Background

The prognostic role of epidermal growth factor receptor (EGFR) mutational status in cases after complete resection remains controversial.

The aim of this study is to evaluate the impact of mutational status in patients (pts) with surgically resected lung adenocarcinoma (ADC).

Methods

We retrospectively investigated the data of 78 pts with p-stage IIIA ADC underwent completely tumor resection in our department. Overall survival (OS), and disease-free survival (DFS) were evaluated.

Results

There were 43 males and 35 females (median age, 69 years). EGFR mutation was detected in 41 pts (53%). Among those, 19 pts (21%) had exon 19 deletion (19 del) and 20 pts (27%), exon 21 point mutation (L858R). Fifty-five pts (71%) had lung cancer recurrence. The 3 year OS and DFS of mutant (MT) wild type (WT) were 81.6%/61.8% and 27.1%/45.1% respectively. There were no significant difference in OS and DFS despite the EGFR mutational status and subtypes. In subgroup analysis of recurrent 55 pts, 3-year OS of MT/WT were 77.4%/42.5%. Recurrent pts with MT showed significantly favorable OS than those of WT (p=0.016). Especially, pts with 19del showed better OS compared to shown by WT and other subtypes of EGFR.

Conclusion

It has been reported that pts with 19del who did not receive EGFR-targeted therapy show worse survival compared to those of WT and other subtypes of EGFR.

In our study, pts with 19del showed poor DFS as previously reported and favorable OS in recurrent cases. It might be presumed that the 19del is the factor with the high therapeutic effect in resected p-IIIA lung ADC.

P2-34.

I期非小細胞肺癌に対する補償フィルターを用いたIMRTによる臨床第II相試験の中間報告

（社会人大学院博士課程3年放射線医学）

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【Purpose】To evaluate the safety and efficacy of intensity-modulated stereotactic body radiotherapy (SBRT) using compensated filter for patients with stage I NSCLC.

【Methods】This study was approved by our facility’s ethical board. All patients provided written informed consent. Eligible criteria included the following: 1. patients who were unsuitable for surgery, 2. cytologically or histologically proven NSCLC, a tumor highly suspected of having NSCLC due to high accumulation in positron emission tomography or tumor growth rates of 25% compared to a previous image, 3. a clinical stage of T1-2N0M0 according to the 7th UICC TNM classification. In 2011, we initiated phase II study of intensity-modulated SBRT using compensated filters for