of patients in Group A and 65% in Group B were alive. Corresponding numbers of progression-free patients were 53% and 50%.

Conclusions: The administration of chemoradiotherapy incorporating weekly docetaxel after induction chemotherapy is a feasible approach in unresectable locally advanced NSCLC, achieving a high ORR with a manageable toxicity profile. Final study results will be presented at the meeting.

Melanoma and sarcoma

828 POSTER

cKIT expression in adult primitive neuroectodermal tumor (PNET) and Ewing's sarcoma: a retrospective immunohistochemical study

I.O. Kara[1], S. Erdogan[2], B. Sahin[1], M. Ergin[2], G. Gönlüsen[2], S. Paydas[1]. *[1] Cukurova University Faculty of Medicine, Medical Oncology, Adana, Turkey; [2] Cukurova University Faculty of Medicine, Pathology Department, adana, Turkey*

Background: The stem cell factor/c-kit tyrosine kinase receptor pathway has been shown to be important for tumor growth and progression in several cancers, including mast cell diseases, gastrointestinal stromal tumor, acute myeloid leukemia, small cell lung carcinoma, and Ewing sarcoma. We performed immunohistochemical analysis for KIT in 28 of 16 PNET and 12 Ewing's sarcoma.

Methods: Formalin-fixed, paraffin-embedded sections were stained with rabbit polyclonal anti-human c-kit (CD117, Dako) using standard avidin-biotin-peroxidase complex technique, antigen retrieval, and an automated stainer.

Results: Cytoplasmic c-kit expression was showed immunorecativity of % 50 (6/12) for Ewing's sarcoma group and % 50 (8/16) for primitive neuroectodermal tumor (PNET). Within the each group 2 sections were stained both for cytoplasmic and membranous component.

Conclusion: Our results were indicate that target therapy tyrosine kinase receptor inhibitor may be an additional methods to cytotoxic drugs for c-kit positive Ewing's sarcoma and PNET.

828A POSTER

Vascular endothelial growth factor levels in melanoma. relationship with coagulation and platelet activation markers

F. Guadagni[1], P. Ferroni[2], S. Bucher[3], F. Di Filippo[4], V. Ferraresi[5], C. Catricalà[3], M. Roselli[6], F. Cognetti[5]. *[1] Regina Elena Cancer Institute, Dept. of Diagnosis & Prevention, Rome, Italy; [2] University of Rome La Sapienza, Dept. of Experimental Medicine & Pathology, Rome, Italy; [3] San Gallicano Institute, Dept. of Oncologic Dermatology, Rome, Italy; [4] Regina Elena Cancer Institute, Dept. of Surgery, Rome, Italy; [5] Regina Elena Cancer Institute, Dept. of Medical Oncology, Rome, Italy; [6] University of Rome "Tor Vergata", Dept. of Surgery, Medical Oncology Section, Rome, Italy*

Background: Vascular endothelial growth factor (VEGF) is a potent angiogenic factor essential for tumor growth and metastasis. Lately, it was shown that thrombin activation of platelets causes VEGF release, and that VEGF-stimulated endothelial cells promote adhesion and activation of platelets through the generation of thrombin. Thus, the present study was aimed at analyzing whether VEGF levels are increased in patients with various stages of melanoma as a result of platelet and/or coagulation activation.

Patients and Methods: Plasma samples were obtained from 95 patients with nodular (30%), superficial spreading (68%) or acral (2%) melanoma [61 males, mean age ± SD: 52 ± 15 years] and 61 healthy donors [14 males, mean age ± SD: 55 ± 14 years). Stage I (n=63) disease was defined as the presence of the primary tumor with no clinically detectable metastatic lesion. Stage II (n=14) disease was defined as the presence of regional lymph node metastasis. Stage III (n=18) disease was defined as widespread disease with metastatic involvement at distant sites. Plasma sP-selectin and VEGF levels were measured by ELISA (both by R&D Systems). Coagulation tests and complete and differential blood cell counts were routinely assayed in each recruited subject.

Results: Median plasma VEGF levels were higher in melanoma patients (19.0 pg/ml) compared to control subjects (2.2 pg/ml; $p<0.001$). In particular, median VEGF levels were higher in stage III compared to stages II and I melanoma (27.9 pg/ml *vs.*, 22.9 pg/ml, *vs.*, 14.1, Anova test: $F=3.2$, $p<0.05$). Similarly, metastatic patients had higher levels of sP-selectin ($F=4.7$, $p< 0.02$) and a prolonged International Normalized Ratio (INR)($F=17.0$, $p< 0.0001$) than stage I and II melanoma. Correlation analysis showed that VEGF levels strongly correlated with sP-selectin ($r=0.57$, $p<0.0001$) in melanoma patients. Thus, to further analyze the relationship between VEGF and clinical and laboratory variables of melanoma, a multiple regression analysis including age, sex, stage, diagnosis, VEGF and sP-selectin levels, blood cell counts and coagulation tests was performed. Final model by stepwise analysis showed that only sP-selectin (beta=0.27, $p<0.05$) and INR (beta=0.29, $p<0.05$) were independently related to VEGF.

Conclusions: These results suggest that elevated plasma VEGF levels are strictly related to the presence of haemostatic activation in patients with advanced stage of melanoma.

Partially supported by Grant CNR-MIUR 2002.

829 POSTER

Adults with Ewing's sarcoma/PNET: is it possible to improve survival (Phase II trial: induction chemotherapy adriablastin-cisplatin)

Z. Tomasevic, M. Mihailovic, S. Jelic, D. Ristic, N. Milanovic, A. Karaferic. *Institute for Oncology and Radiology of Serbia, Medical Oncology, Belgrade, Serbia*

Background: Ewing's sarcoma/PNET is a disease rarely seen in adults. The literature data regarding outcome of adults with this disease, are insufficient.

Purpose: to assess outcome and survival of adults Ewing's sarcoma/PNET treated with neoadjuvant and adjuvant adriamycin-cisplatin chemotherapy (CT) combination.

Patients and methods: Since November 1998, fourteen adults with non-metastatic Ewing's sarcoma (12 pts.) and PNET (2 pts.) have been treated at our institute. Twelve pts. were male and 2 were female. The median age was 24.5 years (range 20-44). Nine pts. had tumor located in the central axis skeleton (3 in the pelvic bones, 3 in the spine and 3 in the chest wall). In 5 pts., sites of primary tumor were distal parts of the leg. Nine pts. had locally advanced disease (tumor volume greater than 150 ml) and 5 pts. had small volume localized disease (less than 150 ml).

Treatment consisted of 4-6 cycles neoadjuvant CT with doxorubicin 25 mg/sqm D1-3 and cisplatin 30 mg/sqm D2-5, followed by local treatment and adjuvant CT with EVAIA regimens. In three pts. CT was used with adjuvant intention.

Local treatment was: surgery (6 pts.), surgery followed by radiotherapy (3 pts.), radiotherapy followed by surgery (2 pts.) or radiotherapy alone (1 pt.). One patient was not treated locally.

Results: At completion of induction CT, the response, as assessed by NMR imaging, was: 10 PR and 1 SD. Radiological response of the soft tissue mass, separately, was: 6 CR, 4 PR and 1 SD. Histological response to induction CT was evaluated in 7 of 9 pts. who underwent surgery immediately after induction CT. Five of seven pts. were good responders with viable tumor cells of 10% or less.

The median of follow-up was 20 months. For all pts., the median probability of overall survival and median probability of time to progression were, at the moment, 38 months (range 7-42) and 24 months (range 6-42), respectively.

The chemotherapy was well tolerated. No cases of adriamycin cardiotoxicity were seen. Seven pts. experienced transitory grade 4 granulocytopenia at least in one cycle, without febrile episodes.

Conclusion: These preliminary results showed very promising activity of adriamycin-cisplatin regimen, and further testing is needed.

830 POSTER

A clinicopathologic review of uncommon vascular hemangiopericytomas with follow up and analysis of outcome: a 12 year study

K. Gupta[1], O.P. Singh[1], N. Kapoor[2], H.U. Ghori[1]. *[1] Gandhi Medical College, Department of Radiation Oncology, Bhopal, India; [2] Gandhi Medical Colege, Department of Pathology, Bhopal, India*

Background: Having a pericytic origin, hemangiopericytoma(HPC) is an uncommon vascular tumor of adults and shared histology with synovial sarcoma, mesenchymal chondrosarcoma and solitary fibrous tumor stems the long lasted diagnostic dilemma. Along with endeavour to solve this problem, this study also defines clinical nature and prognosis of affected patients.

Methods: A total of 51 patients with documented diagnosis of primary, recurrent or metastatic HPC were selected from a prospectively main-