

clear patient benefit, a phase III study is planned. Patient accrual is ongoing and updated results will be presented. Sponsored in part by Roche Canada.

192

POSTER

Gastrectomy with small intestine reservoir formation

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Introduction. Modern technologies of the gastric cancer surgery allow to increase the duration of patients' life. However, negative consequences like reflux-esophagitis and digestive disorders because of reservoir function absence can appear in remote postoperative period. New method of esophago-intestinal anastomosis was elaborated as objective to improve functional results of gastrectomy.

Materials and methods. Gastrectomy was carried out in 104 patients with cancer of the stomach (94 cases) and cancer of gastric stump (10 cases). The cancer stage was T 3-4 N 1-2 M 0, that's why mobilization of the stomach with lymphodissection at the extent of D 2 was performed. The stomach with paraesophageal fat was extirpated, in 27 patients it was made in combination with affected organs. In 7 cases we used thoracoabdominal access. The initial part of jejunum was leaded and fixed around esophagus like a sleeve. Perimesenteric enteroplication of both loops beginning from the esophagus to the extent of 15-20 cm was performed. In the part of enteroplication intestinal walls were dissected, then posterior wall of reservoir was formed with continuation to the left and right esophageal semicircle. The anterior wall of dissected jejunal loops was sutured and esophagus was immersed into reservoir. We made the second line of suture over immersed esophagus and on anterior wall of reservoir. Then we formed intestinal anastomosis with the covering of afferent loop, in cases of gastric stump extirpation the afferent loop was connected as Rye-anastomosis.

Results. Postoperative complications had 8 patients (7.6%). Incompetence of esophago-intestinal anastomosis had 2 patients. Seven patients died (6.7%) due to: incompetence of esophago-intestinal anastomosis 1, incompetence of intestinal anastomosis 1, commissural intestinal impassability 1, bile peritonitis after hepatic resection 1, thrombosis of mesenteric vessels 1, acute myocardial infarction 2 cases. After 6-24 months of postoperative period there was no reflux-esophagitis, formed reservoir functioned good and provided portion evacuation. Three patients had transient dysphagia, one of them underwent with dilatation of esophago-intestinal anastomosis.

Conclusion. Suggested method of esophago-intestinal anastomosis formation has high level of reliability, prevent from development of reflux-esophagitis and compensate reservoir function after gastrectomy.

193

POSTER

Development of early gastric cancer 4 years after complete remission of Helicobacter pylori-associated gastric low-grade B-cell MALT lymphoma

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Aim: To report on 2 patients with Helicobacter pylori associated gastric MALT lymphoma who developed early gastric cancer 4 years after complete lymphoma remission following cure of helicobacter pylori infection.

Patients and Methods: Two patients (one male 74 years; one female, 62 years) with Helicobacter pylori-associated low-grade MALT lymphoma. Both patients achieved complete lymphoma remission after being cured of the infection. Surveillance endoscopies were performed twice yearly. The patients were helicobacter pylori negative during the whole follow up time.

Results: Four years after cure the infection and complete lymphoma remission, the patients presented with early gastric adenocarcinoma of the mucosa type (Z 4mm), type IIa and type IIc, resp., which both were completely removed by endoscopic mucosal resection. In one patient the gastric cancer was diagnosed at the same localization as the previous MALT lymphoma, in the other patient it was detected at a different site of the stomach, opposite from the previous MALT lymphoma.

Conclusion: These findings strengthen the importance of regular long-term follow up endoscopies in patients with complete remission of gastric MALT lymphoma after cure of Helicobacter pylori infection.

194

POSTER

In-DOTATOC: An useful diagnostic method for pancreatic tumor

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Purpose: Somatostatin receptors have been identified in different kinds of tumors. These observations have served as the DOTA-Tyr3-octreotide (DOTATOC), a somatostatin analogue, basis for the clinical use of radio labeled with indium-111 (¹¹¹In) for diagnostic purposes.

Materials and Methods: Twenty rats will be divided into four groups. They will be sacrificed at 0.5, 4, 24, 48hrs (5 in each group) after injection of approximately 3.7 MBq of ¹¹¹In-DOTATOC. Samples of various organs will be obtained and counted to calculate the tissue concentration and estimated radiation dose. Different dose of ¹¹¹In-DOTATOC will be added to the cell line to evaluate radiation effect of ¹¹¹In-DOTATOC in vitro. In addition, toxicity of ¹¹¹In and DOTATOC will also be evaluated by the Development Center of Biotechnology.

Results: After injection In-DOTATOC, the uptake ratio is 1.7199, 1.4803, 1.3645, 1.3706 on four times point. As time goes by, the tumor uptake ratio still in high. And we could see clearly AR42J tumor images by gamma-detected scintigraphy. Easy to diagnosis somatostatin positive tumor.

Conclusion: DOTATOC, labelled with ¹¹¹In, is not only a possible new diagnostic agent, but could give its superior biokinetics and especially kidney-to-tumour uptake ratio. A new therapeutic alternative for DOTATOC when labeled with a γ -emitter like ⁹⁰Y for diagnostic and radionuclide therapy applications.

195

POSTER

Photodynamic therapy (PDT) of esophageal cancer: 11-years clinical experience.

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In the Moscow P.A. Herten Research Oncology Institute PDT has been treating esophageal cancer patients since 1992. In our practice Photogem (hematoporphyrine derivative), Photosens (sulfonated aluminium phthalocyanine), Radachlorin (natural chlorophyll- α derivative), Alasens (5-aminolaevulinic acid) are used as photosensitizers. Up to this time, all of 84 patients with esophageal cancer in I-IV stages have been treated with PDT (male 56, female 28, average age - 68.3 years). A 1st stage of esophageal cancer (T1N0M0) was diagnosed in 31 patients, a 1IInd (T2N0M0)- in 20, a 1IId and a 1Vth (T3-4N1M0-1)- in 33. Among the 1st group of patients the tumours were from 1 cm (in 11 patients) to 2 cm (in 20 patients) in size with a penetration into the mucous (5) or submucous (26) layer of the esophageal wall. In 25 cases it was squamous-cell carcinoma and among 6 patients it was adenocarcinoma in Barrett's esophagus. Among the 1IInd group were patients with squamous-cell carcinoma, in whom at the time of their complete examination (in which included endoscopic, endosonographical and morphological testing and CT) it was suspected that the tumour had invaded the in muscle layer to a limited degree, and the size of the tumour was less than 2 cm in 11 patients, from 2 cm to 3.5 cm - in 9 patients. The 1IId group consisted of the patients with advanced stenotic esophageal cancer (3-8 cm long and II-III degree of dysphagia). Complete remission resulted in 22 of 31 patients in the 1st group (71%) and in 9 of 20 patients in the 1IInd group (45%). The follow up period was up to 9 year. A recurrence of the cancer was diagnosed in 9 patients of the 1st group and in 4 of the 1IInd group. The goal of PDT in patients of the 1IId group was restoring esophageal lumen, reducing the size of the tumour and improving the quality of life. Lumen restoration was effective in 94.6% of the patients. In 25 patients the final stage of recanalization was placement of esophageal stents produced by the company "Wilson-COOK Medical inc" (USA) and "Rusch GmbH" (Germany) followed by multiple PDT courses through the stent. The average duration of life for those in the 1IId group was 6 months. Based on this experience PDT is considered to be useful in treating inoperable patients with esophageal cancer both with curative and palliative effects.