Results: 62 patients received at least one dose of chemotherapy. Median age was: 76.4 yrs [70.2−86], baseline ECOG performance status PS 0: 16.1% and PS 1: 83.9%. Stages IIIb: 21%, IV: 79%. Non squamous cell carcinoma: 66.1% (adenocarcinoma: 51.6%, large cell carcinoma: 8.1%, others: 6.5%), squamous cell carcinoma: 33.9%. The median number of administered cycles was 5. 77.4% patients received at least 3 cycles of study therapy. 49/62 patients (79.03%) had at least one tumor assessment performed after the start of treatment and were qualified for the primary outcome analysis. The objective response rate (RECIST criteria; assessed by investigators) was 28.6% (95% CI [16.58; 43.26]) all were partial responses, stable disease was 42.9%. Grade 3/4 toxicities related to study drugs were: asthenia 16.1%, anorexia 4.8%, diarrhea 3.2%, dyspnea 3.2%. Hematological grade 3/4 events were: neutropenia: 51.6%, leucopenia: 30.7%, thrombocytopenia: 29%, anemia: 19.4%. One related fatal septic shock occurred in this trial.
Conclusion: In first line NSCLC, the combination of Pem plus carboplatin could be a valuable treatment alternative in elderly patients. Neutropenia is the most frequent toxicity in this combination. Response rate is the range of data collected in younger population.

9067 POSTER

Survey of European lung cancer evaluating choice of treatment and tolerability in observed 2nd line (SELECTTION): characteristics of patients with NSCLC at time of initiating 2nd line chemotherapy – French results

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Background: There is not enough evidence on duration of 2nd line chemotherapy and reasons for discontinuation in real practice.
Materials and Methods: SELECTTION is a 12-month prospective observational study designed to assess time from treatment initiation to discontinuation, reasons for discontinuation and its impact upon patient outcomes including survival and resource utilization in patients with NSCLC treated after failure of one prior chemotherapy. 1012 patients who have received first-line chemotherapy for locally advanced or metastatic NSCLC and were initiating second-line treatment were included in the observation and followed up to 12 months in 11 countries. The present analysis reported the baseline patients' characteristics of French patients.
Results: 506 patients (476 eligible for analysis) were enrolled between January 07 and January 08 by 57 physicians, 74% pneumologists and 81% working in public setting. Patients were 61.5 ± 9.9 years old, 75% male and 90% former or current smokers. At time of initiating 2nd line chemotherapy, 83% were stage IV NSCLC, 81% non-squamous, 26% ECOG grade 2 or more. As a 1st line chemotherapy, 33% of the patients received gemcitabine + platinum, 20% vinorelbine + platinum, 20% docetaxel + platinum, 16% paclitaxel + platinum and 11% other combinations. 66% had response or stable disease and 32% had progressive disease. Median time from initial diagnosis to start of 1st line therapy was 2.0 months (min 1.0; max 93.1). The median duration of the 1st line was 12.3 weeks (min 0.1; max 151.1). The median time between end of 1st line and start of 2nd line was 4.8 weeks (min 0.0; max 51.0) for patients who progressed and 17 weeks (min 0.0, max 360.6) for patients who responded or had stable disease. The planned 2nd line was pemetrexed (56%), docetaxel + platinum (13%), erlotinib (22%) and other combinations (9%). National or hospital level guidelines drove mainly the choice of 2nd line chemotherapy. The planned duration of 2nd line was set as an exact number of cycles (44%) with a median of 3 cycles, up to disease progression (25%) or not known in advance (7%).
Conclusions: These preliminary results provide information about patients' characteristics at time of initiating 2nd line for locally advanced or metastatic NSCLC and treatment algorithms in different institutions in daily practice in France.

9068 POSTER

Analysis of experience with cisplatin or carboplatin in first line combination chemotherapy with paclitaxel for advanced and metastatic Non Small Cell Lung cancer (NSCLC)

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Background: The purpose of this study is the evaluation of single institution experience with two chemotherapy regimens containing paclitaxel and either cisplatine or carboplatine in patients with advanced or metastatic Non Small Cell Lung Cancer (NSCLC).
Patients and Methods: Between January 2004 and December 2008 we have treated 91 patients with advanced or metastatic NSCLC. Forty (40) patients received cisplatin 70 mg/m^2 + paclitaxel 175 mg/m^2 D1, and fifty one (51) patients carboplatine AUC 6 + paclitaxel 175 mg /m^2 D1 every three weeks.
Results: See the table.

Patient characteristics

	Paclitaxel + cisplatin (n = 40)	Paclitaxel + carboplatin (n = 51)
Gender		
Female	5	1
Male	35	50
Age (years)	58.72 (39−70)	63.2 (53−74)
Squamous cell carcinoma	27	28
Adenocarcinoma	12	16
Carcinoma with large cells	1	2
others	0	5
Stage		
IIIB	24	23
IV	16	28
Toxicity profile grade 3−4		
Anemia	1 (0.5%)	3 (5.8%)
Neutropenia	10 (5.5%)	1 (1.9%)
Thrombocytopenia	1 (0.5%)	8 (15.6%)
Nausea/vomiting	19 (10.4%)	8 (15.6%)
Peripheral neuropathy	5 (2.7%)	0 (0%)

In arm with paclitaxel + cisplatin, there was one complete response (2.5%), 14 (35%) partial response. Stable disease was observed in 5 (12.5%) case, and progressive disease in 20 (50%) case. In arm with paclitaxel + carboplatin, there were one complete response (1.9%), 5 (9.8%) partial responses, 9 (17.6%) stable diseases and 36 (70.5%) progressive diseases. Median survival was 9.5 months in an arm with cisplatin and 8.2 months in arm with carboplatin.
Conclusion: Chemotherapy with cisplatin is more effective in term of response and survival than chemotherapy with carboplatine in patients with advanced or metastatic NSCLC.

9069 POSTER

A risk–benefit analysis according to age using pooled data from two phase II trials of cisplatin plus S-1 for non-small-cell lung cancer in Japan

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Background: Elderly patients are less likely to tolerate chemotherapy than younger patients because of increased comorbidity and impaired organ function. Optimal treatment regimens for this patient population remain controversial. S-1 is an oral anticancer agent combining tegafur, 5-chloro-2,4-dihydroxypyridine, and potassium oxonate. The main adverse effects of this drug are hematological and gastrointestinal toxicity. To evaluate the efficacy and safety of cisplatin plus S-1 chemotherapy in patients with advanced non-small-cell lung cancer, two phase II studies were performed in Japan. To determine whether tolerance to cisplatin plus S-1 chemotherapy differs according to age, we analyzed pooled data from these two trials.
Materials and Methods: We compared the incidence of main toxic effects between elderly (aged ⩾65 years) and younger patients (aged <65 years). Grade 3 or 4 toxic effects according to the National Cancer Institute Common Toxicity Criteria that had the highest incidence (neutropenia, anemia, and anorexia) were identified. A risk–benefit analysis using time to event, defined as the time to the first occurrence of grade 3/4 toxicity (neutropenia, anemia, and anorexia), disease progression, or death, was performed.
Results: The study group comprised 110 patients with stage IIIB or IV non-small-cell lung cancer. The median age was 61 years (range, 36−74). Sixty-seven patients were younger than 65 years, while 43 were 65 years or older. The main toxic effects were neutropenia (<65 years: 14 patients [20.9%]; ⩾65 years: 14 patients [30.6%]), anemia (<65 years: 6 patients [9.0%]; ⩾65 years: 12 patients [27.9%]), and anorexia (<65 years: 11 patients [16.4%]; ⩾65 years: 7 patients [16.3%]). The time to event analysis revealed no difference between elderly and younger patients (P = 0.68).