

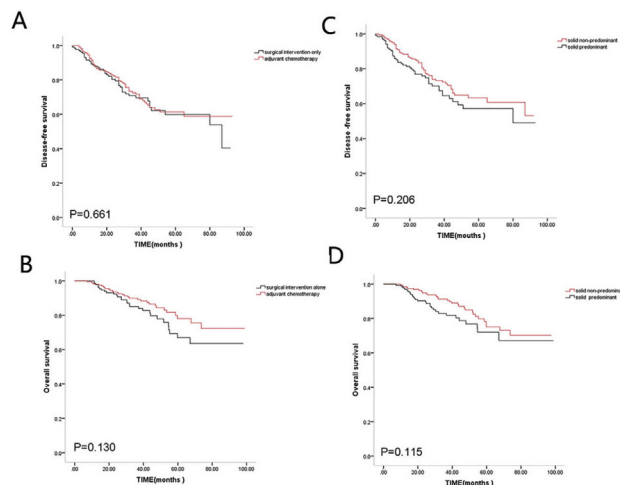
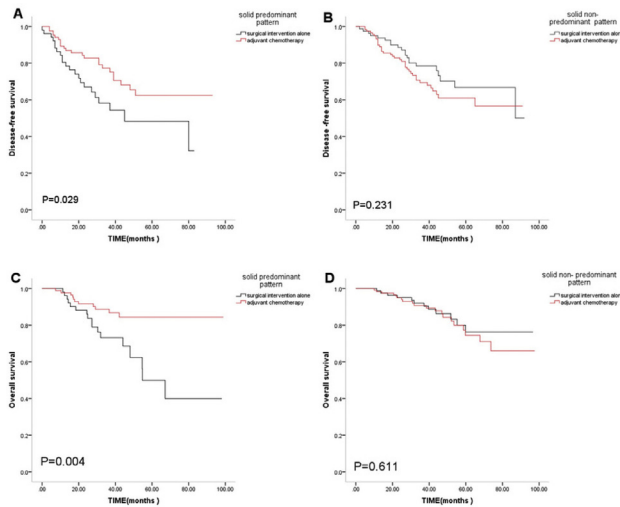
P1.16-63

The Value of Adjuvant Chemotherapy in Patients with Resected Stage IB Solid Predominant and Solid Non-Predominant Lung Adenocarcinoma



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Background: The adjuvant chemotherapy (ACT) of stage IB lung adenocarcinoma remain controversial. We are intended to explore the benefits adjuvant chemotherapy made on patients in IB with solid ingredients. **Method:** A number of 334 completely resected patients with lung adenocarcinoma in stage IB from 2006 to 2015 were reviewed. All the pathological slides were evaluated with solid ingredients composed. **Result:** Our data showed that although disease-free survival (DFS) ($p=0.661$) and overall survival (OS) ($p=0.130$) were not significantly different in solid growth pattern with or without ACT, patients with solid predominant patterns tend to have longer DFS [hazard ratio (HR) 0.403, $p=0.021$] and OS (HR 0.286, $p=0.009$) with ACT. In patients with solid non-predominant patterns, receiving ACT had no influence in DFS ($p=0.231$) and OS ($p=0.611$). **Conclusion:** The solid predominant pattern in postoperative patients of stage IB could benefit from adjuvant, and solid non-predominant pattern couldn't. **Keywords:** lung cancer, adjuvant chemotherapy, solid predominant



P1.16-64

The Histological Predominant Pattern Could Predict Site of Recurrence and Metastasis in Surgically Treated Stage I Adenocarcinoma of the Lung



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Background: Pattern-based subtyping of adenocarcinoma of the lung is currently recommended due to prognostic implications. We aimed to evaluate whether predominant pattern subtype in surgically treated stage I adenocarcinoma of the lung can predict first site of recurrence or metastasis. **Method:** We retrospectively reviewed clinical information, radiological findings, PET/CT-records, and pathological features (classified by IASLC/ATS/ERS subtyping criteria) of 906 Stage-I adenocarcinoma of the lung, who underwent surgery in 7 Centers. Patients were classified by histologic grade according to the IASLC/ATS/ERS classification as follow: intermediate grade (Invasive Lepidic, Acinar, Papillary) vs. high grade (Micropapillary, Solid). The date of recurrence or metastases was defined as the first radiographic evidence of cancer relapse upon imaging or pathological tumour evidence from a biopsy. Univariate and multivariate logistic analysis were used to identify predictors of first site of recurrence or metastasis. **Result:** A total of 248 (27%) patients developed recurrence or distant metastasis. The most commonly observed first location of recurrence was ipsilateral thorax (133 cases, 44%), followed by brain (27, 11%), contralateral lung (24, 10%), bones (11, 4%), liver and adrenal gland (10, 4%). Forty-three patients (17%) presented recurrence or metastasis in multiple sites simultaneously at the time of diagnosis. At multivariate analysis, patients with intermediate-grade histology developed intra-thoracic recurrence more frequently compared to the remainder of the cohort (odds ratio (OR) 1.85, 95% confidence interval (CI): 1.1– 3.18, $P=0.038$). Patients with high-grade histology developed contralateral lung metastasis (OR 2.1, 95%CI 1.1-4.2, $P=0.044$) and brain metastasis (OR 2.5, 95%CI 1.3-5.1, $P<0.01$) more frequently compared to the low-grade ones. **Conclusion:** Predominant pattern subtype seems to predict site-specific recurrence and metastasis in surgically treated Stage I adenocarcinoma of the lung. **Keywords:** non-small cell lung cancer, Surgery, histology

P1.17-01

Robustness of an Image-Based Data Mining Approach in Lung Cancer Patients



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Background: Image-based data mining (IBDM) enables exploring the correlation of dose distributions and outcomes in large cohorts