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locally advanced NSCLC

90P CONCURRENT CHEMORADIOTHERAPY WITH VINORELBINE PLUS SPLIT-DOSE CISPLATIN IN INOPERABLE STAGE III NON-SMALL CELL LUNG CANCER

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Aim: Concurrent chemoradiotherapy (CCRT) is the current standard treatment for inoperable stage III non-small cell lung cancer (NSCLC). We aimed to evaluate efficacy and toxicity of CCRT with split dose of cisplatin (30 mg/m^2) and vinorelbine (20 mg/m^2) during radiotherapy.

Methods: Some 97 consecutive patients with inoperable stage III NSCLC treated with concurrent chemoradiotherapy with split-dose cisplatin-vinorelbine were retrospectively analyzed. Cisplatin (30 mg/m/^{2}) and vinorelbine (20 mg/m^2) were administered on days 1, 8, 22, and 29 during radiotherapy. Two cycles of consolidation chemotherapy were given after CCRT.

Results: Details of the 97 consecutive unresectable stage III NSCLC patients treated with CCRT and included into this study are as follws .Median age was 58 years old (range 39-75) and 87 (89.7%) of the patients were men. ECOG performance score was 0-1 in 93 patients (95.9%). Squamous histology, most common histology, was diagnosed in 46 patients (47.4%). Median follow-up time was 23.8 months. Median progression-free survival (PFS) and median overall survival time (OS) were 10.3 months and 17.8 months, respectively. Objective response rate and clinical benefit rate were 75.3% and 83.5%, respecively. Distant and local relapse rates were found as 57.1% and 42.9 %. Hematological and non-hematlogical grade 3-4 toxicities were seen in 13 (13.4%) and 16 (16.5%) patients, respectively. Six (6.1%) patients died of toxicity.

Conclusions: This study suggested that split-dose cisplatin may offer fewer grade III, IV toxicities without sacrificing efficacy. Similar to past studies, despite the high response rate during CCRT, distant relapse is the major parameter that influences on patient survival long term in NSCLC.

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