presented with colorectal cancer. Both presented at 26 and 48 months respectively post-appendicitis following an initially normal colonoscopy.
Conclusions: Despite anecdotal evidence, the results of this study fail to show that appendicitis in older patients is a useful predictor of colorectal cancer. This study shows no evidence to support the need for large bowel investigation in patients aged over 50 with acute appendicitis.

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Erlotinib as single agent in 2nd and 3rd line treatment in patients with metastatic colorectal cancer. Results of a two-cohort multicenter phase II trial

N. Niederle[1], P. Freier[2], R. Porschen[3], D. Arnold[4], F. Lordick[5], T. Hoehler[6], S. Kubicka[7], E. Kettner[8], U. Keilholz[9], H.-J. Schmoll[4]. [1]*Klinikum Leverkusen, Medizinische Klinik 3, Leverkusen, Germany;* [2]*Private Practice, Hildesheim, Germany;* [3]*Klinikum Ost, Bremen, Germany;* [4]*Universitaetsklinikum, Martin Luther Universitaet, Halle/Saale, Germany;* [5]*Universitaetsklinikum, Technische Universitaet, Munich, Germany;* [6]*Prosper-Hospital, Recklinghausen, Germany;* [7]*Medizinische Hochschule, Hannover, Germany;* [8]*Klinikum, Magdeburg, Germany;* [9]*Charité, Campus Benjamin Franklin, Berlin, Germany*

Background: Erlotinib (E, TarcevaTM) is a small molecule tyrosine kinase inhibitor (TKI) targeted against the ErbB1 (EGFR) TK receptor. EGFR-directed antibody treatment has shown efficacy in colorectal cancer, and E and other TKIs have demonstrated clinical activity as single agent in pretreated patients with NSCLC. This trial was conducted to evaluate the efficacy of E as single agent in patients with metastatic colorectal cancer (mCRC).
Methods: Patients (pts.) with mCRC must have previously received either one (cohort 1) or two (cohort 2) 5FU-based chemotherapy regimens, including either irinotecan and/or oxaliplatin. Pts. were treated with E (150 mg/day orally) until disease progression with biweekly toxicity evaluations and 8-weekly tumour assessment.
Results: From Oct 03 to Dec 04, a total of 51 pts. were included, 23 in cohort 1, and 28 in cohort 2, respectively. Median age was 67 years [46–83], median ECOG PS was 1 [0–2]. The treatment was generally very well tolerated without appearance of treatment-related grade 4 toxicity and low rates of treatment-related grade 3 toxicities (detailed information for 39 pts available): diarrhoea 18%, nausea 8%, mucositis 5%, hepatobiliary, muscular and fatigue 1 pt. each. Skin rash was observed in 62% of pts. with grade 3 in 13%.
46 of 51 pts. (5 pending) are available for efficacy analysis so far: PR 4% (2 pts. in cohort 1), SD 28%, resulting in a clinical benefit rate (PR and SD for min. 8 weeks) of 32% with no differences between cohort 1 and 2 respectively. Median duration for disease control (7 pts. ongoing) was 30+ and 32+ [range 7–38+] weeks for both cohorts.
Conclusion: As reported in NSCLC, disease stabilisation can be achieved with E monotherapy in a relevant proportion of pts. No difference between 2nd and 3rd line cohort was observed. Importantly, for the first time in mCRC, partial responses were achieved with a small molecule TKI. Final data including progression free and overall survival will be presented.

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Patterns of failure after TME and neoadjuvant/adjuvant therapy including IORT to the presacral space in patients with locally advanced rectal cancer

J. Dinkel[1], F. Roeder[1], R. Krempien[1], S. Oertel[1], H. Garcia-Schueler[1], M. Eble[2], M. Buechler[3], J. Debus[1], M. Treiber[1]. [1]*University of Heidelberg, Radiooncology, Heidelberg, Germany;* [2]*University of Aachen, Radiooncology, Aachen, Germany;* [3]*University of Heidelberg, Surgery, Heidelberg, Germany*

Purpose: Changes in surgical technique (total mesorectal excision, TME) have effectively decreased local recurrence rates in locally advanced rectal carcinoma, however a benefit from pre- or postoperative radio- or radiochemotherapy (RCHT) further exists. The effectiveness of additional IORT has been shown in locally advanced rectal cancer after conservative resection but not yet after TME. We therefore reevaluated our patients treated with radiochemotherapy including intraoperative electron boost (IORT) with special regard to the site of recurrence in order to appraise the effectiveness of intraoperative target definition after TME.
Patients and methods: We analyzed the outcome of 176 patients with rectal cancer (stage I: 10%, stage II: 31%, stage III: 50%, stage IV: 9%) treated with IORT after TME (R0: 161, R+: 15) and pre- or postoperative radiochemotherapy. 151 patients received pre- or postoperative radiotherapy (EBRT) with a median dose of 41.4 Gy. In 135 patients concurrent 5-FU based chemotherapy was administered.
Results: Local failure was observed in 16 patients (9.1%) who did not differ in age or gender from the overall treated group. Incidence of local recurrence positively correlated with tumor stage (stage I: 6%, stage II: 4%, stage III: 10%, stage IV: 24%) and surgical margin involvement (R0: 7%, R+: 27%). Preoperative treatment decreased local failure rate to 5% compared to 10% after postoperative treatment. Local recurrence rate was increased in patients with T4 stage, positive lymph nodes, tumor localisation in the lower third or high grading. Seven patients developed local failure within the presacral space, resulting in a local control rate of 96% inside the IORT fields. Considering EBRT fields, another 6 in-field recurrences were seen: retrovesical (3), in front of the promontorium (2), and anastomosis (1), resulting in a local control of 92.7% inside the EBRT fields.
Conclusion: IORT as part of additional therapy after TME is a highly effective regimen to prevent local failure especially in combination with preoperative RCHT, but despite this the presacral space remains the site of highest risk for local recurrence. Stage III/IV disease, T4-situation, positive lymph nodes, localisation in the lower third, high grading, and incomplete resection seem to predict an increased risk for local failure.

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Continent colostomy, a new technique

T. Fady Youssef[1], N. Nazem Shams[1], N. Nabil Gad el-Hak[2]. [1]*Mansoura University Oncology Center, Surgical Oncology, Mansoura, Egypt;* [2]*Mansoura Univ Gastroenterology Center, Surgery, Mansoura, Egypt*

Introduction: Abdomino-perineal resection still remains the best oncologically safe operation for carcinoma of the lower third of the rectum. Use of dynamic myoplasty to create a continent stoma has produced promising results. The aim of the study was to establish and test a new model. This new technique was studied on animals and produced promising results.
Patients and methods: Twenty patients with carcinoma of the lower third of the rectum who underwent abdomino-perineal resection were randomized into a control group 10 patients who underwent colostomy by the classical transrectal technique and 10 patients underwent this new technique in which the rectus abdominis muscle was used for wrapping the distal end of the colon in a 270 degrees and fixing the muscle to the anterior rectus sheath, the resulting defect was closed by using a prosthetic mesh.
The two groups were compared in terms of continence degree and the need to wear colostomy appliance during the day time also they were compared using manometric studied. MRI and defecography.
Results: Use of a distal rectus muscle sling surrounding the stoma by 270 degrees achieved a continent colostomy for solid stool in 13 patients. 1 case had post operative mesh infection necessitating removal of the mesh the mean squeeze pressure was double its value for the rectus abdominis sling group compared to the transrectal group.
Discussion: Use of dynamic myoplasty to create a continent stoma has produced early promising results, but long-term stoma continence still waiting for more evaluation and long term follow up of those patients. In contrast to continent perineal colostomy cont abdominal colostomy is associated with minimal complications.

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Treatment of advanced upper gastrointestinal adenocarcinoma with Capecitabine and concurrent radiation therapy: preliminary experience of the San Antonio Cancer Institute

M. Joyner[1], C. Fuller[1], A. Wong[1], A. Siddiqi[1], C.R.J. Thomas[1], J. Dorman[2], M. Fuss[1]. [1]*University of Texas Health Science Center at San A, Radiation Oncology, San Antonio, Texas, USA;* [2]*Audie Murphy South Texas VA Medical Center, GI Cancer Program, San Antonio, Texas, USA*

Purpose: Assessment of the pathologic response rate and toxicity associated with neoadjuvant chemoradiotherapy Capecitabine (Xeloda) and IMRT in patients with upper gastrointestinal malignancies.
Methods: 16 patients (age 47–86 yrs, median 62; 13 male, 3 female) were treated between 12/03 and 10/04. All patients underwent biopsy with 15/16 (94%) histology confirmed adenocarcinoma and 1 neuroendocrine pancreatic tumor. Disease sites in the study were: pancreas (10), cholangiocarcinoma (3), esophageal (1), colon (1), and gastric (1). Tumor stages were T3 (12/16) or T4 (4/16). Radiotherapy was delivered using serial tomotherapeutic IMRT in 12 pts and conformal RT in 4/16. Mean PTV dose was 54 Gy (range 45–58) delivered at 1.8 to 2.0 Gy per fraction. All patients received concurrent chemotherapy Xeloda 825 mg/m^2 on a bid schedule, including 14/15 pts at 1500 mg BID and 1/15 at 2000 mg BID. Two patients required a decrease from 1500 mg to 1000 mg BID secondary to hand–foot syndrome and GI complications. To reduce hand–foot syndromes 13/16 pts were also treated with vitamin B6 at either 50 mg (6/13 – 46%) or 100 mg (7/13 – 54%) TID scheduled dosing.