Conclusion: Apart from a slightly superior hematologic toxicity, there was no significant difference in outcome or toxicity between elderly and younger patients. PC regimen is an active and well tolerated regimen in selected (PS 0-2) elderly patients with MPM.

B51* PREDICTIVE VALUE OF FLUORODEOXYGLUCOSE UPTAKE BY PET/CT AND PHOTON TOMOGRAPHY IN THE EVALUATION OF REFRACTORY NON-SMALL-CELL LUNG CANCER TREATED WITH ERLOTINIB

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Purpose: To determine prospectively whether the standardized uptake value (SUV) of fluorodeoxyglucose uptake by positron emission tomography (FDG-PET) could be a prognostic factor for refractory non-small-cell lung cancer NSCLC treated with erlotinib. To prospectively evaluate the use of (FDG-PET) to on response evaluation to erlotinib.

Patients and Methods: Patients with histologically proven NSCLC pretreated with chemotherapy, undergoing palliative erlotinib 150 mg/die were eligible for this study. Patients were evaluated by FDG-PET before erlotinib and after 45 days of therapy. A decrease of 20% or more in tumor FDG uptake as measured by standardized uptake value was defined as a metabolic response.

Results: From September 2006 to February 2007, 16 patients were included in the study. Patients characteristics were: median age 65 (range 23-78), male 12 pts, adenocarcinoma 7 pts, second-line erlotinib 10 pts, non-smokers 5 pts. Patients assessed with clinical and conventional radiological methods (CT-scan) was: 1 partial response (PR), 10 progression (PD), 2 stable disease (SD). Three pts are on evaluation. Accrual is still ongoing and definitive results will be presented at the meeting.

B52* SEQUENTIAL TREATMENT OF ADVANCED NON-SMALL-CELL LUNG CANCER WITH 2 SCHEDULES OF DOCETAXEL AND CISPLATIN (C) COMBINATION, FOLLOWED BY GEMCITABINE (G). PRELIMINARY RESULTS OF A RANDOMIZED PHASE II TRIAL

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Methods: Twelve 36-week cycles were planned: 3 cycles of docetaxel-cisplatin (DC), followed by 3 cycles of gemcitabine-cisplatin (GC), followed by 3 cycles of single agent gemcitabine (G). Primary endpoint was overall survival (OS). Secondary endpoints were response-rate (RR), progression-free survival (PFS), event-free survival (EFS) and toxicity.

Results: 433 patients were randomized. As to comparison (1): RR was 24.8% vs 37.2% (p=0.019), PFS 4.9 vs 6.5 months (p=0.220) and OS 10.4 vs 9.8 months (p=0.431) for N-containing vs P-containing regimens, respectively. As to comparison (2): RR was 30.4% vs 32.0% (p=0.739), PFS 6.7 vs 5.1 months (p=0.286) and OS 10.9 vs 9.6 months (p=0.326) for I-triplets vs I-non containing doublets, respectively. Grade 3-4 anaemia, leucopenia and thrombocytopenia were significantly more frequent in P-containing regimens; only grade 3-4 leucopenia was more common in I-triplets. Concerning non-haematological toxicity, only grade 3-4 nausea/vomiting was significantly increased in P-containing regimens.

Conclusions: Results of this unplanned preliminary analysis indicate that replacing P with N or adding I to a chemotherapy doublet did not improve OS in the treatment of these patients. However, P-containing regimens showed a statistically significant advantage in RR over P-free chemotherapy. Updated results will be presented at the meeting.