dhiarrea, 2.9% astenia. The median follow-up time was 6.7 months. Disease-free survival and overall survival data are not avaliable yet.
Conclusions: Our preliminary results suggest that Capecitabine, Oxaliplatine and Irinotecan as first-line combination treatment in MCRC is a feasible and safe schedule with high antitumoral activity. More data will be presented when follow-up time increases.

708 PUBLICATION

Total pelvic exenteration for pelvic malignancies

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Introduction: Complete resection is the most important prognostic factor in surgery for pelvic tumours. In locally advanced and recurrent pelvic malignancies radical margins are sometimes difficult to obtain, because of close relation to or growth in adjacent organs/structures. Total pelvic exenteration (TPE) is an exenterative operation for these advanced tumours and involves en bloc resection of the rectum, bladder and internal genital organs (prostate/seminal vesicels or uterus).
Methods: Between 1990 and 2003 a TPE was performed in 47 patients with pelvic cancer; 29 rectal cancer (19 primary and 10 recurrent), 12 cervical cancer (2 primary and 10 recurrent), 4 sarcoma (2 primary and 2 recurrent), 1 primary vaginal – and 1 recurrent endometrial carcinoma. Eleven patients were previously treated with radiotherapy. Two patients were treated with neo-adjuvant chemotherapy. Thirty-three patients received pre-operative radiotherapy to induce downstaging of the tumour and three patients received post-operative radiotherapy. Thirteen patients received IORT because of an incomplete or marginal complete resection.
Results: The median follow up was 25 months (range 3–145). Median operation-duration, blood loss and hospitalisation were 440 min (range 300–670), 6300 ml (range 1100–21000) and 20 days (range 12–65). Overall major and minor complication rates were respectively 34% and 57%. The hospital mortality rate was 2%.
A complete resection was possible in 72% of all patients, a microscopically incomplete resection (R1) in 19% and a macroscopically incomplete resection (R2) in 9%.
Five-year local control for primary locally advanced rectal cancer, recurrent rectal cancer and recurrent cervical cancer was respectively 86%, 51% and 67%. Overall survival after 5 year for primary locally advanced rectal cancer, recurrent rectal cancer and recurrent cervical cancer was 46%, 23% and 67%.
Conclusion: Although total pelvic exenteration is accompanied with considerable morbidity, good local control and acceptable overall survival justifies the use of this extensive surgical technique in patients with primary locally advanced and recurrent pelvic tumours. New (neo)adjuvant treatment modalities will further improve complete resection rate, local and overall survival rate.

709 PUBLICATION

Preoperative radiotherapy and oral capecitabine improve surgical results in patients with locally advanced mid-lower rectal cancer

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Background: Preoperative chemoradiation increases the chances downstaging and downsizing of locally advanced rectal cancer and facilitates sphincter-saving procedures with significant impact on disease control and quality of life.
Material: 74 patients with T_{3-4} and/or N+ (according rectal endosonography) mid and low rectal adenocarcinomas were treated with preoperative chemoradiation consisted of capecitabine (825 mg/m^2) twice daily and radiotherapy in daily dose 1.8 Gy (25 days) followed by a boost up to 50.4 Gy. The patients were operated six weeks after finishing chemoradiation. Surgical procedures included total mesorectal excision and various modifications of stapled low colorectal anastomosis or abdominoperineal excision.
Results: Downstaging was observed in 73% of patients, 18% of patients had no residual disease. 19 abdominoperineal excisions and 53 low anterior resections were performed. Two anastomotic leaks were noticed during the postoperative period. One local recurrence has been registered so far. Two patients with complete remission are being observed without operation.
Conclusion: Preoperative chemoradiation with oral capecitabine works well in downsizing and downstaging of locally advanced rectal cancer and has resulted in more sphincter preservation operations and pelvic disease control with minimal perioperative and late morbidity. The impact on long-term disease control and survival requires further follow-up.

710 PUBLICATION

Cetuximab reversal of chemotherapy resistance in patients with extensively pretreated metastatic colorectal cancer treated at Paul-Brousse hospital

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Background: Cetuximab has demonstrated activity both as single agent and combined with irinotecan in patients (pts) with colorectal cancer (CRC) refractory to irinotecan (CPT-11) and oxaliplatin expressing epidermal growth factor receptor (EGFR). This retrospective study explored the activity and tolerability of cetuximab-5-fluorouracil-leucovorin (5-FU-LV) combined with CPT11 and /or oxaliplatin (l-OHP) in pts with CRC refractory to 5-FU-LV, CPT11 and l-OHP.
Methods: 37 pts were treated with cetuximab at 400 mg/m^2 loading dose over 2 hours, then 250 mg/m^2 over 1 hour weekly. Cetuximab was given alone (1 pt) or combined with CPT11–5-FU-LV +/-l-OHP (29 pts) or l-OHP-5-FU-LV (7 pts) given as conventional (5 pts) or chronomodulated infusions (31 pts). EGFR status (0 vs 1–10 vs >10% positive cells) was determined with Dako (12 pts), Zymed (17 pts) or Ventana (8 pts). Toxicity was graded every 2–3 weeks (Common Toxicity Criteria). Response was assessed with CT scan every 2 months (RECIST criteria).
Results: 28 pts with EGFR+ and 9 pts with EGFR− CRC received treatment as 3rd line or beyond. Median age 64 y; M/F: 16/21; WHO performance status 0/1/2: 20/14/3; colon/rectum: 23/14; ⩾2 metastatic sites: 30 pts. Cetuximab was withdrawn for allergic reaction during 1st course in 5 pts. Any grade 3–4 toxicities were encountered in 47.5% of the pts. The major toxic effect was acneiform skin rash which occurred in 20 pts (grade 2: 12 pts, 32.4%; grade 3, 8 pts, 21.6%). Four pts are not assessable for response (no measurable disease: 1 pt; too early: 3 pts). Of 33 pts, treatment failed in 10 pts (30.3%), disease was stable in 12 pts (36.4%), partial responses (RECIST criteria) occurred in 9 pts (27.3%) and complete responses in 2 pts (6%). Response rate was 33.3% [95% CL: 17 to 49.7%]. Disease was controlled (response or stabilization) in 23 pts (69.7%). No obvious relation was found between: 1) EGFR status and response (EGFR 0%, 1 CR / 5 pts; EGFR 1–10%, 6 PR /14 pts; EGFR >10%, 1 CR & 3 PR /9 pts) or 2) grade of acneiform rash and response (grade 0–1, 5/11 pts; grade 2, 3/11 pts; grade 3, 3/6 pts).
Conclusions: The combination of cetuximab with the chemotherapy regimens here administered apparently increased response rate with acceptable tolerability as compared to that reported in the BOND study. This supports a supradditive effect of cetuximab which here appeared as unrelated with immunohistochemistry-assessed EGFR status or grade of acneiform reaction.

Oral presentations (Thu, 3 Nov, 8.30–10.30)
GI – GIST tumours

711 ORAL

Imatinib mesylate in advanced Gastrointestinal Stromal Tumors (GIST): survival analysis of the intergroup EORTC/ISG/AGITG randomized trial in 946 patients

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Background: From 2/2001 to 2/2002, 946 patients (pts) with a diagnosis of advanced GIST were randomized to Imatinib at two dose levels within a