

SUNDAY, SEPTEMBER 2ND 2012

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 monotherapy 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

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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 processus of mediastinal adenopathies 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 transmurular 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 IV. 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

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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 50-79 Bq/m³ OR was 2,14 (CI 1,04-5,11); 80-139.9 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. This findings support the implication of Rn in developing lung cancer.

P1236

Seroprevalence of human herpesvirus type 8 infection in patients with lung carcinoma

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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.

119. Instructive clinical aspects of thoracic oncology

P1233

Octogenarians with non-small cell lung carcinoma – Advanced disease

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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,

SUNDAY, SEPTEMBER 2ND 2012

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

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Introduction: Lung cancer (LC) and chronic obstructive pulmonary disease (COPD) have the same predisposing factor. 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 statistic analysis, Student t was used for the association 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 (71 male), which is the group we report here (Mean age 66). Histology types were Adenocarcinoma (39), Squamous cell carcinoma (22) and Small-cell lung cancer (14). 53 patients (58%) were classified as stage IIIb or IV.

Mean Spirometric values were: FEV1 71%, FVC 86%, FEV1/FVC 65%. The three Spirometric parameters were smaller in men (no statistical differences with women). 54.8% of patients were diagnosed as COPD, with FEV1/FVC < 0.70 . Among the stages IA to IIIA, 52% of patients had COPD; among stages IIIB and IV, 58%. FEV1 and FVC values were smaller in patients with a weight lost over 5% ($p = 0.045$ and $p = 0.035$, respectively). BMI had a positive effect in the three Spirometric parameters. A positive effect of the albumin level was found in FEV1 and FVC, but not in the relation 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

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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 why 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 than those with early stage disease ($p = 0.019$).

Table 1

	<2 CXRs	%	2 or more CXRs	%	Total
Stage I/II	25	40	37	60	62
Stage III	24	49	25	51	49
Stage IV	90	61	58	39	148

Conclusion: It appears that patients with later stage disease are having fewer 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

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Background: Obtaining conclusive histology 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 samples over 4 years (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 shrinkage of the mass seen 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 (myeloma, metastatic cancer, lymphoma). 42/292 (14.8%) showed non-cancers (mainly inflammation). The biopsy was inconclusive in 6/292 (2%) 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 (32.1%) had lung cancer, 14/75 (17.3%) 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

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C-reactive protein (CRP) has been implicated in various inflammatory and advanced malignant states. Increased serum CRP levels have been shown in associated 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 extrathoracic 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 3.909 (95% CI, 2.000–7.639). 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 complementary test both in diagnosis and prognosis for lung cancer patients with MPE.

P1241

The elevation serum napsin A in primary lung adenocarcinoma, compared with CEA

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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-adenocarcinoma, and 43 healthy subjects. Serum CEA and napsin A were measured by ELISA. Statistical analysis was performed using SPSS ver19.0.

SUNDAY, SEPTEMBER 2ND 2012

Serum napsin A levels were 48.20 ± 51.68 ng/ml for adenocarcinoma patients, 40.84 ± 41.77 ng/ml for non-adenocarcinoma patients, and 27.69 ± 19.15 ng/ml for healthy subjects. Serum CEA levels were 46.94 ± 116.10 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**

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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 demographic and clinical variables in patients with NSCLC.

Serum CRP concentrations were significantly higher in NSCLC patients compared to the control group (7.79 ($3.36-26.10$) mg/dl vs. 38.30 ($7.79-185$) 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.

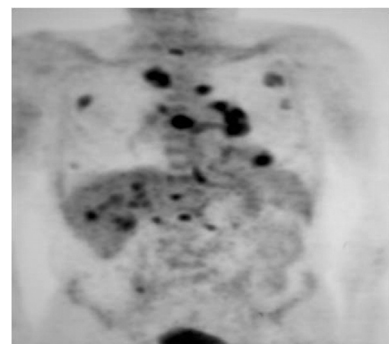
High serum CRP levels in noninfectious NSCLC patients are mainly related to PS status and tumour size. Adding serum PCT measurement in these patients may contribute to exclude infections in patients with NSCLC.

P1243**An unusual diagnostic tool in metastatic bronchogenic carcinoma: Peripheral embolectomy**

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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. Most common sites of arterial tumor occlusions are common femoral and popliteal arteries.

A 77-year-old-man admitted with chest pain and cough. Thoracic computed tomography revealed a heterogenous ill-defined mass originated from left upper lobe bronchus extending and invading hilar structures. Fiberoptic bronchoscopy revealed an endobronchial lesion on the orifice of lingular bronchus. In PET/CT, increased FDG uptake of satellite lesion on upper lobe destructing the fourth rib



posteriorly, and probably metastatic mass invading left ventricle of the heart were conspicuous.

Echocardiography confirmed an intracardiac mobile mass, implanted to the lateral wall. On the 10th day, cyanosis of the right arm developed. It was due to right brachial artery occlusion confirmed by angiography. Urgent embolectomy was performed and clott specimens were sampled. Histopathological examination of embolectomy material showed atypic squamous cells, thus final report was metastatic lung cancer.

Arterial embolization highlights the advanced disease, poor prognosis with significant co-morbidity. Embolectomy is often enough for symptomatic relief. This unique case illustrates the quite rare occurrence of peripheric tumor embolization originated from metastatic heart disease.

P1244**The antiemetic effects of oral azasetron in lung cancer patients treated with moderately emetogenic chemotherapy: Comparison with intravenous granisetron**

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Background: Azasetron (AZA) and granisetron (GRN) were generally used as antiemetics during cancer chemotherapy. However, 5-HT₃ receptor occupancy of these two drugs was quite different. The calculation based on pharmacokinetic information showed that AZA had a relatively higher 5-HT₃ receptor occupancy (oral: 80%; intravenous:85%) than GRN (oral: 57%; intravenous:64%) at 24 h after treatment. In the present study, we conducted a randomized controlled noninferiority study comparing the antiemetic effects of oral AZA and intravenous GRN in patients receiving moderately emetogenic chemotherapy (MEC) for lung cancer.

Methods: Patients with lung cancer who received MEC were randomly assigned to oral AZA (10mg) and intravenous GRN (3mg). The primary end point was complete antiemetic response (no emesis, no moderate to severe nausea, and no rescue treatment; CR) during acute (0-24 h) period. CR during delayed (24-120 h) period and hematological toxicities were also monitored.

Results: CR during acute period was not different between oral AZA and intravenous GRN. There were also no significant differences in CR during delayed (24-120 h) period and the incidence of hematological toxicities between oral AZA and intravenous GRN.

Conclusion: Oral AZA was shown to be noninferior to intravenous GRN in the antiemetic effect against MEC. Thus, the use of oral AZA would be cost-beneficial for cancer chemotherapy.

P1245**A case of fatal acute liver failure in a 68 year old female treated with erlotinib for lung adenocarcinoma**

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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 docetaxel 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 9200 IU/L (N<40) and acute liver failure (32% PT, 13% factor V). Paracetamol blood level was negative, as well as HIV, EBV, 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**

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Cisplatin has been mainly used for lung-cancer. However, cisplatin has many side

SUNDAY, SEPTEMBER 2ND 2012

effects, so the usage of cisplatin has a limitation. Recently, autophagy has become an important mechanism of cell death. The purpose of this study was to determine whether low dose cisplatin treated lung cancer cell induce autophagy and the autophagy inhibition resulted in apoptosis or necrosis. H460 cells were treated with 5 μ M or 20 μ M cisplatin for 12, 24, or 48 h. To detect the cisplatin-induced autophagy, we examined the autophagic vacuoles, and LC3 localization. To confirm the low-dose of cisplatin could induce autophagy, we detected acidic vesicle 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 μ M) 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 caspase-3 and PARP were increased. Taken together, low dose cisplatin induced autophagy and the inhibition of autophagy resulted in the apoptosis.

P1247

Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia. 7-year follow-up of a rare clinicopathologic syndrome

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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 reticulonodular 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 tumorlets, whereas nodules caused 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 dose occur.

P1248

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

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Hypoglycemia rarely accompanies solitary fibrous tumors (SFT) of the pleura, occurring in only about 4% of patients. We describe our experience with 2 patients whose hypoglycemic attacks disappeared after the resection of SFT.

Patient 1: The patient was an 81-year-old woman. Computed tomography of the chest showed a mass compressing the entire right lower lobe. SFT was diagnosed on histopathological examination of a percutaneous needle biopsy specimen. Subsequently, tumor resection was performed, and the hypoglycemia disappeared. Histopathologically, the tumor was associated with abundant proliferations of markedly hyalinized collagen fibers. The tumor contained small bundles of round cells or spindle cells with mild atypia, proliferating in an irregular, intermingled fashion. On immunohistochemical staining, the tumor cells were positive for CD34.

Patient 2: The patient was a 77-year-old man with dyspnea on exertion. Preoperative computed tomography showed a well-demarcated, giant mass compressing

the right middle lobe. Therefore, the mass was resected, and the hypoglycemia disappeared. Histopathological examination revealed proliferations of collagen fibers containing spindle cells with low-grade atypia, proliferating in an irregular storiform fashion with positive for CD34.

In both case, serum insulin level valued remarkably lower than 0.2 μ U/ml and the immunohistochemical staining of Insulin-like growth factor II (IGF-II) were positive.

Tumor resection was suggested to be an effective treatment for hypoglycemic attacks in patients with SFT. IGF- II may provide negative feedback with respect to insulin secretion.

P1249

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

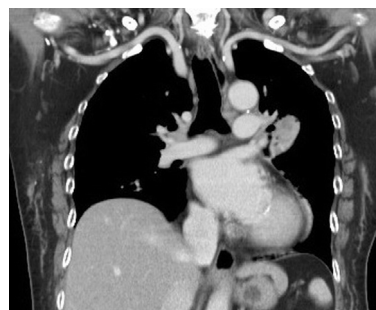
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Introduction: Primary lymphoepithelioma-like carcinoma (LELC) is a rare in lung. Recent studies suggested a prevalent mutation on epidermal growth factor receptor (EGFR) in LELC of lung. However, the therapeutic effect of EGFR tyrosine kinase inhibitor (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 (C/T) with gemcitabine plus cisplatin, and 4 cycles of 2nd-line C/T with docetaxel.



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



Discussions: 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.

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

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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 metastasis 14 and 17 years after the initial surgical treatment of endometrial cancer.

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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 synovial sarcoma

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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 parietal synovial sarcoma. Patient had receive a chemotherapy based on Ifosfamid and doxorubicin. He also received a mediastino-pulmonary radiotherapy. Evolution was marked by an improvement in the clinical and radiological states but the patient died because of pulmonary embolism after the 3rd cure.

Conclusion: Chest wall synovial sarcoma had dark prognosis, however, its chemosensitivity can improve the prognosis of the patients.

P1252

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

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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.