174 POSTER

A phase II study of capecitabine in patients who have failed first-line treatment for locally advanced or metastatic cervix cancer (MCC)

V. Lorvidhaya[1], P. Phromratanapongs[2], I. Chitapanarux[3], P. Kamnerdsupaphon[4], P. Lertsanguansinchai[3], C.Y. Hsieh[4], Y. Kongthanarat[5], E. Visetsiri[6]. *[1] Chiang Mai University, Department of Radiology, Chaing Mai, Thailand; [2] Phramongkutklao Hospital, Bangkok, Thailand; [3] Chulalongkorn University, Bangkok, Thailand; [4] National Taiwan University Hospital, Taipei, Taiwan; [5] Rajvithi Hospital, Bangkok, Thailand; [6] Bhumiphol Hospital, Bangkok, Thailand*

Background: Capecitabine (Xeloda®) (X) is a TP-activated oral fluoropyrimidine, which exploits the higher concentration of its activating enzyme in cervical cancer cells compared to normal tissue, to produce 5-FU within the tumour. This study evaluated the efficacy and safety of X in MCC patients (pts) who failed first-line therapy.

Materials and methods: Efficacy was evaluated by WHO criteria and safety according to NCI CTC version 2.0. Thai and Taiwanese pts with histologically confirmed squamous cell or adenocarcinoma of uterine cervix, with ECOG ≤ 2, adequate liver and renal functions, received oral X 1250 mg/m^2 twice-daily, days 1-14, every 3 weeks. Pts responding or with stable disease (SD) after 2 cycles continued X up to 6 cycles.

Results: 45 evaluable pts (41 Thai, 4 Taiwanese) were enrolled since 2000. One year has elapsed since the last pt finished treatment (tx). Table shows baseline data and efficacy results.

	N=45
Median age (years)	48 (30-61)
Median ECOG	1 (0-2)
Prior tx:	%
Radiotherapy alone	29
Surgery + radiotherapy	11
Chemoradiation	47
Chemotherapy alone	3
Median tx duration (cycles)	4 (1-6)
ORR (95% CI) including 1 CR	13% (5-27)
SD	53%
Median response duration (months)	16
Median survival (months)	9.3 (7.1-13.7)

Updated TTP will be presented at the meeting.

The most common clinical adverse events (all grades) were hand-foot syndrome 49% (14% G3-4), diarrhea 18%, and nausea 13%. Grade 3-4 lab abnormalities were lymphopenia 20%, anemia 11%, leukopenia 4% and hyponotremia 4%.

Conclusion: In these difficult-to-treat MCC pts with limited further options, X was well-tolerated and active. Future study in earlier lines of tx and with other active agents is warranted.

175 POSTER

The biological relevance of the E-cadherin/catenin complex in epithelial ovarian tumours

C. Faleiro Rodrigues, I. Macedo Pinto, S. Maia, R. Vieira, C. Lopes. *Portuguese Institute of Oncology, Pathology, Porto, Portugal*

Background: Epithelial cadherin associates with alpha, beta and gamma catenins. This adhesion molecule plays a key role in cell polarity and differentiation. Alterations in any of these molecules result in loss of intercellular adhesion and may initiate cellular transformation.

Aim: Analyse the biological relevance of the E-cadherin-complex immunoexpression (reduced *versus* preserved) in benign, borderline and malignant tumours.

Materials and Method: Immunohistochemical E-cadherin, alpha, beta and gamma catenin was performed in 154 epithelial ovarian tumours, consisting of 17 benign, 33 borderline and 104 malignant tumours.

Results: Benign tumours, no association with histotype and immunoexpression pattern of E-cadherin/catenin complex.

Borderline tumours, E-cadherin (*p=0.014*) and alpha-catenin (*p=0.030*) immunoexpression pattern associated with histotype. Mucinous tumours associated with E-cadherin preserved phenotype. Serous tumours associated with reduced phenotype of E-cadherin and alpha-catenin.

Malignant tumours, an association between immunoexpression pattern of E-cadherin and histotype ($p<0.001$). An association between immunoexpression pattern of beta-catenin and histotype ($p<0.001$), differentiation (*p=0.02*). Mucinous carcinomas associated with preserved phenotype of E-cadherin. Serous carcinomas associated with reduced phenotype of E-cadherin. The preserved phenotype of beta-catenin associated with endometrioid carcinomas. Whereas, the reduced phenotype associated with poorly differentiated serous and clear cell carcinomas. Although, the reduced phenotype was the most frequent immunoexpression observed for all proteins of the E-cadherin/catenin complex in ovarian epithelial tumours, only beta-catenin showed a difference between benign, borderline and malignant tumours (*p=0.02*). An inverse relationship with the immunoexpression pattern of beta-catenin was observed with increasing tumour malignancy.

Conclusion: Although the reduced immunoexpression of the E-cadherin-catenin complex were observed in epithelial ovarian tumours, the immunohistochemical profile of beta-catenin is of biological relevance and may provide new insight into the biology of ovarian carcinogenesis. Since, the reduced phenotype of beta-catenin correlated with loss of differentiation and histological types known to associate with aggressive biological behaviour patterns in epithelial ovarian tumours.

176 POSTER

Molecular biomarkers in ovarian cancer

Y. Shishkin, E. Stepanova. *Russian Cancer Research Center, Institute of Paediatric Oncology, Moscow, Russian Federation*

Background: The expression of molecular biomarkers of apoptosis (p53, Bcl-2, Bax FasL), proliferation (Ki-67) and angiogenesis (VEGF, Flk-1, Flt-1, thrombospondin, thymidine phosphorylase (TP), and angiopoetin-2 (Ang-2)) was studied in 96 serous ovarian cancer patients (pts) III-IV stage.

Material and methods: The research was performed on paraffin-embedded blocks using standard immunohistochemical method. Slides were incubated with primary antibodies at 4^{0}C overnight, and process using visualizing system LSAB®+kit (DAKO Corp), according to the manufactures.

Results: p53 expression was observed in 54% cases, Bcl-2 in 39% cases, 0E - in 56% cases, FasL was observed in 68% cases of serous ovarian cancer. Bcl-2 expression correlated with 0E expression (p= 0.028). Mean proliferative activity of ovarian cancer (index Ki-67) was 43±32% (median - 40%). The Ki-67 index correlated with tumour grade (k = 0.3, p= 0.002). VEGF expression in tumour cells was found in 65% cases, expression Flt-1 (VEGF-R1) in 37% cases and Flk-1 (VEGF-R2) 29% cases. TP is found in tumour cells in 48% and in stromal cells in 65% cases. TP stromal cells expression reverse correlated with tumour degree (k = -0.22; p= 0.03). The patients having complete and partial response from the first phase chemotherapy with platinum-compound regimens±taxanes were more often Bax positive (63% cases) than patients with disease progression (33% cases). Bax -positive pts had progression in 76% cases (median time to progression was 17 month) and Bax-negative pts - in 87% cases (median time to progression was 12 month). Among Bax negative 64% of pts died (median was 32 months), among Bax positive - 42% of pts died (median was 85 months) (p= 0.02). Ang-2 expression was a favorable prognostic factor. 3-years overall survival was 77% in Ang-2+ pts.

Conclusion: Our results suggest that Bax and Ang-2 are the prognostic markers of chemotherapy efficacy in ovarian cancer patients.

177 POSTER

Clinicopathological study of treatment in patients with uterine sarcoma

Y. Terai[1], S. Takeuchi[2], T. Kita[3], J. Kigawa[4], T. Tabata[5], T. Ogasawara[6], M. Sakata[7], K. Itoh[8], S. Sagae[9], T. Sugiyama[10]. *[1] Osaka Medical College, Obstetrics and Gynecology, Takatsuki, Japan; [2] Kobe National Hospital, Gynecologic Oncology, Kobe, Japan; [3] National Deffense Medical College, Obstetrics and Gynecology, Tokorozawa, Japan; [4] Tottori University, Obstetrics and Gynecology, Yonago, Japan; [5] Mie University, Obstetrics and Gynecology, Tsu, Japan; [6] Hyogo College of Medicine, Obstetrics and Gynecology, Nishinomiya, Japan; [7] Itoh Municipal Hospital, Obstetrics and Gynecology, Itoh, Japan; [8] Kansai Rosai Hospital, Obstetrics and Gynecology, Amagasaki, Japan; [10] Iwate Medical College, Obstetrics and Gynecology, Morioka, Japan*

Background: Uterine sarcoma is the most aggressive and refractory disease of gynecologic malignancies and no standard treatment has been established. It seems very important to investigate their pathological prognostic factors and evaluate the adequate chemotherapy for uterine sarcomas.

Patients and Method: Multi-institutional retrospective study was conducted and 191 cases of uterine sarcoma patients were enrolled in this