

taxol treatment cell death was induced. Synergistic effects were seen in a combined treatment of IC261 with nocodazol. In contrast IC261/taxol treatment suppressed the induction of cell death of taxol. For cell cultures undergoing different treatment we detected the changes in RNA and protein levels for proteins involved in cell cycle arrest and apoptosis.

Conclusion: Our results show, that treatment of different pancreatic tumour cells with spindle poisons or the CK1 δ specific inhibitor IC 261 differently effects cell growth. Furthermore, combination of spindle poisons with IC261 can enhance or modulate the effects of spindle poisons alone. If these results could be validated in an animal model, new therapeutic options might arise.

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POSTER

An analysis of CDH1 -160 C/A promoter polymorphism and the risk of diffuse gastric cancer in Italy

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The E-cadherin protein belongs to the family of calcium-dependent cell-cell adhesion molecule and it plays a fundamental role in the maintenance of cell differentiation and the normal architecture of epithelial tissues. Mutations in the E-cadherin gene (CDH1) have been frequently found in sporadic and hereditary diffuse gastric cancer. To date, polymorphisms in CDH1 have shown a functional role in experimental models. In particular, the C/A single nucleotide polymorphism (SNP) at position -160 bp relative to the transcription-start site of CDH1 promoter was found to be associated with impaired transcriptional efficiency of the gene; in fact, the A-allele has been shown to decrease the transcriptional efficiency by 68% compared with the C-allele in prostate cancer cell lines. Given the high incidence of gastric cancer in some areas of Central Italy, we have investigated the frequency of the CDH1 160 SNP in sporadic cases of diffuse gastric cancer and healthy controls who were natives of Central Italy.

The study population consisted of 91 patients with sporadic diffuse gastric cancer and 54 healthy controls for a total of 145 individuals. Seventy-four percent (40/54) of the cases were female, while 49% (45/91) of the controls were female. Genotype and allele frequencies differed significantly among cases and controls, with A-allele carriers occurring more frequently in diffuse gastric cancer patients ($p < 0.0001$, logistic regression model controlling for the presence of the A-allele). A-allele carriers had a higher relative risk of diffuse gastric cancer (OR = 9.0, 95% CI 4.1-19.5) compared to C-only carriers. AC had an increased relative risk of diffuse gastric cancer (OR = 8.9, 95% CI 3.9-20.5) as did AA (OR = 9.1 95% CI 2.4-34.9) compared to CC genotypes.

-160 SNP	Controls	Cases
AA	3 (6%)	15 (16%)
CA	11 (20%)	54 (59%)
CC	40 (74%)	22 (24%)
Total	54	91

These data suggest an association between the SNP and diffuse gastric cancer susceptibility, but large epidemiologic studies are needed to confirm the etiologic role of the C/A SNP at position -160 of the CDH1 promoter.

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POSTER

Intraluminal high dose rate brachytherapy in the treatment of carcinomas of the subhepatic region

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Background: The prognosis of carcinomas of the subhepatic region is poor, and therapeutic efforts are mostly limited to palliation. The aim of this study was to compare retrospectively the effectiveness of administration of intraluminal high dose rate brachytherapy (ILBT) inserted via drains using percutaneous biliary, transduodenal or diahepatal approaches in the palliative treatment of carcinomas of the subhepatic region.

Materials and methods: Between February 1997 and February 2003, 51 patients, 32 females and 19 males, mean age 65 (range 41-90) years,

were treated with ILBT. Seven patients had gallbladder carcinoma, 31 bile duct carcinoma, and 13 pancreatic carcinoma. All patients were irradiated by the source of Iridium-192 using high dose rate remote afterloading device Gammamed 12i (Isotopen-Technik Dr.Sauerwein). Forty-four patients received the total dose 30-42 Gy (4-6 fractions) twice weekly and 7 patients 10-15 Gy (2 fractions) twice weekly in combination with external beam radiotherapy 45 Gy/25 fractions during 5 weeks. The dose reference point was selected 10 mm from the source axis in all cases. The mean length of irradiated volume was 4 cm (range 3-9 cm). Twenty-four patients received brachytherapy via a percutaneous biliary drain, 18 patients via a nasobiliary drain, 2 patients via a nasobiliary drain with the bile derived by a parallel duodenobiliary drain, 1 patient via a nasobiliary drain inside the metal-mesh self-expandable stent, 1 patient via a nasopancreatic drain in the duct of Wirsung and 5 patients after Roux-en-Y hepaticojejunostomy via a diahepatal U drain. Twenty-six patients received additional treatment after brachytherapy: systemic chemotherapy in 15 cases and hepatic arterial chemotherapy in 6 cases.

Results: The mean survival time from the time of initiation brachytherapy to the last control in February 2003 was 276 days (range 42-678) in brachytherapy inserted via a percutaneous biliary drain, 282 days (range 34-965) in brachytherapy inserted via a transduodenal drain and 531 days (range 85-1271) in brachytherapy inserted via a diahepatal drain.

Conclusions: Transduodenal intraluminal brachytherapy is technically feasible. The survival was not significantly different in inoperable patients treated with brachytherapy inserted via a percutaneous biliary drain in comparison with transduodenal drain. Transduodenal insertion of brachytherapy is not competitive to the percutaneous approach but widens the options of the treatment of carcinomas of the subhepatic region. Intraluminal brachytherapy of pancreatic head carcinoma is feasible only via a transduodenal approach. We observed significantly longer survival in patients treated with diahepatal U drain after Roux-en-Y hepaticojejunostomy compared with those treated by brachytherapy inserted by percutaneous biliary or transduodenal drains.

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POSTER

Does the temperance prevent metachronous multiple squamous cell carcinoma of the esophagus after endoscopic resection?

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Background: Alcohol consumption is regarded as the major risk factor of squamous cell carcinoma of the esophagus, and some authors reported that heavy drinking would predisposes a person to multiple esophageal carcinoma. We previously reported that metachronous multiple carcinoma of the esophagus frequently arise after endoscopic mucosal resection (EMR)(Gastrointest Endosc 2001; 54: 190-4). The aim of this study was to determine whether abstinence from alcohol prevents subsequent carcinoma of the esophagus after EMR.

Methods: Of 134 patients who underwent EMR for squamous cell carcinoma of the esophagus, 92 daily drinkers for whom temperance was recommended were studied. Those who reduced their drinking to 1 day a week or less were regarded as the temperance group, and others were regarded as the non-temperance group. All of the 92 patients were followed-up by periodic endoscopic examination with iodine staining.

Results: Twenty-seven of the 92 patients continued temperance, and were regarded as the temperance group. The median follow-up periods were 38 months (range, 13 to 81 months) in the temperance group and 43 months (range, 12 to 91 months) in the non-temperance group. Metachronous multiple carcinomas developed in 4 (14.8%) of the 27 patients in the temperance group and in 10 (15.4%) of the 65 patients in the non-temperance group. The cumulative proportion of metachronous multiple carcinoma-free subjects in the temperance group was similar to that in the non-temperance group ($P = 0.8681$).

Conclusion: The results suggest that there is no relationship between continuous alcohol consumption after EMR and occurrence of metachronous esophageal carcinoma. Alcohol may act as an initiator of the development of esophageal carcinoma rather than a promoter of esophageal carcinoma.