119. Instructive clinical aspects of thoracic oncology

P1233
Octogenarians with non-small cell lung carcinoma – Advanced disease
Lígia Fernandes, Cláudia Santos, Inês Sanches, Ana Figueiredo, Fernando Barata.
Pneumology, Centre Hospitalar Universitário de Coimbra, Hospital Geral, CHC, EPE, Coimbra, Portugal

Approximately 50% of new non-small cell lung cancers – advanced disease (NSCLC-AD) cases are diagnosed in the elderly and nearly 20% are detected in patients aged 80 years and older. Limited information is available about the correct approach in octogenarians.

Objective: Retrospective observational analysis of elderly patients with NSCLC-AD in order to assess epidemiological characteristics, performance status (PS), co-morbidities, concomitant medications, therapy and survival.

Results: In seven years (2004-2010), 108 octogenarians were diagnosed with NSCLC-DA. The median age was 82 years and 68.5% were men. We found 54.6% former smokers, 34.2% non-smokers and 11.2% active smokers. Adenocarcinoma was found in 51%, squamous carcinoma in 41.7% and NSCLC – NOS in the remaining patients. At diagnosis, 48.1% had PS 0-1, 38% had PS 2 and 13.9% had PS 3. Evaluation of co-morbidities showed that 58% of patients had ≤ 3, while the remainder had > 3 co-morbidities (4-9). These co-morbidities warranted that 62% of the patients received more than 4 drugs as concomitant medication.

Chemotherapy was the option in 45 octogenarians. In 11 patients we decided to do a doublet with carboplatin plus gemcitabine. In the remaining 34, our option was monochemotherapy with oral vinorelbine in 26 and pemetrexed in 8 patients. Toxicity with serious side effects explains why only 14 of the 45 patients completed 4 cycles. Overall median survival was 3.1 and 8.6 months for those who started chemotherapy, regardless of whether single or doublet.

Conclusions: The increase in life expectancy, along with the research of new and less toxic therapies justifies a revisit of this population group, where prospective clinical trials are needed.

P1234
The primitive bronchogenic carcinoma in the elderly
Hanae Bengelloun, Nahid Zaghiba, Najiba Yasine, Abdelaziz Bakhatar.
Andelkem Bahlaoui. Department of Respiratory Diseases, University Hospital Center Ibn Rochd, Casablanca, Morocco

The increased incidence of lung cancer in the elderly is associated to the increase of the intrinsic risk to develop a cancer with age, to the ageing of the population and especially to the smoking and the exposure to occupational and environmental carcinogens. We realized a retrospective study of 108 patients aged of 65 year old and older, hospitalized in the department of Respiratory Diseases, UHC Ibn Rochd between January 2008 and January 2010. It is about 96 men and 12 women. The average age is 69 years old. Smoking is found in 90 cases, the symptomatology is dominated by coughing, chest pain, dyspnea in 80 cases, and hemoptysis in 46 cases. The thoracic imaging showed, more the tumoral processes of mediastinal adenopaties in 50 cases, a bone lysis in 12 cases, a balloon release in 10 cases, interstitial syndrome in 8 cases and pleurisy in 7 cases. The bronchoscopy revealed a budding tumor in 56 cases, a tumor infiltration in 24 cases. The diagnosis is based on bronchial biopsies in 68 cases, the transmural needle biopsy in 26 cases, the peripheral ganglial biopsy in four cases, pleural needle biopsy in 6 cases and the thoracotomy in 5 cases. The epidermoid carcinoma is the most common histological type in 45 cases, followed by adenocarcinoma in 40 cases, small cells carcinoma in 10 cases and undifferentiated carcinoma in 13 cases. At the end of the complete physical examination, 55% of the patients were classified stage I-II. The bronchogenic carcinoma of the elderly is often revealed in the late stages. Its therapeutic management depends on the patient’s general condition and related defects.

P1235
Impact of radon residential concentration in the development of lung cancer in Transilvania, Romania
Loredana Elena Rosca 1, Deina Adina Toderau. 2,3 Pneumology, Clinical Hospital of Pneumology Leon Danieiu, Cluj Napoca, Cluj, Romania; 2 Pneumology, University of Medicine and Pharmacy “Iuliu Hatieganu” Cluj Napoca, Cluj Napoca, Cluj, Romania

Lung cancer represents the most frequent cause of mortality caused by malignancies in the world. The World Health Organization (WHO) have classified radon (Rn) as a [Class A] known human carcinogen, because of the wealth of biological and epidemiological evidence and data showing the connection between exposure to radon and lung cancer in humans.

The aim of this study was to investigate the correlation between the exposure to radon and lung cancer in patients from the centre counties of Transilvania, Romania.

Material and method: We conducted a case-control study, by location of 250 Rn detectors between 2009-2011. 104 Rn detectors in patients with lung cancer and 146 Rn detectors in controls from the centre counties of Transilvania.

Results: We observed that the risk of developing lung cancer has increased with the magnitude of Rn exposure. At a Rn concentration between 0-49.9 Bq/m3 OR was 1; at 50-99 Bq/m3 OR was 2.14 (CI 1,04-5,11); 100-139.9 Bq/m3 OR was 2.44 (CI 1,19-5,10); > 140 Bq/m3 OR 2.60 (CI 1,19-5,45).

Conclusion: The strength of association between residential Rn exposure and lung cancer is increasing with higher concentration of Rn. These findings support the implication of Rn in developing lung cancer.

P1236
Seroprevalence of human herpesvirus type 8 infection in patients with lung carcinoma
Shih-Ming Tsai1, Chuang-Liang Lai2, Ming Nan Lin3, Cheng-Chuan Su4, 1 Chest Medicine, Chung Shan Medical University Hospital, Taichung, Taiwan; 2 Chest Medicine, Buddhist Dalin Tzu Chi General Hospital, Chiayi, Taiwan; 3 Family Medicine, Buddhist Dalin Tzu Chi General Hospital, Chiayi, Taiwan; 4 Clinical Pathology, Buddhist Dalin Tzu Chi General Hospital, Chiayi, Taiwan

Background: Human herpesvirus type 8 (HHV-8) DNA is found consistently in all types of Kaposi’s sarcoma (KS), which is sometimes seen in human immunodeficiency virus (HIV) non-infected patients with immunologic abnormalities. Lung carcinoma is one of the most common malignancies developing in immunocompromised patients. However, the prevalence of HHV-8 infection in lung carcinoma patients is unclear.

Results: Of 124 HHV-8 infected patients, 119 (96%) had lung carcinoma (226S)
Methods: Blood samples were collected from 109 lung carcinoma patients with malignant pleural effusion and 109 age-matched healthy controls and analyzed for lymphocyte and monocyte counts, and presence of HHV-8 antibody and DNA. All study subjects were negative for anti-HIV antibodies.

Results: Lung carcinoma patients had significantly lower mean lymphocyte counts and significantly higher monocyte counts than the healthy controls (P<0.001). Three patients with lymphopenia and stage IV tumor were positive for HHV-8 DNA, one of them was negative for HHV-8 antibody. HHV-8 positivity was significantly higher in patients (42.2%), particularly in male patients (50.8%), than in healthy controls (24.8%) (P=0.006 and <0.001, respectively). HHV-8 positivity was significantly greater in male patients (50.8%) than in female patients (29.5%) (P=0.028), and in patients with stage IV tumors somewhat greater than with stage III B tumors (P=0.416). HHV-8 antibody titers in patients also significantly exceeded those in healthy controls (P=0.004). All subjects positive for HHV-8 were not associated with clinical manifestations of HHV-8 infection.

Conclusions: HHV-8 seroprevalence was significantly greater in lung carcinoma patients than in healthy controls, and associated with gender.

P1237
Pulmonary function testing in patients with lung cancer
Rosario Melchor Rigau1, Marcel José Rodríguez Guzmán1, Alejandro Martín de San Pabón Sánchez1, María Belén Gallegos Carrera2, Sharron Cordova Yamanchi2, María Jesús Fernández Acebero2, Neumología, Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain; 2Anatomía Patológica, Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain

Introduction: Lung cancer (LC) and chronic obstructive pulmonary disease (COPD) have the same predisposing factors. We studied lung function on patients diagnosed with LC in our hospital.

Methods: Patients diagnosed with LC from April 1st 2009 to September 30th 2010 were prospectively studied. Clinical data included histology, stage, spirometry, weight lost, body mass index (BMI) and albumin. For statistical analysis, Student’s t-test was used for comparison of means, Pearson correlation analysis, and Pearson correlation indexes depending on the data type. Statistical significance was considered at p < 0.05.

Results: LC was diagnose in 121 patients. Spirometry was performed in 91 (76.8%) patients. Number of CXRs in the year prior to diagnosis and stage of disease were recorded and were compared using a Chi square test. Fewer than 2 CXRs in that year for each stage of disease. These results were then compared using a Chi square test. A positive effect of the albumin level was found in FEV1/FVC.

Conclusions: – More than half of patients diagnosed with LC in our hospital have also COPD, with similar frequency for all stages.

– A weight lost greater than 5%, low BMI indexes, and Albumin low levels correlate with worse lung function.

P1238
Rate of chest x-rays (CXR) 12 months prior to diagnosis of lung cancer
Thomas Chin, Rehan Mustafa, Anthony Roberts, Respiratory Department, James Cook University Hospital, Middlesbrough, United Kingdom

Introduction: Lung cancer is the most common cause of cancer related death in the UK. This is largely due to patients presenting with locally advanced or metastatic disease at the time of diagnosis. Identifying who patients are presenting late and targeting interventions toward improving early detection could therefore have a significant effect on outcomes.

Aim: To analyse the number of CXRs performed in the 12 months prior to a diagnosis of lung cancer according to stage at presentation.

Method: We reviewed 315 patients with a thoracic malignancy between Jan 2010 and Feb 2011. Number of CXRs in the year prior to diagnosis and stage of disease at presentation were recorded. We examined the proportion of patients that had fewer than 2 CXRs in that year for each stage of disease. These results were then compared using a Chi square test.

Results: After exclusions, 259 cases of non-small cell lung cancer were analysed. The results are compiled in Table 1 below. A significant proportion of patients presenting with later stage disease had fewer than 2 CXRs in the year prior to diagnosis compared with those with early stage disease (p=0.019).

Table 1

<table>
<thead>
<tr>
<th>Stage</th>
<th>&lt;2 CXRs</th>
<th>2 or more CXRs</th>
<th>Total</th>
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<tr>
<td>Stage HI</td>
<td>25</td>
<td>40</td>
<td>65</td>
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<tr>
<td>Stage II</td>
<td>24</td>
<td>49</td>
<td>73</td>
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<tr>
<td>Stage IV</td>
<td>90</td>
<td>61</td>
<td>147</td>
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Conclusions: – An increased rate of CXRs in the year prior to diagnosis than those with earlier disease. The result probably calls for increased awareness of lung cancer symptoms by both primary care physicians and general public, to facilitate early referral to secondary care. There is ongoing analysis into rates of GP consultation and antibiotic prescriptions in these patients to assess whether this could be a targeted area for intervention.

P1239
Importance of further follow up in patients with negative histology from CT guided biopsy
Axel Sylvain1, Yin Liu1, Tom Houghton2, Chong Poony3, Ram Sundar1, Imran Aziz1, 2Représentez Royal Albert Edward Infirmary, Wigan, United Kingdom; 2Radiology, Royal Albert Edward Infirmary, Wigan, United Kingdom

Background: Obtaining conclusive diagnosis to diagnose lung cancer is an important part of the management of potential lung cancer patients. Due to recent advancement in the techniques CT guided biopsy is becoming increasingly important in obtaining histology samples. We describe our experience of usefulness of CT guided biopsy samples over 4 years and follow-up of negative histology samples in suspected lung cancer patients.

Results: We collected all samples (2008-2011) of CT guided biopsy booked in our hospital. 314 procedures were planned in 313 patients. 292 procedures were carried out. The main reason for not carrying out the procedure was unobtainable of the target on the day of the procedure.

234/292 (80.1%) confirmed the diagnosis of lung cancer. 10/292 (3.4%) lead to diagnosis of other cancers (melanoma, metastatic cancer, lymphoma). 42/292 (14.8%) showed non-cancers (mainly inflammation). The biopsy was inconclusive in 14/292 (4.8%) samples.

The 81 patients who did not have a biopsy or were labelled as non-lung cancers, underwent further investigation or had clinical diagnosis due to ill health. 26/81 (32%) had lung cancer, 14/75 (18%) had other cancers, 41/81 (50.6%) did not have a cancer diagnosis after follow up.

Conclusions: We have shown that CT guided biopsy provides us with good histology samples and if correct patients are identified the histological diagnosis rate is greater than 90%. At the same time the patients with a high suspicion and negative biopsy have approximately 1 in 3 chance of having a lung cancer. It is therefore recommended that patients with negative histology should have further diagnostic tests.

P1240
Diagnostic value and prognostic significance of pleural C-reactive protein in lung cancer with malignant pleural effusions
Hak-Ryul Kim, Ki-Eun Hwang, Hwa-Jun Kim, Eun-Taik Jeong, Pulmonology, Wonkwang University Hospital, Sunan, Korea

C-reactive protein (CRP) has been implicated in various inflammatory and advanced malignant states. Increased serum CRP levels have been shown in association with independent prognostic factor for survival in patients with advanced lung cancer. However, only few studies have focused on the role of CRP in pleural effusions. This study aimed to evaluate the diagnostic value of pleural CRP to discriminate lung cancer with MPE from benign effusion and its prognostic role in lung cancer patients with MPE. Pleural effusion samples were collected from patients with MPE (68 lung cancers, 12 extrapolmonary tumors), and from 68 with various benign conditions. Concentrations of pleural (p) and serum (s) CRP were measured by ELISA. The expression profile of CRP in pleural fluid, and its association with survival were investigated. P-CRP levels correlated with s-CRP levels (P = 0.0028). The area under the ROC curve (AUC) of p-CRP (0.86) in their diagnostic accuracy to differentiate lung cancer with MPE from benign pleural effusion was greater than those of s-CRP (0.77). High p-CRP expression was significantly correlated with shorter overall survival (P = 0.0001). In a multivariate Cox regression analysis, p-CRP was independent prognostic factor significantly associated with overall survival (P = 0.0001). The relative risk of overall survival for lung cancer patients with high p-CRP was 3.59 (95% CI, 2.008-7.39). In conclusion, P-CRP is superior to s-CRP in determining the pleural fluid etiology. Quantitative assay of CRP in pleural effusion might be useful in the evaluation of lung cancer patients with MPE.

P1241
The elevation serum napsin A in primary lung adenocarcinoma, compared with CEA
Takuya Sumikawa; Tsutomu Hamada, Keiko Mizuno, Ikki Higashimoto, Hiroshima Ine. Pulmonary Medicine, Graduate School of Medical and Dental Science, Kagoshima University, Kagoshima, Japan

Napsin A is an aspartic proteinase with a molecular weight of approximately 38 kDa, which is expressed in normal lung parenchyma in type II pneumocytes. It has been reported that napsin A immunohistochemical reactivity is associated with primary lung adenocarcinoma. However, napsin A has never been tested as a serum marker for primary lung adenocarcinoma.

The aim of this study was to investigate the potential of serum napsin A as a tumor marker in patients with primary lung adenocarcinoma, compared with CEA. Subjects consisted of 46 patients with primary lung adenocarcinoma, 16 patients with non-small-cell carcinoma and 43 healthy subjects. Serum CEA and napsin A were measured by ELISA. Statistical analysis was performed using SPSS ver19.0.
Serum napsin A levels were 48.20±5.68 ng/ml for adenocarcinoma patients, 40.84±14.77 ng/ml for non-adenocarcinoma patients, and 27.69±19.15 ng/ml for healthy subjects. Serum CEA levels were 46.84±16.10 ng/ml for primary lung adenocarcinoma patients and 2.10±1.59 ng/ml for healthy subjects. Serum napsin A levels were significantly higher in primary lung adenocarcinoma patients than in healthy subjects (p<0.01); however, there were no significant differences between non-adenocarcinoma patients and healthy subjects. The area under the receiver operating characteristic curve values for primary lung adenocarcinoma patients in comparison with healthy subjects were 0.670 for napsin A and 0.789 for CEA. There was no correlation between napsin A and CEA levels (Pearson r=0.167). Serum napsin A was elevated in primary pulmonary adenocarcinoma, and the combined measurement of napsin A and CEA may provide a more positive diagnosis than either marker alone.

P1242

Serum C-reactive protein and procalcitonin levels in non-small cell lung cancer patients

Baykal Tuluk 1, Habibe Kayrul 2, Fikret Kanal 1, Ugur Arslan 3, Faruk Ozer 4

1. Pulmonary Diseases, Selcuk University, Selcuklu Faculty of Medicine, Konya, Turkey; 2. Pulmonary Diseases, Konya University, Meram Faculty of Medicine, Konya, Turkey; 3. Microbiology, Selcuk University, Selcuklu Faculty of Medicine, Konya, Turkey; 4. Pulmonary Diseases, Fesabah Cancer Hospital, Konya, Turkey

The basic uses of C reactive protein (CRP) and procalcitonin (PCT) in the clinical practise is in the diagnosis and follow-up of infectious disease. The fact that CRP already achieves high levels in cases with lung cancer, however, limits its diagnostic specificity. PCT may be an important marker in the differential diagnosis of febrile lung cancer patients with high CRP levels.

Our objective in this study was to determine the levels of CRP and PCT in patients with newly diagnosed non-infectious non-small cell lung cancer (NSCLC) and to relate these results to patient and disease characteristics.

Serum CRP and PCT levels were measured in 79 histopathologically proved NSCLC patients and 20 healthy controls. Results were compared with demographical and clinical variables in patients with NSCLC.

Serum CRP concentrations were significantly higher in NSCLC patients compared to controls (g/ml): CRP 7.79±3.36 vs 3.68±1.68 (mg/dl) p<0.001. There were no significant difference between two groups in PCT levels (p>0.05). A mild, positive correlation was found between CRP level and tumor diameter. When comparing CRP levels in the lung cancer patients grouped according to age, sex, smoking status, clinical TNM staging and performance status (PS), the only significant difference found was that according to PS score. High serum CRP levels in noninfectious NSCLC patients are mainly related to PS status and tumour size. Adding serum PCT measurement in these patients may contribute to exclude infections in patients with NSCLC.

P1243

An unusual diagnostic tool in metastatic bronchogenic carcinoma: Peripheric embolizations

Halit Canurak 1, Aziz Gumus 1, Hasan Turut 1, Ayse Kurt 1, Gokhan Ilhan 1, Asiye Yavuz 2, Recip Bedir 1, Unal Sahin 1

1. Department of Chest Diseases, Rize University Faculty of Medicine, Education and Research Hospital, Rize, Turkey; 2. Department of Thoracic Surgery, Rize University Faculty of Medicine, Education and Research Hospital, Rize, Turkey; 3. Department of Cardiovascular Surgery, Rize University Faculty of Medicine, Education and Research Hospital, Rize, Turkey; 4. Department of Pathology, Rize University Faculty of Medicine, Education and Research Hospital, Rize, Turkey

Heart may rarely be affected by primary or secondary tumors. Rarely, arterial tumor embolization may be first and/or most important issue during the course of the tumor.

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P1245

A case of fatal acute liver failure in a 68 year old female treated with erlotinib for lung adenocarcinoma

Cyrille Jardon 1, Arnaud Desplechin 1, Julie Delourme 2, Xavier D'Halluin 1, Arnaud Scherpereel 2, Jean-Jacques Lafitte 2, Alexis Cortot 2

1. Service de Gastroenterologie, CHU Montpellier, Montpellier, France; 2. Service d'Onco-Hematologie, Hôpital Saint Vincent de Paul, Lille, France

A 68 year old female with a history of levothyroxine-substituted hypothyroidism was diagnosed with metastatic lung adenocarcinoma. She was treated with 3 courses of a platinum-based chemotherapy as first-line treatment and deoxetaxel as second-line treatment. She received daily injections of fondaparinux because of a recent pulmonary embolism. Despite these treatments, the patient developed lymphangitic carcinomatosis and brain metastasis, and erlotinib was initiated. 18 days later, she was admitted at the emergency room for vomiting and dehydration. Clinical findings included mild abdominal pain in the upper right quadrant. Blood tests showed elevated liver enzymes (AST 7900 IU/L (N<40), ALT 9280 IU/L (N<40) and acute liver failure (32% PT, 13% factor V). Paracetamol blood level was negative, as well as HIV, EBU, VZV, CMV and hepatitis A, B and C tests. Abdominal ultrasound showed no obstruction on the biliary tract, no portal thrombosis. The patient rapidly developed metabolic encephalopathy, leading to her death within 18 hours after admission. Careful interrogation of her relatives and general practitioner did not reveal medications other than erlotinib, levothyroxine and fondaparinux. Previous liver blood tests during chemotherapy were normal. Acute liver failure due to erlotinib was then considered as the probable cause of death.

P1246

Autophagy induction by low dose cisplatin: the role of p53 in autophagy

Sei Hoong Yung 1, Kang Kyoos Lee 2, San Rock Moon 1

1. Internal Medicine, Wonkwang University, Iksan, Jeonbuk, Korea; 2. Radiation Oncology, Wonkwang University, Iksan, Jeonbuk, Korea

Autophagy induction by low dose cisplatin; the role of p53 in autophagy

Sei Hoong Yung 1, Kang Kyoos Lee 2, San Rock Moon 1

1. Internal Medicine, Wonkwang University, Iksan, Jeonbuk, Korea; 2. Radiation Oncology, Wonkwang University, Iksan, Jeonbuk, Korea

Cisplatin has been mainly used for lung-cancer. However, cisplatin has many side
P1247
Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia, 7-year follow-up of a rare clinicopathologic syndrome

Roger Fei Falkenstern-Ge, Martin Kimmich, Godehard Friedel, Andreas Tannapfel, Volker Neumann, Martin Kohlhäufl, and Andrea Tannapfel, Volker Neumann, Martin Kohlhäufl, Roger Fei Falkenstern-Ge, Martin Kimmich, Godehard Friedel,
follow-up of a rare clinicopathologic syndrome of autophagy resulted in decrease of LC3B-II band. Also cleaved caspase-3 and inhibited by 3-MA, which was proven by reduced acidic vesicles. When the LC3 formation in H460. The induction of autophagy by low dose cisplatin was used p53-/- null cancer cell line, H1299, to prove the role of p53 during autophagy. Mediated autophagic mechanisms, we examined the apoptotic regulator, p53. We using autophagy specific inhibitors(3-MA). To confirm the result of autophagy inhibition, we had done Annexin-V/PI and cell cycle assay. To find out the cisplatin mediated autophagic mechanisms, we examined the apoptotic regulator, p53. We used p53-/- null cancer cell line, H1299, to prove the role of p53 during autophagy. Low dose of cisplatin(5 μM) induced the autophagy after 24 h treatment in H460. Also low dose of cisplatin showed autophagic vacuoles and cytoplasmic LC3 formation in H460. The induction of autophagy by low dose cisplatin was inhibited by 3-MA, which was proven by reduced acidic vesicles. When the autophagy inhibited, Annexin-V/PI and subG1 was an increased. The inhibition of autophagy resulted in decrease of LC3B-II band. Also cleaved casepase-3 and PARP were increased. Taken together, low dose cisplatin induced autophagy and the inhibition of autophagy resulted in the apoptosis.

P1248
Disappearance of hypoglycemic attacks after resection of solitary fibrous tumors with high expression of insulin-like growth factor II

Hiroyoshi Watanabe,1, Keiichi Akasaka1, Ryota Fukai2, Tomoko Terasawa3, Yoshihiro Ueda4, Hironori Sagara1. 1Division of Chest Medicine, Buddhist Tsu-Chi General Hospital Tuchang Branch, Tuchang, Taiwan; 2Chest Medicine, Saint Mary’s Hospital Luodong, Yilan, Taiwan

Introduction: Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH) is a rare clinical pathological syndrome. There have been only 49 cases of DIPNECH reported in the literature so far. Aims and objectives: DIPNECH is confined to the airway mucosa without penetration through the basement membrane and appears in a diffuse pattern, little is known about the clinical course and treatment of DIPNECH. Methods: DIPNECH is primary proliferations and can combine with obliterative bronchiolitis and bilateral tricotubular infiltrates. The diagnosis requires the presence of hyperplasia of the airway neuroendocrine cells without invasion beyond the basement membrane. If DIPNECH breaks through the basement membrane and invades locally, this is called tumortofs, whereas nodules causes by DIPNECH > 5 mm in diameter are classified as carcinoid tumors. Results: During the 7 years follow up, the patient was repetitively treated with oral steroids because of coughing and dyspnea. The oral steroid therapy was finally replaced by inhaled steroids. All CT scans over a 7-year period showed stable disease without progression of the bilateral pulmonary lesion. Conclusions: We present a 7-year-follow-up of DIPNECH with stable disease by a non-smoking male patient. The long-term follow up is necessary because there is an association between DIPNECH and peripheral carcinoid tumours. The majority of patients presenting with DIPNECH are middle-aged females with symptoms of cough and dyspnea. In general the clinical course remains stable, however progression to respiratory failure does occur.

P1250
Late lung metastasis of endometrial cancer. Two rare cases of patients with late lung metastasis of primary endometrial cancer 14 and 17 years after initial treatment

Roger Fei Falkenstern-Ge, Markus Wohleber, Martin Kimmich, Sabine Bode-Erdmann, German Ott, Martin Kohlhäufl, Division of Pulmonology, Klinik Schillerhoehe, Center for Pulmonology and Thoracic Surgery, Gerlingen, Baden-Württemberg, Germany Division of Pathology, Robert Bosch Krankenhaus, Stuttgart, Baden-Württemberg, Germany

Introduction: The longest interval of lung metastasis from endometrial cancer was initially reported 17 years after standard surgical treatment. Aims and objectives: Nearly 80% of all recurrences of endometrial cancer occur within 3 years after the initial treatment. We report two cases of lung metastases 14 and 17 years after the initial surgical treatment of endometrial cancer.

After having a progression, she went on a TKI therapy. The tumor kept shrinking through 6 months, until progressing after 9-month TKI treatment.

Discussion: This is the first report demonstrating a therapeutic effect of EGFR TKI on LELC of lung, as a 3rd-line therapy in this case. The case report suggests EGFR TKI, at least erlotinib, may be beneficial for patients with LELC of lung, at least for a significant period of time.

P1249
A temporal effect of EGFR tyrosine kinase inhibitor in lymphoepithelioma-like carcinoma of lung

Koosung Chiu1, Kuoschin Chiu1, Tzu-Sheng Chen1. 1Division of Chest Medicine, Buddhist Tzu-Chi General Hospital Tuchang Branch, Tuchang, Taiwan

Introduction: Primary lymphoepithelioma-like carcinoma (LELC) is a rare in lung. Recent studies suggested a prevalent mutation on epidermal growth factor receptor (EGFR) in LELC of lung. However, the therapeutic effect of EGFR tyrosine kinase inhibitor (TKI) has not been tested. We hereby report an effect of EGFR TKI on LELC of lung.

Case report: A 70-year-old woman presented to have a lung tumor, 6.1x5.1x5.0 cm, over left upper lobe. CT-guided core-needle biopsy of lung tumor confirmed the diagnosis of LELC, and a clinical stage of T4N3M0, stage IIIb, was met. The patient had a partial response after completing 6 cycles of 1st-line chemotherapy (CT) with gemcitabine plus cisplatin, and 4 cycles of 2nd-line CT with docetaxel.
Methods: A 71-year-old female was referred to our center for histological diagnosis of lung lesions. Histological biopsy showed lung metastasis of an endometrial cancer which was resected 17 years ago. A 77-year-old female was also referred for histological diagnosis of multiple lung lesions and a clavicle metastasis. Both clavicle and lung biopsy revealed metastasis of an endometrial cancer treated 14 years ago surgically.

Results: Our first patient was treated with organ-preserving metastatic wedge resection. The latency period in the first case between initial treatment of endometrial cancer and pulmonary metastases was 17 years. Our second patient with widespread metastasis was treated with palliative radiotherapy and systemic chemotherapy. The latency period between initial diagnosis and treatment of endometrial cancer and pulmonary metastases in the second case was 14 years.

Conclusion: Lung metastases originating from tumors of the female genital tract are very rare. We report of lung metastasis from endometrial cancer with a latency period of 14 and 17 years. To our knowledge, in the literature there is only one case reported with a similar extreme latency.

P1251
Rare primary chest wall sarcoma: The synovialosarcoma
Leila Fekih, Hela Kamoun, Ines Akrouf, Soraya Fenniche, Mahamed Lamine Megdiche. Respiratory Department Ibn Nafliss, Abderrahmene Mami Hospital, Ariana, Tunisia

Introduction: Malignant primitive tumors of the chest constitute a large group of tumor arising from the lung, the mediastinum, the pleura or the chest wall.

Observation: We report the case of a 37 years old patient, who consults for left chest pain. At the clinical exam, we had noted a right chest wall mass. Chest X ray showed left mediastinal opacity, associated with a pleural homolateral one. Thoracic CT scan, revealed an important mass arising from the chest wall and infiltrating the mediastinum associated with a second chest wall mass at the level of the 8th and 9th right ribs. The biopsy of the chest wall mass had concluded at partial synovialosarcoma. Patient had received a chemotherapy based on Ifosfamid and顺铂. He also received a mediastino-pulmonary radiotherapy. Evolution was marqued by an improvement in the clinical and radiological states but the patient died because of pulmonary embolism after the 3rd cure.

Conclusion: Chest wall synovialosarcoma had bad prognosis, however, its chemosensibility can improve the prognosis of the patients.

P1252
Lung metastases from colorectal cancer – Surgery, early and late postoperative results

Aim: To make a retrospective study of results after surgical treatment of pulmonary metastases from colorectal cancer.

Methods: A total of 52 patients with pulmonary metastases from colorectal cancer were operated. Unilateral operations were performed in 40 (76.9%) patients. Bilateral operations were carried out in 12 (23.1%) patients. In 9 (17.3%) of them one stage operation was performed and in 3 (5.8%) - two stages operations were performed. The approach in 6 (11.5%) of one-stage operations was sternotomy and in 3 (5.8%) were bilateral thoracotomy. Unilateral operations were performed in 33 (63.4%) cases by thoracotomies and 7 (13.5%) by VATS. Precise metastasectomy was made in all patients with bilateral metastases. In unilateral metastases were performed 27 (51.9%) metastasectomies, 8 (15.4%) lobectomies, 2 (3.8%) extended lobectomies, 2 (3.8%), sleeve lobectomies and 1 (1.9%) polysegmentectomy.

Results: No 30-day postoperative mortality was observed. In 3 (5.8%) cases there were minor complications. The overall five-year survival was 25%. Only resectability of metastases (p=0.001), duration of disease-free interval (p=0.002) and the presence of unilateral or bilateral lesions (p=0.001) were proved to be significant prognostic factors. Unfavourable prognostic factors, but without statistical significance were the number of metastases and the involvement of mediastinal lymph collectors.

Conclusions: Surgical resection is a standard approach for isolated lung metastases from colorectal carcinoma. Resectability of metastases, duration of disease-free interval and the presence of unilateral or bilateral lesions are significant prognostic factors.