

## **G-RM-2**

### **Sex Differences in Tuberculosis in Hong Kong**

J Wang, Noertjojo K, Tam CM, Chan SL, Tan J, Chan-Yeung M.

The University of Hong Kong, the Hong Kong Government Tuberculosis and Chest Service, Hong Kong and the University of British Columbia, Vancouver, BC, Canada.

Sex differences in tuberculosis (TB) have been reported in countries with low and high burden of disease. The purpose of this study is to examine sex differences of TB in Hong Kong where the burden of disease is intermediate. Notification rates of TB during the past 5 decades were obtained from the Hong Kong Government Tuberculosis and Chest Service (Chest Service). Data of all 5757 patients registered for treatment of TB at the Chest Service in 1996 were obtained from program forms, supplemented by medical record review. The rate of TB was consistently higher in men than women in the past 5 decades but has declined in both sexes over time. The sex differences in rates of TB increased with age; in 1996, the rate in men was 4 times that of women in those aged 60-79 years (411 vs 103/100,000). In 1996, men had a higher % with relapse disease and comorbid illnesses than women (15.1 vs 8% and 18.3 vs 12% respectively) and a higher % with extensive disease (13.5 vs 9.8). A lower % of men had extrapulmonary TB than women (9.6 vs 23.1%). Pleural disease was more common in men than in women (52.2% vs 27.3%,  $p < 0.001$ ) while lymph nodes in women than in men (54.4% vs 22.5%,  $p < 0.001$ ). There was no difference in the % of treatment completion at 12 months between the sexes (about 80%); more men than women defaulted treatment (8.7% vs 6.5%) or missed more than 10% of all DOT appointments (6.3% vs 3.1%,  $p < 0.05$ ). Sex differences in TB were found in Hong Kong but the reasons are not clear.

Supported by the Hong Kong Tuberculosis, Heart and Chest Disease Association.

## **G-RM-3**

### **Paclitaxel and Carboplatin in Advanced Non-Small Cell Lung Cancer (NSCLC), Hong Kong Experience**

J Wang, WK Lam, JCM Ho, MSM IP, KWT Tsang.

Department of Medicine, The University of Hong Kong, Hong Kong SAR, China.

**Background:** NSCLC is the major cause of cancer death in Hong Kong and almost always presents in very advanced stages. It is increasingly being treated with chemotherapy although there has not been consensus in the choice of currently available combinations of newer and more effective therapy. We have, therefore, studied the response rate and safety profile of paclitaxel and carboplatin.

**Patients and Methods:** Patients with metastatic or locally advanced NSCLC in chemotherapy naïve stage III and IV patients with good performance status. Patients with major organ failure, previous malignancies, active uncontrolled infection or definite contraindications for the use of corticosteroids were excluded. Paclitaxel 175mg/m<sup>2</sup> as 3 hours IVI and carboplatin IV AUC=6 over 30 mins were given in 3-weekly intervals for 6 cycles as tolerated. Premedications with dexamethasone, cimetidine and diphenhydramine were given.

**Results:** 27 patients (M:F ratio 22:5) with age 60±10.3 years. 19 adenocarcinomas, 3 squamous cell carcinoma and 5 undifferentiated NSCLC, with 20 in Stage IV and 7 in Stage IIIB. The overall partial response rate was 42%, stable disease 36% and progressive disease 22% after assessment of tumour size by two dimensional measurements of chest X-rays, lymph nodes, skin nodules or CT imaging. 14 out of 27 patients completed 6 cycles. 4 patients were excluded because of major hypersensitivity reaction and 1 patient was excluded for hepatotoxicity. Adverse reactions include major allergy 3.5%, hepatotoxicity <1%, grade (I) anemia 7%, grade (II) anemia 10%, grade (I) thrombocytopenia 7%, and grade (II) thrombocytopenia <1%. Grade (I) neutropenia 2.5%. Chemotherapy associated symptom score include alopecia in 42%, sensory neuropathy in 60%, skin reactions in 18%, vomiting in 18%. 47% of the patients can achieve 1 year survival. There had been no treatment-related death.

**Conclusion:** The combination of paclitaxel and carboplatin appears to be a fairly well tolerated and highly effective regime in the treatment of advanced NSCLC. Further studies are warranted to evaluate the impact of this combination on the median term response and survival of these unfortunate patients.