alive after local recurrence: TC 6/8 (75%); AC 5/7 (71.4%). The significance of prognostic factors in the presence of metastatic and local recurrence is summarized in the table.

**Conclusions:**

1. Gradual loss of histological pattern has statistical significance in the incidence of metastases.
2. Factors influencing the presence of metastases in TC: size, T, N and stage; in AC: stage. N Factor influences the local recurrence in both TC and AC, and standard vs conservative surgical resection in AC.
3. A significant difference in long term survival after metastases was observed for TC and AC.

**THE VALUE OF VOLUMETRIC MEASUREMENT OF MALIGNANT PLEURAL MESOTHELIOMA (MPM) TO ASSESS THE THERAPY RESPONSE**

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**Background:** The purpose of this study was to assess robustness of volumetric measurement of malignant pleural mesothelioma (MPM) compared to modified RECIST.

**Methods:** 8 patients (mean age 65) with known MPM where included in the study. All patients underwent CT before therapy and after 3 cycles of platinol-based induction chemotherapy to evaluate therapy response. Modified RECIST criteria and tumor volumetric approach were applied on each CT exam as was the tumor volume using dedicated software (Myrian, Intraseasne, France). Modified RECIST-criteria were independently assessed by three readers having both exams of each patient simultaneously available. Progressive disease (PD) was defined as >30% increase in the sum of unidimensional tumor measurements, >20% decrease as partial response (PR), 20% to +30% as stable disease (SD). The tumor volume was independently measured by two readers. Interobserver agreement for tumor response and interclass correlation were assessed for both methods.

**Table 1**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Reader 1 (cm)</th>
<th>Reader 2 (cm)</th>
<th>Reader 3 (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.55</td>
<td>-0.24</td>
<td>-0.61</td>
</tr>
<tr>
<td>2</td>
<td>-1.82</td>
<td>0.72</td>
<td>2.33</td>
</tr>
<tr>
<td>3</td>
<td>-1.07</td>
<td>-0.86</td>
<td>-0.72</td>
</tr>
<tr>
<td>4</td>
<td>-2.18</td>
<td>-0.08</td>
<td>-3.74</td>
</tr>
<tr>
<td>5</td>
<td>-2.97</td>
<td>-0.7</td>
<td>-0.81</td>
</tr>
<tr>
<td>6</td>
<td>-0.2</td>
<td>-1.22</td>
<td>-0.1</td>
</tr>
<tr>
<td>7</td>
<td>-0.64</td>
<td>4.66</td>
<td>3.63</td>
</tr>
<tr>
<td>8</td>
<td>-0.58</td>
<td>-1.65</td>
<td>0.45</td>
</tr>
</tbody>
</table>

**Results:** The determination of unidimensional tumor measurement showed a large variability between the three different readers (table 1). For modified RECIST criteria the mean absolute and relative difference of the measured tumor response ranged from 1.3 cm (reader 2 v. 3; range 0.1–3.7; SD ±1.2 cm) to 1.9 cm (reader 1 v. 2; range 0.2–5.3; SD ±1.6 cm). Applying modified RECIST criteria led in one patient to even three different responses after chemotherapy: 1PR, 1SD, 1PD. Only in one case there was no mismatch between all readers concerning tumor response applying modified RECIST criteria compared to only one mismatch for the volumetric approach. Concerning tumor volumetry showed better interobserver agreement compared to modified RECIST criteria [κ = 0.9 (2 readers) vs. 0.4–0.9 (3 readers)].

**Conclusions:** Volumetric measurement of the MPM is a very accurate and reproducible technique to correctly evaluate therapy response having a high interobserver agreement.

**MULTIMODALITY THERAPY FOR MALIGNANT PLEURAL MESOTHELIOMA: PLEURECTOMY/DECORTICATION FOLLOWED BY CHEMOTHERAPY WITH CISPLATIN/PEMETREXED AND RADIOTHERAPY**

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**Background:** Multimodality therapy seems to be the best treatment for malignant pleural mesothelioma. The aim of this study was to analyze the feasibility and results of Pleurectomy/Decortication as surgical therapy modality avoiding pneumonectomy in a multimodality therapy concept.

**Methods:** Patients with histological diagnosis of MPM were enrolled in a prospective database from November 2002 to October 2007. They underwent multimodality therapy including Pleurectomy/Decortication followed by four cycles of chemotherapy with Cisplatin (75 mg/m²)/Pemetrexed (500 mg/m²) and radiation therapy of the chest wall and mediastinum 4–6 weeks after operation.

**Results:** 33 out of 35 patients completed the multimodality therapy. Surgical morbidity and mortality were 20.0% and 2.9%, respectively. One patient died because of chemotherapy toxicity (2.9%). Pathologic stages were I in 10 patients (28.6%), II in 6 (17.1%), III in 17 (48.6%), and IV (4) in 2 patients (5.7%). Epithelial histology was diagnosed in 25 patients (71%). Ipsilateral nodal metastases were found in 5 patients (14.3%). Overall median survival was 33.2 months. 1-, 2- and 3-year survival were 75%, 61% and 43%, respectively. Eight out of 33 patients (24.2%) evolved local recurrences. Seven patients (21.2%) developed distant metastases. Combined local and distant recurrence occurred in 1 out of 33 patients (3.0%).

**Conclusions:** This multimodality therapy using Pleurectomy/Decortication as surgery demonstrates good results in terms of morbidity, mortality and survival for malignant pleural mesothelioma. This treatment approach warrants further prospective controlled multicentre studies.

**A 10 YEAR FOLLOW-UP OF A SINGLE CENTRE EXPERIENCE WITH INDUCTION CHEMOTHERAPY FOLLOWED BY EXTRAPELVIC PNEUMONECTOMY FOR MALIGNANT PLEURAL MESOTHELIOMA**

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**Objective:** A 10 year follow-up on MPM patients’ survival will be presented to report about our multimodality treatment concept including induction chemotherapy followed by extrapleural pneumonectomy (EPP).