However, no trials have evaluated the combination of docetaxel and S-1 in patients with refractory or relapsed NSCLC. The aim of the present phase II study was to assess the antitumor activity and toxicity of this regimen in patients with refractory or relapsed NSCLC.

Material and Methods: Patients with refractory or relapsed advanced stage IIIA/IIIB/IV NSCLC were eligible if they had a performance status of 0 to 2, were 80 years or younger, and had adequate organ function. Patients were treated with 35 mg/m² of docetaxel on days 1 and 15 and with 80 mg/m² of S-1 for 14 consecutive days every 4 weeks.

Results: From October 2006 through March 2009, 47 patients (37 men and 10 women; median age, 65 years; age range, 43 to 79 years) were enrolled. The most common histologic type was adenocarcinoma. The overall response rate was 17% (95% CI, 7.6% to 30.5%). The median survival time after treatment was 9 months (range, 1 to 22 months). The median time to progression was 4 months (range, 1 to 11 months). Grade 3 to 4 hematologic toxicities included neutropenia in 49.0% of patients, thrombocytopenia in 2.1%, and anemia in 21.3%. Grade 3 to 5 nonhematologic toxicities included infection in 25.6% of patients, diarrhea in 12.8%, and nausea in 4.2%. The 2 treatment-related deaths were due to diarrhea and dehydration.

Conclusions: This combination chemotherapy is effective for refractory or relapsed advanced NSCLC.

9016

POSTER

Nutritional assessment on hospitalised lung cancer patients

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The aim of this study was to assess the nutritional status of hospitalized advanced lung cancer patients in Greece and identify factors related to their nutritional status.

Patients and Methods: Participants were adult lung cancer patients (N=91) from three medical centers in Greece. Patients' nutritional status, symptom severity, performance status, and dietary intake were assessed by the Mini-Nutritional Assessment (MNA), Symptom Severity Scale, Karnofsky's Performance Scale, and 3-day dietary record, respectively.

Results: All 91 subjects completed the MNA. Every five patients were also asked to record their dietary for 3 days. In total, there were 30 subjects completed the 3-day dietary record. Based on MNA cutoff points, 92.3% of subjects were either malnourished or at risk for malnutrition. Overall symptom severity, body mass index, performance status, hemoglobin level, significantly predicted nutritional status. Cancer patients had low overall caloric intakes, particularly fat intake. Future studies should expand the sample size and add outpatient sites.

9017

POSTER

Sleep disturbances and depression in patients with lung cancer

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Aim of this study is to estimate the degree of sleep disturbances, as well the possible contributing factors in patients with lung cancer.

Patients and Method: 41 patients concluded in our study. 9 were female and 31 male with mean age of 51 (range: 29–74). These patients underwent to a clinical psychiatric interview according to the diagnostic criteria of ICD-10. The degree of sleep disturbances during the month prior to patients evaluation was assessed through the Athens Insomnia Scale (AIS) and psychopathology was assessed through the Montgomery Asberg Depression Rating Scale (MADRS).

Results: There was a strong correlation between the score of the AIS and that of the MADRS for a?? 41 patients ($r: 0.40$, $p < 0.01$). 13 of our patients complained of insomnia. These patients scored higher on the MADRS, than the ones without sleep difficulties ($z: -3.032$, $p = 0.002$).

Conclusion: The results of our study suggest that sleep disturbance (insomnia) in patients with lung cancer is a probable indicator of depression. Furthermore, these data suggest that insomnia in these patients is one of the factors mediating the association between depression and impairment in their functioning.