

AB023. PS01.05. Clinical outcomes for stage-III thymic squamous carcinoma

Lanting Gao

Department of Radiation Oncology, Shanghai Chest Hospital, Shanghai Jiaotong University, Shanghai 200030, China

Background: The objective of this study was to retrospectively evaluate the clinical survival of stage-III squamous thymic carcinoma.

Methods: From January 2008 to December 2015, 114 patients of stage-III squamous thymic carcinoma treated in our hospital were enrolled. There were 70 male and 44 female, mean age of 54 years (range, 14–77 years). Ninety-seven patients underwent surgical resection, while seventy-three patients were completely resected. Twenty patients received inductive therapy, including inductive sequential chemo-radiotherapy (10 patients) and inductive concurrent chemo-radiotherapy (10 patients). In 73 patients who were completely resected, 45 patients were of T2 stage. Forty patients received adjuvant chemotherapy and sixty-five patients received adjuvant radiotherapy.

Results: The median follow-up period from patients' first time diagnose was 48 months (18–108 months). Five-year overall survival (OS) rate was 69.7%, respectively. Five-year OS for the complete resection group, non-complete resection

group and non-surgery group were 72.5%, 31.4% and 41.5% ($P=0.00$). Five-year FFR was 46.3% for the complete resection group. Neither adjuvant chemotherapy ($P=0.987$) nor adjuvant radiotherapy ($P=0.095$) demonstrated OS benefit. Five-year FFR and OS for the inductive group was 29.6% and 46.7% *vs.* 51.8% and 77.7% for the non-inductive group ($P=0.221$, $P=0.033$). According to the TNM staging systems for thymic tumor, invading pericardium (T2) showed good OS ($P=0.044$) in the R0 resection group. Five-year OS and PFS was 31.4% and 13.9% for non-complete resection group *vs.* 41.5% and 0 for non-surgery group ($P=0.443$, $P=0.355$). Concurrent chemo-radiotherapy did not show survival benefit neither for PFS nor OS ($P=0.427$, $P=0.912$).

Conclusions: Complete resection appeared to be the most important prognostic fact for stage III squamous thymic carcinoma. Patients treated with inductive therapy had poorer OS than those patients who did not. Tumor invading pericardium (T2) showed good OS in the R0 resection group.

Keywords: Thymic carcinoma; chemotherapy; radiotherapy

doi: 10.21037/med.2017.AB023

Cite this abstract as: Gao L. Clinical outcomes for stage-III thymic squamous carcinoma. *Mediastinum* 2017;1:AB023. doi: 10.21037/med.2017.AB023