of the three techniques. Other researchers reported HER2 overexpression in about 15% of NSCLC although the frequency may be as high as 34% in adenocarcinomas. Amplification of the HER2 gene could be demonstrated in only 2% of the tumours, while 22% were positive by IHC and 9% by ELISA.

Conclusion: In contrast to breast cancer, where IHC overexpression is closely related to amplification (>95% concordance), this is only the case in 8% of NSCLC. Shed antigen did not correlate with the cellular assays. These discrepancies suggest a different mechanism leading to a less pronounced overexpression, which may imply a different reactivity to Herceptin than in mammary tumour cells.

175 POSTER

Could endobronchial brachytherapy (EBBT) be a curative treatment ?

O. Bleichner, C. Hennequin, J. Tredaniel, P. Burban, A. Auliard, G. Zalcman, A. Hirsch, C. Maylin. *Saint-Louis hospital, Radiotherapy, Paris, France*

Rationale: palliative effect of EBBT is actually well demonstrated. But its curative value is still unknown. We have reviewed our experience of EBBT in a very selected group of patients (pts) treated in a curative intent.

Selection criterias: pts with a localized endobronchial lesion, not visible on CT-scan, and without nodal or visceral metastasis. The tumor could occurred in a previously irradiated area.

Population: 100 pts fullfilled the selection criteria (Male: 92; median age: 59 yrs). Indication for EBBT were: relapse after surgery: 33; relapse after external irradiation (ERT): 37; chronic respiratory failure, contraindicating surgery or ERT: 25; others: 5.

Results: A complete response was obtained in 69 pts (69%), with, among them, 49 confirmed histollogically; partial or no response: 14 pts; unknown response: 17. Median, 1-yr and 3 yr survival were respectively 21 mths, 64% and 33%. Pts with a complete response had a better survival than the others (at 2 yrs: 55% vs 2%; p= 0,003). Pts with a lesion occurring in a not previously irradiated area had also a better response rate (p= 0.02) and a better survival (median survivals: 40 mths vs 12 mths; p = 0,001).

Conclusion: our study demonstrate the curative potential of EBBT with one third of the patients treated in a curative intent alive at 3 yrs. Major prognostic factors were response to EBBT and lesion occurring in a not previously irradiated area.

176 POSTER

Practical approach to patients presenting with multiple synchronous suspect lung lesions. A reflection on the current TNM classification based on 54 cases with complete follow-up

J. Vansteenkiste, B. De Belie, K. Nackaerts, G. Deneffe, P. De Leyn, D. Van Raemdonck, T. Lerut, M. Demedts. *The Leuven Lung Cancer Group; Univ. Hospital Gasthuisberg, Catholic University Leuven, Belgium*

Purpose: To examine the survival after surgical treatment of patients presenting with two synchronous suspect lung lesions, and to evaluate the actual TNM-classification, which has upgraded patients with two malignant lung lesions of the same histology into the T4 (both lesions in the same ipsilateral lobe) or M1 (different lobes of lungs) category.

Methods: Retrieval of all consecutive patients with two synchronous suspect lung lesions in the prospective database of the Leuven Lung Cancer Group in the interval between 1990 and 1994 (to allow complete 5-year follow-up data). Analysis of characteristics and survival data of all patients, who underwent surgical resection with intention to cure for both lesions.

Results: Forty-eight of 54 patients had surgical resection with curative intent. Their 5-year survival rate was 41%, with a median survival of 44 months. At postoperative histological examination, 30 patients proved to have two synchronous malignant lesions of the same histology. Their 5-year survival was 35%, with no obvious differences in survival between patients with two lesions in the same or in different lobes.

Conclusion: An aggressive surgical approach in carefully selected patients presenting with two suspect pulmonary lesions is rewarding. There is no doubt that patients with two malignant lung tumours of the same histology certainly have a higher disease stage than those with a single lesion, but the current stage IIIB or IV classification might underestimate their prospects for long-term survival after radical resection.

177 POSTER

Clinical characteristics, treatment, and prognosis of lung cancer elderly patients

Gianfranco Buccheri, Domenico Ferrigno. *From the Cuneo Lung Cancer Study Group; "S. Croce e Carle" General Hospital, I-12100 Cuneo, Italy*

Background: Cancer in the elderly is becoming a complex and frequent issue to deal with. Increasing age is the major risk factor for the development of cancer, with approximately 60% of cases being diagnosed after the age of 65 years. The purpose of this study was to delineate any possible clinical difference between elderly and younger patients with lung cancer (LC). All patients seen for a newly diagnosed LC from 1/1/1983 to 31/12/2000 were the object of this study.

Methods: Anthropometric, anamnestic, clinical, laboratory, bronchoscopic, radiological, and pathological features (in all 74 variables) were prospectively recorded in 1464 patients during the period of time considered. Patients were divided according to their age at diagnosis (up to 69 years, GROUP 1, 70 years or older, GROUP 2). The 2 groups were compared, as appropriate, by the Student-t-test, the median test, the chi-squared test, the log-rank test for survival, and the Cox's regression analysis. The Bonferroni correction for multiple tests was applied.

Results: In all, we found 410 elderly patients (28% of the cohort). The following variables were different in the two groups examined ($p < 0.001$): smoke (sigarettes per day), weight loss, performance status, haemoglobin, platelet count, serum level of glutamic pyruvic transaminase, alkaline phosphatase, creatinine, and tissue polypeptide antigen. Also histologic subtype, and treatment modalities differed significantly. Survival was worse in older than in younger patients (39 weeks vs 29.7, $p < 0.001$). A Cox's proportional hazards regression analysis selected as prognostically significant: 1) KPS; 2) treatment; 3) N factor; 4) TPA; 5) weight loss; 6) neutrophil; 7) sodium; 8) creatinine; and 9) LDH.

Conclusion: Based on these findings, we conclude that no major tumour characteristic is age-dependent, and that patients' age is not an independent prognostic factor.

178 POSTER

Docetaxel and carboplatin combination as second-line treatment in metastatic non-small-cell lung cancer(NSCLC)

J.W.G. Van Putten, F.M. Wachters, H.J.M. Groen. *University Hospital, Dept of Pulmology, Groningen, the Netherlands*

Purpose: To evaluate the efficacy of the combination of docetaxel 75 mg/m2 and carboplatin AUC 6 mg/ml.min in pts with NSCLC who failed, or relapsed after previous chemotherapy. Second-line chemotherapy in NSCLC is only recently explored, since docetaxel has shown promising activity with improvement in survival and quality of life. Therefore, we investigated if a docetaxel-platinum combination could improve therapeutic efficacy in patients (pts) with NSCLC.

Patients and Methods: Pts were included with a diagnosis of stage IIIb/IV NSCLC, previous treatment with chemotherapy, PS $\simeq$ 2, and adequate bone marrow, liver and renal function. Treatment was administered every 3 weeks to a maximum of 5 cycles (cy).

Results: From January 1999 till December 2000 50 pts were included: 30 male and 20 female, median age was 56 yrs (range 30-76), stage IIIb/IV in 6/44 pts, PS 0/1/2 in 14/29/7 pts, adeno/squamous/large cell carcinoma in 23/19/8 pts. Prior treatment was gemcitabine in 2 pts, epirubicin-gemcitabine in 29 pts, and cisplatin-gemcitabine in 19 pts. Six pts had received additional high-dose thoracic radiotherapy. Median interval from prior treatment was 20 wks (range 2-100). Median number of cycles was 4 (range 1-5), 18 pts (36%) received the maximum number of 5 cy. Reasons to stop treatment earlier were disease progression in 16 pts, own request after 4 cy in 4 pts, hematological toxicity in 6 pts, non-hematological toxicity in 3 pts, and early death in 3 pts. Hematological toxicity (total of 176 cy) was CTC grade 3/4 (%cy): leukocytopenia 38/11, granulocytopenia 35/28, thrombocytopenia 9/3. Febrile neutropenia occurred in 4 pts; 2 pts died of sepsis. Non-hematological toxicity was mild, except fatigue CTC grade 3/4 in 5/1 pts. Blood and platelet transfusions were given in 19 and 4 pts, resp. Best tumor responses were: 17 PR, 19 SD, 14 PD. Overall response rate is 34% (95% CI 22-45). Four tumor responses (21%) were observed in pts after previous cisplatin-based treatment, compared to 13 (41%) in the non-platinum containing regimen. Median time to progression was 17 wks (95%CI 7-26), median survival was 29 wks (95%CI 22-36).

Conclusion: In pts with advanced NSCLC the combination of docetaxel with carboplatin is active as second-line treatment after prior gemcitabine-based chemotherapy with or without cisplatin, suggesting non-cross-resistance.