

'b' and 'c' samples were significantly higher than in the 'a' samples at the first instillation ($p < 0.01$). The Kruskal-Wallis test resulted in a significant difference of mean sICAM-1 levels at the 6th instillation between responders and non responders ($p < 0.05$). Regression analysis showed significant correlation between ICAM-1 levels at the 6th instillation and response to treatment. This correlation was not dependent on the type of administered immunotherapy. By setting a cut-off value of 338.2 ng/mL, ICAM-1 sensitivity was 85%, specificity 84.6% and negative predictive value was 88.5%.

Conclusions: Soluble ICAM-1 urine levels at the 6th instillation seem to be an independent predictor of response to intravesical immunotherapy with high sensitivity and specificity. Correlation with disease progression would require a larger patient population and is currently in progress.

872

POSTER

10 year experience in using a modified field size in hemibody irradiation for metastatic prostate cancer

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Introduction: This retrospective review was carried out to assess whether patients receiving modified hemi-body irradiation (HBI) required further treatment to sites outwith the radiation field, namely the skull and lower leg, and whether the treatment outcome was successful – in terms of pain control, or subsequent treatment for pain or new skeletal events within the treated area.

Method: 103 patients with widespread bony metastases from prostate cancer received modified HBI in a consecutive 10 year period, using the same radiotherapy (RT) technique and dose. The treatment field for the upper hemi-body excluded the region above the ramus of the mandible, and for the lower hemi-body the region below the knee was excluded. A successful outcome of HBI was determined by assessing whether pain was better, the same or worse in combination with any change in analgesia intake. This was assessed for the first outpatient review at 6 weeks post HBI and again at the final documented outpatient follow up to see whether the successful outcome was sustained.

Results: 45 patients received sequential (upper and lower) modified HBI, of whom 33/45 patients (73.3%) had a successful outcome at their first review (87.9% sustained this success at last review), with only 3/45 patients receiving further RT to the skull (2/45) and lower leg (1/45). 20 patients received upper modified HBI alone, of which 17/20 patients (85%) had a successful outcome at first review (94.1% sustained this success at last review), with no RT required to the skull. 38 patients received lower modified HBI alone, of which 26/38 patients (68.4%) had a successful outcome at first review (80.8% sustained this success at last review), with no further RT to the lower leg. Toxicities were minimal, with 6/103 patients experiencing nausea, 1/103 had diarrhoea, and pneumonitis was not seen. Post HBI, 25/103 patients (24.3%) required a blood transfusion while no patients required a platelet transfusion. 5/103 patients (4.8%) developed new skeletal events in the treated area.

Conclusions: HBI provides successful and sustained relief in the majority of patients with bone pain in metastatic prostate cancer. Modifying the field size, as not to include the skull and lower leg, does not appear to have any significant impact on the final outcome of treatment, namely pain control and the need for additional RT. A low incidence of side effects was associated with modifying the field size, for the patients reported here.

873

POSTER

Organ preservation in urinary bladder cancer: conservative treatment with radiochemotherapy for fragile patients. Mono-institutional experience.

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Introduction: Conservative treatment allows the anatomical and functional organ preservation in some oncology patients. In this way, there are some radiochemotherapy protocols in the treatment of muscle-invasive urinary bladder cancer. They can conduce to a similar survival of patients, with vesical conservation without cystectomy in great number of the same.

Purpose: to assess the efficacy of a multidisciplinary treatment protocol for muscle-invasive bladder cancer in fragile or elderly patients. The protocol comprising rigorous transurethral resection (TUR) and chemo-radiotherapy, evaluating local control and survival.

Patients and methods: thirty six patients treated in the period 2002–2004, aged mean 70 years (49–78) were enrolled in this study. All of them with a diagnosis of muscle invasive bladder cancer stage: T2a–T4a. The treatment protocol consisted on maximal TUR of the bladder tumors,

followed by two cycle's chemotherapy with Carboplatin plus Gemcitabine, administered previous conformal 3D radiation therapy: 45 Gy on pelvis volume and total dose of 65 Gy in bladder, concomitant with a weekly dose of carboplatin (total dose of 50 mg) as radio sensitizer. Response was evaluated by restaging transurethral resection. Cystectomy was considered when persistent tumour or local relapse was achieved.

Results: with a median follow-up of 31 months (ratio 8–44), actuarial 3 years cancer specific and overall survival rates are 70% and 61%. Conserve the bladder 89% (32/36) and 87% (28/32) of them are free of local relapse. Two patients underwent early cystectomy because of no response, and two patients underwent delayed cystectomy. The combined treatment is excellently tolerated and therefore with high index of fulfilment (79%). Toxicity has been very low.

Conclusions: the results of this study show that bladder-sparing radiotherapy with neoadjuvant and concurrent chemotherapy is feasible in elderly or fragile patients (mean aged of 70 years) with excellent results in terms of local control and survival. Most of them can conserve functional bladder without important side-effects.

874

POSTER

Gemcitabine monotherapy in the treatment of locally advanced/metastatic bilharzial-related bladder cancer: a follow up report

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Background: In Egypt, bladder cancer represents 18.2% of all cancer types. Its high incidence is potentially related to the domestic prevalence of bilharziasis, which causes pathologic changes rendering this disease more resistant to chemotherapy and radiotherapy. The activity of gemcitabine in transitional cell carcinoma (TCC) is well studied in western countries; therefore, we conducted this phase II study to evaluate the efficacy of gemcitabine in locally advanced/metastatic bilharzial-related bladder cancer.

Methods: Eligible patients had locally advanced/metastatic (T3b, T4/N2–3/M1) bilharzial-related bladder cancer, were aged 18–75 years, and had WHO performance status (PS) of 0–2. No prior chemotherapy or radiotherapy was allowed, but prior surgery was acceptable if disease recurred. Adequate bone marrow reserve and organ function, a life expectancy >6 months, and informed consent was required. Patients received gemcitabine 1200 mg/m² via 30-minute infusion on days 1, 8, and 15 of a 28-day cycle.

Results: From March 1999 to October 2001, 20 patients were enrolled in the study. Ten (50%) had locally advanced disease; 7 (35%) had metastatic disease; and 3 (15%) had recurrent disease. Metastatic sites were liver (2 patients) and bone, lung, supraclavicular lymph nodes, liver and bone, and iliac and para-aortic lymph nodes (1 patient each). Among the 15 evaluable patients, 14 (93%) were male, and 11 (73%) had TCC. Nine patients (60%) had a WHO PS of 2. One patient had a complete response (CR) (7%), and 5 had partial responses (PRs) (33%) for an overall response rate of 40%; all responders had TCC. Five (33%) had stable disease, and 4 (27%) had progressive disease (PD). The only toxicities reported were grade 3 neutropenia in 3 patients (20%) and grade 3 anemia in 2 patients (13%). After a 1-year follow-up of the responders, the CR was maintained, and another 2 patients achieved CR (1 after cystoscopy and radiotherapy and 1 after a liver nodule assessment that was determined irrelevant to the disease). One patient maintained a PR, while 2 patients died of PD. After 2 years, 2 CRs and 1 PR (20%) remained.

Conclusion: In a multimodality approach, gemcitabine monotherapy can be used in patients with bilharzial-related bladder cancer of the TCC type who cannot tolerate platinum compounds or who have a poor performance status to achieve long-term, complete remission.

875

POSTER

Concurrent radiochemotherapy with Gemcitabine for locally advanced bladder cancer

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Background: Combined chemo-radiotherapy may improve local control, organ preservation rate and long term survival in patients with locally advanced bladder cancer.

Gemcitabine shows certain activity in bladder cancer. Several studies confirmed that Gemcitabine have radiosensitizing properties. We proposed in this study to evaluate the efficacy and toxicity of the concurrent radiochemotherapy with Gemcitabine in locally advanced bladder cancer.

Material and methods: From March 2002 to May 2004 27 patients with locally advanced bladder cancer were enrolled onto this study. Patients characteristics: there were 21 male and 6 female, median age 53 years