

AB049. PS02.13: Platinum based chemotherapy in locally advanced non-metastatic thymic carcinoma

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Background: Thymic carcinoma is a rare malignant tumor. At present, cisplatin based doublet or triplet antitumor drugs are used in neo-adjuvant setting for advanced thymic carcinomas. However, no optimal chemotherapeutic regimen is well established and recent small case studies with carboplatin and paclitaxel doublet demonstrates the similar efficacy with less toxicity. We retrospectively evaluated effectiveness and toxicity of platinum based doublet chemotherapy for patients with advanced thymic carcinoma.

Methods: Between 2013 and 2016, we retrospectively identified 21 patients from hospital information system with pathologically confirmed advanced thymic carcinoma, who were treated with platinum based doublet chemotherapy followed by surgical resection. The most commonly used

regimen being carboplatin plus docetaxel in 75% of the patients. Other regimens included cisplatin plus gemcitabine, carboplatin plus gemcitabine and cisplatin plus doxorubicin plus cyclophosphamide.

Results: The clinical response rate was achieved in 61.5% of the patients. The disease control rate was achieved in 92% of the patients. The median progression-free survival was 7.9 months (95% CI, 1.3–10.0) and median overall survival was 33.8 months (95% CI, 8.3–45.9). The toxicity profiles of platinum doublets demonstrated grade 3-4 hematological and non-hematological toxicities in 18% and 24% of the patients respectively. No febrile neutropenia and toxic death was recorded.

Conclusions: We concluded that platinum doublet chemotherapy is active and tolerable for advanced thymic carcinoma in the front-line setting with regard to efficacy, toxicity, and usage in clinical setting.

Keywords: Thymic carcinoma

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