64 years (range 44-77). There were 6 epithelioid, 1 sarcomatoid and 2 biphasic mesotheliomas. The stage at diagnosis was III in 3 patients and IVB in 6 patients. Pleurectomy/decortication was performed in 5 patients, 4 patients received biopsy. The number of previous lines of chemotherapy was 1 in 4 patients, 2 in 2 subjects and 3 in 3 remaining. The median number of cycles was 3 (range 1-6). A grade 2 increase of transaminase was observed in 1 patient and a patient developed an atrial flutter with a heartrate of 180 during treatment. Two patients experienced G3 fatigue and fever. There were not G3-4 hematological toxicities but a G3 increase of creatine kinase was observed in 1 patient. Seven patients experienced a disease progression with a median PFS of 1.8 months (95%CI 1.55-2.05). The median OS was 5 months (95%CI 2.42-7.57). There were not significant differences in PFS and OS in relation to age, histology, sex, performance status, across patients treated with one or more lines of chemotherapy and between those who received pleurectomy **Conclusion:** Trabectedin in pre-treated mesothelioma patients is feasible with a moderate toxicity but there is no meaningful clinical activity for this agent according to the previous report of ATREUS trial. **Keywords:** Trabectedin, pre-treated, Mesothelioma

P1.15-11
Intrathoracic Neurogenic Tumors: Clinical, Pathological, and Long-Term Outcomes

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Background: Intrathoracic neurogenic tumors are uncommon neoplasms arising from nerve tissues. We report our single-center experience in treating this rare intrathoracic neurogenic tumors. **Method:** We retrospectively analyzed the clinical, surgical and pathological records of patients receiving the resection of an intrathoracic neurogenic tumor between May 1998 and December 2018. **Result:** There were 82 patients (24 females) with an average age of 53 years (29 to 75 years). Mean diameter was 32 mm, ranging from 12 mm to 68 mm. Histology included 42 benign schwannomas, 7 malignant schwannomas, 15 neurinomas, 14 neurilemmomas, and 4 paragangliomas. 55 were located in the posterior mediastinum, 13 in the thoracic inlet, 7 in the anterior mediastinum, 4 in the lung parenchyma, and 3 in the chest wall. Symptoms were seen in 51 patients (62.2%) and including cough in 23, dyspnea in 15, neurologic symptoms in 11, and wheezing in 2. In 3 patients (3.6%), the tumor showed an intraspinal extension. Tumor resection was made by thoracotomy in 42 (51.2%) cases and thoracoscopy in 40 (48.8%). Resection was complete in 80 patients (97.6%). Postoperative radiotherapy was administerd in 2 cases. Mortality was nil. Morbidity rate occurred in 4 patients (4.8%) and included 2 prolonged air leaks, 1 hemothorax, and 1 chylothorax. Five-year survival was 97% in an average follow-up of 4.9 years. No recurrence occurred during the follow-up period neither for malignant nor for benign tumors. **Conclusion:** The treatment of choice for thoracic neurogenic tumors is complete resection. Long-term prognosis is favorable both for malignant and benign neurogenic tumors. **Keywords:** mediastinum, neurogenic tumors

P1.15-12
A Different Aspect to Tumor Size Dilemma in Thymoma's TNM Staging Classification

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Background: Thymic epithelial tumors including thymomas are relatively rare thoracic neoplasms; though thymomas are the most common tumors of anterior mediastinum in adults. Among the TNM classifications of many solid tumors, tumor size is included in definition of T descriptor and as a key for staging it plays an important role in predicting prognosis and affects clinical decision making. However, TNM or the other classifications of thymomas do not take tumor size into consideration. **Method:** Between 2004 and 2018, 204 consecutive patients with thymic epithelial tumors underwent surgical resection in Department of Thoracic Surgery, Ankara University Medical School. One hundred and forty-three patients with thymoma were included in the study. When survival analysis was performed, sixteen cases were excluded due to missing datas of either survival and/or tumor diameter. Remaining 127 patients were classified into two groups: **a.** largest tumor diameter **(LTD), b**. mean tumor diameter (largest diameter+shortest diameter/2) **(MTD).** Then each were divided into three subgroups (LTDa/ MTDa $\leq$5cm; LTDb/ MTDb 5.1-10 cm; LTDc/ MTDc >10 cm). LTDa, LTDb and LTDc subgroups contained 47 (37%), 60 (47.3%) and 20 (15.7%) patients; while MTDa, MTDb and MTDc subgroups had 66 (52%), 56 (44.1%) and 5 (3.9%) patients respectively. **Result:** There were 78 males and 65 females, with a mean age of 49.6 years (10-78). Results of the survival analysis according LTD and MTD subgroups are shown in Table 1. In survival analysis, there were significant differences in the presence of MG, resection status (R0 vs R1), T status and the Masaoka-Koga staging (p=0.018, p=0.001, p=0.015, p = 0.003), respectively. In survival analysis for MTD subgroups, survival decreased as the tumour size increased. In LTD group, the only difference which was close to statistical significance was in R0 group for 10 years OS (p=0.051).

Table 1. 10-year survival according to tumor diameter groups

	Largest Tumor Diameter (LTD)			Mean Tumor Diameter* (MTD)		
	$\leq$5cm	5.1-10cm	p value	$\leq$5cm	5.1-10cm	p value
10 years overall survival (%) (LTD:107(48/59) patients, MTD:122 (66/56))	87.6	80	0.246	91.2	74.8	**0.088**
10 years disease-free survival (%) (LTD:94 (40/54) patients, MTD:107 (56/51))	75.5	56.5	0.113	82.6	41.9	**0.052**
10 years overall survival in R0 resection (%) (LTD:91(37/54) patients, MTD:104 (53/51))	95.2	81.1	**0.051**	96.8	75.9	**0.027**
10 years disease-free survival in R0 resection (%) (LTD:82 (34/48) patients, MTD:93 (48/45))	75.2	57.7	0.159	82.4	43.1	**0.095**

Conclusion: In this study, complete resection was the most powerful prognostic factor for thymoma as reported by Ruffini et al. Though complet resection is associated with better survival, tumor size is an essential factor on decision of complete resection. Therefore, the largest or mean tumor size should be a criterion in the thymoma TNM staging system. **Keywords:** THYMOMA, Size, staging