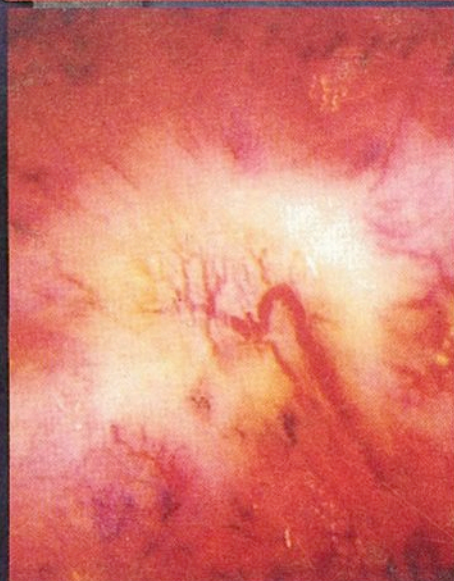


2nd INTERNATIONAL CONGRESS ON

Lung Cancer

9 - 13 November 1996



Creta Maris Hotel
Crete - Greece

FINAL PROGRAMME

Organized by :

THE HELLENIC SOCIETY AGAINST LUNG CANCER



15.30 - 16.00 **EDUCATION LECTURE 12**
 Chairperson: S. Konstantopoulos

*A LARGE CONSENSUS FOR MORE EFFICIENT AND
 LESS EXPENSIVE POSTOPERATIVE FOLLOW-UP OF
 PATIENTS WITH LUNG CANCER*

Th. Dossios, Athens, Greece

16.00 - 18.00 **SESSION 12**
ORAL PRESENTATIONS - SURGERY II
 Chairpersons: V. Beltrami - Th. Dossios

075 **SURGICAL THERAPY FOR STAGE II NON SMALL CELL LUNG
 CARCINOMA. OUR EXPERIENCE**
Brega Massone P.P., Orlandoni G., Ferro F., Morone G., Abelli M.,
 Corsico A., Meriggi F., Forni E.
 Pavia-ITALY

076 **NEOPLASTIC PERICARDITIS**
Lioulas A., Kakouros S., Konstantinou M., Foroulis C., Tragou A.,
 Avgoustou C.
 Athens-GREECE

077 **VIDEO-ASSISTED THORACOSCOPY IN PATIENTS WITH LUNG
 CANCER**
Bolanos N., Antypas G., Anagnostopoulos D., Bathrellou S., Kavoukas J.
 Piraeus-GREECE

078 **SIMULTANEOUS PRESENCE OF TWO LUNG ABNORMALITIES
 BRONCHOGENIC CARCINOMA AND A COIN LESION**
Dahabreh T., Zagariadis E., Papagianakis G., Vardoulakis T., Garbis D.,
 Raptis K., Skarlos D., Apostolopoulou F., Karapistolis H.
 Athens-GREECE

079 **SURGICAL APPROACH TO IIIa NSC LUNG CANCER: PROGNOSTIC
 FACTORS**
Piat G., Cangemi V., Volpino P., D'Andrea N., Lonardo M.T.
 Rome-ITALY

080 **RESULTS WITH RADICAL RESECTION IN THE MANAGEMENT OF
 MALIGNANT MESOTHELIOMA**
Papachristos I., Jilaihawi A.N.A., Prakash D.
 Glasgow-UK

Results with radical resection in the management of malignant mesothelioma

I.C. PAPACHRISTOS, A.N.A. JILAIHAWI *
and D. PRAKASH *

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** Consultant Thoracic Surgeon, Hairmyres Hospital, Glasgow (GB)*

SUMMARY

Fifty-six patients treated by radical pleuropneumectomy (RPP) for diffuse malignant mesothelioma (DMM) from 1987-1995 (8 years) had a mean age of 63.8 years. Pre operative diagnosis was definitely established in every case. The standard operation included radical resection of the lung with its pleural envelope, the hemidiaphragm and pericardium with reconstruction. GROUP I (1987-1990): 13 patients had no chemotherapy. GROUP II (1990-1995): 43 patients had 4 pulses of post operative chemotherapy at 4-weekly intervals. Operative mortality improved from 25% in the first 2 years to 15% in the last 2 years (16.2% for the whole Group II). Two-year actuarial survival was 7.6% for Group I, 23% for Group II ($p=0.058$). One patient survives for longer than 5 years without any evidence of recurrence. After the side effects of chemotherapy the quality of life was gratifying in most cases. In conclusion RPP can be considered as an important first step in the multi-modality treatment of DMM, with appropriate adjuvant treatment to control micrometastatic disease, so that survival can be improved.