P2803
Usefulness of serum procalcitonin in lung cancer patients with elevated serum C-reactive protein level
Hec Jung Ban, Seung Gyu Li, Su Young Chi, Eun Young Kim, Yoon Hee Kim, Kya Sik Kim, In Jae Oh, Young Chul Kim, Yong Soo Kwon, Yu Il Sung, Chul Lim. Department of Internal Medicine, Chonnam National University Hospital, Jeonbong, Duwang, Kwang, Korea.

Background: It is not easy to distinguish between infections and other causes with C-reactive protein (CRP) level or white blood cell (WBC) count in febrile lung cancer patients. We investigated the usefulness of serum procalcitonin (PCT) and CRP for the differential diagnosis of fever in lung cancer patients.

Methods: We measured serum PCT level and WBC count in lung cancer patients with serum CRP >0.3 mg/dL. The subjects were categorized as either infection or non-infection group. Infection was verified by respiratory culture, blood culture and radiologic finding. Those who developed febrile neutropenia after chemotherapy and improved after antibiotic treatment were grouped as infection group (IG). Non-infection group (NG) comprised those who had had drug fever or cancer fever.

Results: A total number of measurement was 375 samples from 285 patients. PCT showed 2.28±5.81 μg/L in IG and 0.36±0.43 μg/L in NG (mean±standard deviation p<0.001). CRP showed 17.24±8.87 mg/dL in IG and 11.61±7.93 mg/dL in NG (p<0.001). In febrile patients, there was also significant differences of PCT (1.80±4.01 μg/L in IG, 0.24±0.31 μg/L in NG, p<0.003) and CRP (17.88±6.82 mg/dL in IG, 13.11±7.96 mg/dL in NG, p<0.004) levels. Area under curve of PCT was significantly larger (0.775, 95%CI 0.690-0.861) than CRP (0.646, 95%CI 0.540-0.753, p=0.026). Sensitivity and specificity of PCT using cut off level of 0.21 μg/L was 73.8% and 59.1%.

Conclusion: Serum PCT could be more helpful for differentiation of infections from non-infectious causes of fever in lung cancer patients.

P2804
Procalcitonin: A prognosis factor in lung cancer and a marker for small-cell lung cancer
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Introduction: Serum procalcitonin (PCT) is used for the early diagnosis of bacterial infections. PCT is also a prognostic factor in thyroid carcinomas and PCT level is also usually increased in small cell lung cancer.

Aim: To evaluate the serum PCT level as a diagnostic and prognostic marker of lung cancer.

Methods: Sera sampled between December 2008 and November 2010 for neuro-specific enolase (NSE) dosage at the Rouen University Hospital were retrieved. A PCT dosage was performed on samples from untreated patients with histologically proven lung cancer.

Results: From the 147 blood samples selected, 66 came from adenocarcinoma patients, 58 from neuroendocrine lung cancers (NELC) including 31 small cell lung cancers, 6 large cell lung cancers and one atypical carcinoid, 23 from squamous cell carcinomas and 2 sarcomas. Median serum PCT level was higher in NELC (0.35 ng/ml, [0.11-1.23]) as compared to adenocarcinoma (0.08; [0.05-0.14]), or squamous cell carcinoma (0.1; [0.06-0.19]). In univariate analysis, patients with a PCT >0.15 ng/ml had a lower median survival than patients with a PCT <0.15ng/ml: 92 vs. 348 days (p=0.0001, log-rank test).

Conclusion: Serum PCT should not be used for the early diagnosis of bacterial infection in patients with a NELC. Elevated PCT appears to be a marker of poor prognosis in lung cancer patients.

P2805
Serum levels of interleukin 8 and plasma levels of osteopontin in patients with non-small cell lung cancer during chemotherapy
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Interleukin 8 (IL-8) and osteopontin (OPN) are multifunctional cytokines associated among other with tumor progression and metastasis. The aim of the study was to evaluate serum levels of IL-8 and plasma levels of OPN in patients with NSCLC undergoing chemotherapy. Peripheral blood samples were taken before and after four cycles of chemotherapy (DDP+VP) and in the case of progression of disease. The study included 29 patients diagnosed histologically with lung cancer (stage IIIB 12 patients, stage IV 17 patients). IL-8 and OPN levels were determined by ELISA (R&D). Mean levels of IL-8 and OPN significantly increased with progression of the malignancy: serum IL-8 levels in stage IIIB and IV were 19.82 pg/ml and 46.83 pg/ml, respectively, (p<0.001), plasma OPN levels in stage IIIB and IV were 50.34ng/ml and 73.02ng/ml, respectively, (p<0.02).

Cytoreduction treatment had no influence on the mean levels of IL-8 and OPN in comparison with their mean levels before treatment (in both stages). The progression of disease resulted in significant increase of mean serum level of IL-8 (34.31±3.38 pg/ml) when compared to mean level (before treatment) serum level of IL-8 (23.78±2.71 pg/ml) (p<0.05). Mean plasma level of OPN were elevated but without statistical significance. In conclusion, chemotherapy had no influence on the serum IL-8 levels and plasma OPN levels. The increased IL-8 and OPN levels possibly relate to the activity of lung cancer.

P2806
Role of C reactive protein in non small cell lung cancer staging
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Hypothesis: Advanced stage in lung cancer is associated to increased CRP levels in serum.

Objective: To compare blood levels of different inflammatory markers (TNFα, IL-8, C Reactive Protein [CRP] in patients with different stages of lung cancer.

Method: 56 patients diagnosed of lung cancer were included (53 males, 64.59±19.73 years, X±SD). All of them underwent studies for disease staging, including fibronchoscopy and computed tomography, and positron emission to-
Thematic Poster Session

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P2807
The prognostic value of anemia, thrombocytoysis and leucocytosis at time of diagnosis in patients with non-small cell lung cancer

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Aim: To study the prognostic potential of haemoglobin (Hgb), platelet (Pt) - and white blood cell (WBC) levels at time of diagnosis in non-small cell lung cancer (NSCLC) patients.

Background: The search for prognostic and predictive biomarkers in NSCLC is intense. With an increasing number of targeted agents available the present focus is on the genetics of the tumour. However, a majority of all patients lack genetic markers that favour targeted therapies. Thus the need for basic prognostic factors to optimise the treatment for each individual patient is essential.

Methods: 833 NSCLC patients, stage I-IV were included in the study. WBC, Plt, Hgb, age, gender, stage, surgery and first-line chemotherapy were studied in relation to overall survival.

Results: For patients with Hgb <110g/L and Hgb >110g/L the median survival was 11.2 and 14.5 months respectively (p=0.0032). For WBC >9.0×10^9/L and <9.0×10^9/L the median survival was 11.6 and 15.4 months respectively (p=0.0001). For Pt >350×10^9/L and <350×10^9/L the median survival was 11.2 and 14.9 months respectively (p=0.0001). For patients with no pathology in the studied markers compared to those with pathological results in all three markers the median survival were 16.0 and 8.0 months respectively (p<0.0001).

Conclusions: The level of the three studied biomarkers corresponds significantly to outcome. A trend for worsened prognosis is shown when combinations of two pathological markers are present. With all three biomarkers pathological the median survival is halved compared to the group with normal levels. The results are important for the decisions regarding treatment choice and intensity.

P2808
Analysis of the clinical feature of 838 patients with lung cancer

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Objective: To investigate the clinical feature of lung cancer.

Methods: We retrospectively analyzed the clinical data of inpatients diagnosed with primary bronchogenic carcinoma who registered in our hospital between 2007 and 2008.

Results: The age of onset of lung cancer was 59 years old. 50.1% of the patients had a history of smoking, 9.8% of whom were males. Coughing, expectoration, emaciation, hemoptysis, chest pain, dyspnea and pyrexia were the most common symptoms. The levels of NSE and CYFRA21-1 in males were higher than those in females, and the levels of serum CYFRA21-1 in senile were higher than those in non-senile. The levels of serum NSE and CYFRA21-1 in smokers were higher than those in non-smokers, while they were higher in patients with central type lung cancer than those in patients with peripheral type lung cancer. The levels of serum NSE in small cell lung cancer patients were higher than those in non-small cell lung cancer patients. The levels of CEA in patients with adenocarcinoma were higher than those in patients with squamous cell carcinoma, while the levels of serum CYFRA21-1 were higher in the latter. The more advanced the disease was, the higher the levels of serum CEA, NSE and CYFRA21-1 were. Carcinoma was the most commonly seen in the upper lobes of both sides of the lungs. 68.6% of lung cancer belonged to peripheral type. Adenocarcinoma and squamous cell carcinoma were the most common pathological type. 66.0% of lung cancer patients were inoperable, and later they were surgically treated.

Conclusions: The combined detection of serum CEA, NSE and CYFRA21-1 could do some help to identify of lung cancer.

P2809
TTF-1 in advanced SCLC – Diagnostic and prognostic relevance

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Background: The thyroid transcription factor-1 (TTF1) has an important role in differentiating primary lung from other adenocarcinoma. Furthermore, data indicate its possible prognostic implication on overall survival (OS) in adenocarcinoma patients. Beside the number of TTFT1-negative SCLC, the diagnostic value in SCLC limited as extrapulmonary small cell cancers (SCC) can show TTFI expression due to their neuroendocrine differentiation. It is unknown if TTFI-expression is a prognostic factor in patients with SCLC.

Aim: To compare the OS of patients with SCLC stage IIIB/IV according to their TTFT1-expression.

Methods: We retrospectively analyzed 297 patients (f, n=111; m, n=186) with SCLC stage IIIB/IV (UICC-6; stage IIIIB, n=31; IIIB, n=200; IIIB, n=66) diagnosed between 01/05 and 12/08. TTFT1-expression was prospectively evaluated and the OS of patients was compared between the group of TTFT1-positive and TTFT1-negative SCLC.

Results: TTFT1 was available in 221 (74.4%) patients. Of these, 184 (83.3%) had TTFT1-positive and 37 (16.7%) TTFT1-negative SCLC. The percentage of TTFT1-negative SCLC did not differ between the different stages (III, n=13 [5.3]; IV, n=7 [17.6%]). Median survival was 533 (395-708) days for patients with stage IIIA, 447 (349-545) days for stage IIIB and 289 (234-340) days for stage IV patients. There was no significant difference in OS according to TTFT1-expression in the entire patient population and in any of the three stages (censorship, TTFT1neg. 300 [241-359] days, TTFT1-pos. 367 [297-440] days; p=0.30).

Conclusion: TTFT1-expression has no diagnostic or prognostic relevance in SCLC patients. Therefore, the determination of TTFT1-expression in SCLC is dispensable for clinical decision making.

P2810
Pulmonary primary adenocarcinoma: Diagnosis, treatment and outcome

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Introduction: Adenocarcinoma (ADC) was individualized within primary lung cancers from part their epidemiological, clinical and evolutionary particularities.

Objective: To describe diagnosis, management and outcome of primary lung adenocarcinoma.

Methods: Retrospective study including 79 patients in whom diagnosis of primary lung ADC was made in our department between January 2002 and December 2010.

Results: All patients were males with mean age of 60 years. 94,9% of them were smokers. Functional signs were dominated by chest pain (41 patients) and spumum (36 patients). The chest radiograph showed proximal opacity in 47 patients. The histological diagnosis was allowed by bronchial biopsy in 44% of cases, trans-thoracic biopsy in 19% of cases, surgical biopsy in 25% cases, biopsy in 4% of cases and biopsy of remote metastasis in 8% of cases. Tumoral cells expressed CK7 in 32% of cases, TTFT1 in 9% of cases, CK20 in 1.2% of the cases, EMA in 2.5% of the cases, CK5/6 in 2.5% of the cases, K1 in 4% of cases and PanCK in 1.2% of cases. 60% of the patients had cancer at stage IV. Surgery was performed in 20 patients (lobectomy in 19 patients and pneumonectomy in 1 patient). The chemotherapy was administrated in 49% of the patients. Curative radiotherapy was performed in 4 patients and palliative in 19 patients. Symptomatic treatment was decided in 26 patients. Recurrence after surgical treatment was noted in 50% of cases after a mean delay of 229,37 days. Mean survival of all patients was of 355,92 days.

Concussion: Diagnosis of pulmonary ADC is based on histological study. Most of our patients have metastatic disease when diagnosed explaining poorer prognosis.

P2811
Early complications after lung resections at patients treated for lung cancer with and without neoadjuvant hemotherapy

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Anatomical lung resection offers the chance of cure for patients with localized lung cancer. Very often late diagnosis, advanced stage of the disease limit radical anatomical surgical resection. Use of neoadjuvant therapy made some of the cases operable, and later they were surgically treated.

Aim: To evaluate early (surgical) complications at patients with neoadjuvant therapy.

Material and methods: We compare 36 patients surgically treated with lung resection, before treated with neoadjuvant therapy (3 to 6 cycles with cisplatin and gemcitabin or ciclofosfamid or taxol) with 42 patients surgically treated without neoadjuvant hemotherapy, in the same period, in the 2009 and 2010.

Results: At the grop with neoadjuvant therapy we registred more intraoperative and early postoperative complications as: bleeding 10 vs 7, p=0,63, changes in lung vesels 3 vs 0, p=0,8, prolonged air leak 9 vs 6, p=0,63, stump fistula (at pneumonectomy) 2 vs 0, p=0,76, pneumonia 9 vs 3, p=0,86, wound infection 2 limited as extrapulmonary small cell cancers (SCC) on show TTFI expression due to their neuroendocrine differentiation. It is unknown if TTFT1-expression is a prognostic factor in patients with SCLC.

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Patterns of recurrence after resection surgery of lung cancer: Clinical correlations and survival

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Objectives: Analyze the patterns of recurrence and survival in lung cancer patients underwent surgery

Methods:
Observational, retrospective cohort of lung cancer patients undergoing surgery during years 1999-2006 in CHOU-Spain. We performed a descriptive analysis of data, the continuous variables to be non-Gaussian are shown as median and categorical variables as frequencies and percentages. We determined the clinical factors associated with recurrence and survival by Kaplan-Meier curves and Cox regressions models. We used SPSS 15.0 software

Results: 168 patients underwent surgery, of whom 79.8% were men, and the median age was 67 years (55-82). 74 ex-smokers (44%) and 63 active smokers (37.5%). Most common histological type was epidermoid 88% (52.4%) followed by adenosquamous cell carcinoma 48 (28.6%). The median tumor size in CM was 3.3 [0-9], and most of the cases had differentiation in 77 [45.8%]. The pathological stages were: 91 [57.6%], II 26 [16.5%], IIIA 30 [19%], IIIIB 11 [6.5%]. The most frequent surgical resection was lobectomy. Recurrence occurred in 78 [46%] patients, related with tumor size (p = 0.002) and pathological stage (p < 0.001), no differences in the histological subtype (p = 0.232). Coughing and CNS disorders were the most prevalent symptoms of recurrence and extrathoracic involvement was in 42 cases (58.3%). The median survival in those who had recurrence was 9 months, with 95% CI [5.129 to 12.871]. Other risk factors of death were tumor size (p = 0.002) and pathological stage (p < 0.001)

Conclusions: Most patients do not relapse. Recurrence was more frequent extrathoracic location. The tumor size and advanced stages determine higher risk of recurrence and mortality.

Radiofrequency ablation in the treatment of malignant lung tumors

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Objectives: Radiofrequency ablation (RFA) has gained acceptance for thoracic surgery use but few data exist regarding its value in thoracic oncology. The aim of this study is to report our experience RFA for malignant lung tumors

Methods:
From 2010 27 patientes were underwent RFA for peripheral malignant tumors: metastases (n 20), primary lung cancer (n 7).

Results:
Nab-P is a novel water-soluble formulation of paclitaxel (P) that uses serum albumin as a vehicle to improve pharmacokinetic properties. The albumin-bound paclitaxel (nab-P) has been associated with a number of potential advantages compared with P, including the ability to be reconstituted in water, a more favorable pharmacokinetic profile, and a reduced risk of neurotoxicity and neutropenia. Nab-P has been shown to have activity in a variety of solid tumors, including breast, ovarian, and non–small-cell lung cancer (NSCLC)

Aim and objectives: Nab-P is a novel water-soluble formulation of paclitaxel (P) that uses serum albumin as a vehicle to improve pharmacokinetic properties. The albumin-bound paclitaxel (nab-P) has been associated with a number of potential advantages compared with P, including the ability to be reconstituted in water, a more favorable pharmacokinetic profile, and a reduced risk of neurotoxicity and neutropenia. Nab-P has been shown to have activity in a variety of solid tumors, including breast, ovarian, and non–small-cell lung cancer (NSCLC)

Method: Our source was MEDLINE database till the end of 2010 with key words nab-P, NSCLC

Results: We found three phase I, three phase II trials and one dose-finding non-randomized trial for a phase III trial and the results of a phase III randomized trial presented in the ASCO meeting 2010. The technical advantages over P including shorter infusion time of 30 minutes and no need of premedication. Nab-P has significant single agent activity. When combined with carboplatin (C) or C and bevacizumab, has promising activity in the first line treatment of NSCLC. In the phase III trial with 1038 patients, nab-P combined with C significantly improves response rate (ORR) versus PC. Squamous cell carcinoma patients treated with nab-PC significantly improved ORR versus PC. Toxicity profile presented less high-grade adverse events and minimal risk of hypersensitivity reactions.

Conclusion: Latest data for nab-P suggests a safe and efficient profile. Nab-P may replace the older taxanes in case of hypersensitivity reactions. Patients with squamous histotype may have an advantage if treated with nab-P but further investigation is needed.
MONDAY, SEPTEMBER 26TH 2011

P2817 Smoking habits and erlotinib response in non-small-cell lung cancer (NSCLC) (CLINICAL) treatment
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Background: Erlotinib is a tyrosine kinase inhibitor (TKI) approved for 2nd or 3rd line treatment of advanced NSCLC. Smoking status, histology and epidermal growth factor receptor (EGFR) gene mutational status.

Aim: Evaluate the smoking impact on objective response (OR) and survival of pts treated with erlotinib.

Method: Retrospective analysis of OR, overall and post-erlotinib (PE) survival in pts treated with this TKI from 2006 till December 2010, taking into account the gender, smoking status, histology and epidermal growth factor receptor (EGFR) gene mutational status.

Results: Over the past 5 years, 104 pts (57 males) began treatment with erlotinib: 66 adenocarcinomas (AC), 18 squamous cell carcinomas (SCC) and 20 NSCLC. Smoking status: 48 non-smokers (NS); 31 ex-smokers (ES) and 25 active smokers (AS). Median overall survival of 23 months (m). There was no significant difference in overall survival among pts of different gender, staging or smoking status. Median PE survival of 6m. The PE survival was higher in NS (12 vs 6m in ES and 4m in AS; p=0.077), AC (10 vs 5m in SCC and 3m in NSCLC; p=0.013) and in mutated pts (14 vs 6m in non-mutated; p=0.033). Analyzing by histologic subtypes, in AC survival remains higher in NS (21 vs 10m in ES and 2m in AS; p=0.021). Analyzing by mutational status, smoking habits lose significance. Assessing the OR to erlotinib, 50 pts had disease progression and 48 disease control (DC). DC was more frequent in NS (54.2% vs 45.8%; OR=0.476; 95%CI:0.212-1.070) and in mutated pts (67.5% vs 32.5%; OR=1.685; 95%CI:0.630-4.703).

Conclusion: Smoking habits have a major impact on survival of AC pts treated with erlotinib. This impact loses significance when analyzed by mutational status.

P2818 What outcome after the prescription of neoadjuvant chemotherapy in lung cancer?
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Background: The treatment of patients with locally advanced non-small-cell lung cancer is controversial. Surgery remains the gold standard treatment even in the second stage 19.31). Kaplan-Meier survival curves were used to compare survival time among patients with a presence or absence cardiovascular comorbidities. There was not a statistically significant relationship between shorter survival time and a history of cardiovascular comorbidity (p=0.104).

Aim: A retrospective study of a 5-years’ consecutive series of M-BPC patients, treated in a tertiary referral center.

Methods: Demographics, symptoms, staging, pathology, therapy and survival were compared for non-metastatic (NM-) and M-BPC.

Results: Of 57 BPC patients, 12 (21%) had metastases. Five were truly metastatic at diagnosis. No differences were observed for age, smoking status and gender. Hemoptysis was mostly found in M-BPC (4/12); infection and absence of symptoms in NM-BPC (both 6/45). Somatostatin receptor imaging was performed in respectively 20% and 92%, FDG-PET in 67% and 75%, Ki-67 staining in 24% and 75%, chromogranin A staining in 64% and 83% of NM- and M-BPC patients. M-BPC was predominantly treated with chemotherapy (42%) and somatostatin analogues (58%), NM-BPC with surgery (91%). Median survival was 52 months for M-BPC, while not yet reached for NM-BPC patients (p=0.01).

Conclusion: In our center, a larger proportion of M-BPC patients was treated compared to literature. Major differences between NM-BPC and M-BPC were observed for treatment choices. Survival was significantly worse for M-BPC, although much better compared to more common lung cancer types.

P2820 Metastatic bronchopulmonary carcinoid
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Background: Bronchopulmonary carcinoid (BPCs) are rare neuroendocrine tumors. Metastatic BPC (M-BPC) represents less than 10% of all BPCs.

Aim: A retrospective study of a 5-years’ consecutive series of M-BPC patients, treated in a tertiary referral center.

Methods: Demographics, symptoms, staging, pathology, therapy and survival were compared for non-metastatic (NM-) and M-BPC.

Results: Of 57 BPC patients, 12 (21%) had metastases. Five were truly metastatic at diagnosis. No differences were observed for age, smoking status and gender. Hemoptysis was mostly found in M-BPC (4/12); infection and absence of symptoms in NM-BPC (both 6/45). Somatostatin receptor imaging was performed in respectively 20% and 92%, FDG-PET in 67% and 75%, Ki-67 staining in 24% and 75%, chromogranin A staining in 64% and 83% of NM- and M-BPC patients. M-BPC was predominantly treated with chemotherapy (42%) and somatostatin analogues (58%), NM-BPC with surgery (91%). Median survival was 52 months for M-BPC, while not yet reached for NM-BPC patients (p=0.01).

Conclusion: In our center, a larger proportion of M-BPC patients was treated compared to literature. Major differences between NM-BPC and M-BPC were observed for treatment choices. Survival was significantly worse for M-BPC, although much better compared to more common lung cancer types.

P2821 Primary posterior mediastinum epithelioid angiiosarcoma complicated with pulmonary thromboembolism: A case report
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Epithelioid angiiosarcoma is a rare subtype of angiiosarcoma. We find that no case of primary posterior mediastinum epithelioid angiiosarcoma has been reported till now through review of literature. We reported the first case of primary posterior mediastinum epithelioid angiiosarcoma complicated with pulmonary thromboembolism. A 77-year-old man was hospitalized with cough and repeated haemoptysis for almost one month. A CT pulmonary angiography revealed posterior mediastinal mass and a filling defect in lateral-posterior basal pulmonary artery. The patient underwent posterior mediastinum tylectomy, and the histopathological examination results revealed an epithelioid angiiosarcoma (figure 2A). Immunohistochemical studies were positive for CD31 (figure 2B) and Factor VIII (figure 2C) and negative for CD34 (figure 2D).

Though our patient endured tylectomy, he died within 6 months from presentation of cough and haemoptysis.

522s

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A 55 year old man with bilateral pulmonary nodules, neuropathy and renal nodules

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Case description: A 55-year-old previously healthy male presented with complaints of bilateral chest wall pain for the last 4 weeks. Patient denied any history of cough, fever, dyspnea, hoarseness, or any rash. He had smoked a half pack per day for about 30 years. Physical examination was normal as were laboratory studies. Chest CT scan demonstrated a 2.5 cm mass adjacent to the left diaphragm with small satellite nodules. Open lung biopsy did not yield any definite diagnosis. Further workup with MRI of spine, CSF analysis and a para-neoplastic antibody panel were negative. A nerve conduction study demonstrated an axonal polyradiculoneuropathy. Almost a year later a repeat chest and abdominal CT scan showed innumerable bilateral lung nodules and masses. It also showed peculiar mottling of the kidneys. A repeat thoracotomy and lung biopsy showed finding consistent with pulmonary lymphomatoid granulomatosis (EBV positive diffuse large B-cell lymphoma of the lungs).

Discussion: Pulmonary lymphomatoid granulomatosis is an uncommon multi-organ systemic disease with predilection to lungs and characterized by multiple pulmonary nodular lesions with lymphocytic invasion of vascular walls on biopsy. The skin, kidney, and neurologic system may be affected concurrently or independently. Cough and dyspnea are the most common presenting symptoms in patients with lung involvement. Physical examination and laboratory studies are generally non-diagnostic. Chest radiography typically reveals multiple poorly defined nodules and/or masses in the mid- and lower-lung zones; diffuse reticular abnormalities may also be present. Therapy ranges from observation to treatment with prednisone or chemotherapy.