to be significant for LR-RFS (5-year LR-RFS 79% with adjuvant RT versus 59% without RT; p = 0.009). When the different histologies were analysed separately, results suggested significance for LMS (all stage p = 0.05, stage I and II: p = 0.03) and MMMT (p = 0.04), but not for ESS. In the multivariate analysis stage, age and histology were significant prognostic factors for OS; stage, grading, histology, and tumor size were significant for CSS, and finally, RT was the only factor with a statistically significant impact on LR-RFS. Acute toxicity was mild; 2 cases of G3–4 late toxicity were observed concerning the lower gastrointestinal tract.
Conclusions: our series confirms that RT has a major role as adjuvant treatment in uterine sarcomas, by increasing the disease control in the pelvis. This is statistically significant for LMS and MMMT. The lack of impact on CSS and RFS and the relevance of distant failure call for systemic adjuvant treatments.

1196 POSTER

The combination of liposomal anthracyclines and ifosfamide in the treatment of advanced soft tissue sarcomas – first clinical results

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Background: Actually the standard chemotherapy for advanced soft-tissue sarcomas is a combination of doxorubicin and ifosfamide. For both drugs there is a dose-response relationship. The main problem, however, is a high rate of toxicities.
Liposomal encapsulation of anti-cancer drugs is a strategy pursued to reduce toxicity and improve tumour uptake. Liposomal anthracyclines are far less cardiotoxic than the conventional formulations and they might accumulate at the site of the tumour. So far there are little data on the efficacy of liposomal anthracyclines in advanced soft-tissue sarcomas when used as single agents. The role of liposomal anthracyclines in combination with ifosfamide is yet to be determined. Our first recently reported data [1] are now extended.
Patient and methods: In a phase II study we combined liposomal daunorubicine (L-Dauno; DaunoXome®) with ifosfamide in the treatment of advanced soft tissue sarcoma. 40 patients were enrolled, 35 of them were treated first line. In another 10 patients we combined liposomal doxorubicine (L-Doxo; Myocet®) with ifosfamide.
Results: For both combinations toxicity was tolerable. The response rate was 31% with a median overall survival of 14 months in the L-Dauno/ifosfamide group. The response rate of the L-Doxo/ifosfamide group will be presented at the meeting.
Conclusions: The combination of liposomal anthracyclines and ifosfamide turned out to be a safe and effective regimen in the treatment of advanced soft tissue sarcoma. Further evaluation in randomized trials should be performed.

References

[1] Siehl JM et al Cancer 2005 in press.

1197 POSTER

Dermatoscopic pictures of malignant melanoma

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Background: Dermatoscopy is non invasive diagnostic technique for early detection of melanoma. The aim of the study was to explore clearly atypical dermatoscopic melanoma pictures.
Methods: Retrospectively were followed data of 677 patients for whom the dermatoscopy results were obtained during the two years period. Total dermatoscopy score (TDS) was assessed according to the ABCD rule of Stolz. The result was considered clearly false positive when TDS was six or more and histopathology showed no characteristics of malignant melanoma. The result was considered clearly false negative when TDS was four or less and histopathology was characteristics of malignant melanoma.
Results: Our results showed that in 3(0.44%) patients with dermatoscopy score (6.4; 6.7; 6.9) a doubtless dermatoscopy picture characteristic of malignant melanoma did not correspond to the histopathology result. Histopathology confirmed dermal nevus in two cases and junctional-pigmented nevus in one case. Patient with TDS 2.6 had false negative result, in whom histopathology confirmed amelanotic-melanoma (Clark IV).
Conclusion: Dermatoscopy can be use as routine non invasive diagnostic procedure for malignant melanoma with high percentage of sensitivity.

1198 POSTER

Evaluation of risk during preoperative chemotherapy in osteosarcoma

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Purpose: The purpose of this study was to analyze the correlation between clinical and imaging responses to preopera-tive chemotherapy and outcome in non-metastatic osteosarcoma.
Patients and methods: Two hundred ninety-three IIB osteosarcoma patients were treated according to two neoadjuvant protocols. Between 1986 and 1999 preoperative chemotherapy consisted of 3–5 cycles of IA doxorubicin 90 mg/m^2 or cisplatin 120 mg/m^2. Since 1999, 3–4 cycles of doxorubicin and cisplatin are administered in the similar doses. The clinical status, standard two-plane X-ray, CT, MRI pictures and angiography were assessed at diagnosis, after two cycles of chemotherapy and before local treatment. Median follow-up was 36 months. Multivariate analysis was performed by means of Cox regression.
Results: During follow-up, 139 (47%) patients died of disease, 4 (1%) because of chemotherapy complication. At last examination, 150 patients were alive. In univariate analysis, the following features, assessed after two cycles of chemo-therapy, significantly correlated with disease-free survival: clinical response, (p = 0.0004), absolute tumor volume (ATV) with threshold value at 300 ml, (p = 0.00001), relative degree of tumor regression, (p = 0.0001), intra-osseal part structure, (p = 0.0003), degree of periosteal reaction assimilation, (p = 0.0004), margination of extra-bone masses, (p = 0.0001), an-giographic response (p = 0.005). After chemotherapy, the predictive value of these features increased and two additional characteristics became related to outcome: healing of cortical bone (p = 0. 001) and disappearance of extra-bone masses (p = 0.0001). After two chemotherapy cycles ATV at cut-off value 300 ml remained informative in multivariate analysis, (p = 0.0001). The presence of two or more radiographic features (intra-osseal part healing, periosteal reaction assimila-tion, and margination of extra-bone masses), defined as radiographic response, was related to more favorable DFS at 5 yrs (64±11% versus 15±3%, d = 0.00001). In patients with ATV less than 300 ml and radiographic response after two cycles, the predicted 5 yrs DFS was 66%, compared with 9% in alternative group. After completion of chemotherapy, the best outcome can be expected if tumor decreases in volume more than 20% and achieves the value less than 300 ml, (p = 0.0002). In patients with such tumor regression and radiographic response the predicted 5 yrs DFS was 74%, com-pared with 10% among non-responders.
Conclusions: This study demonstrates that in osteosarcoma patients treated with neoadjuvant protocols, the risk of disease progression can be evaluated before histological examination of removed tumor. Assessment of clinical and imag-ing response during induction chemotherapy could be useful when individualized treatment before surgery is intended.

1199 POSTER

Patterns of progression in gastrointestinal stromal tumor treated with imatinib mesylate

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Background: Although most patients with gastrointestinal stromal tumor (GIST) treated with imatinib mesylate achieve remission or disease stabilization, a significant proportion show progressive disease (PD) with or without initial favorable responses. We evaluated and categorized the patterns of progression of metastatic or unresectable GIST treated with imatinib to identify the prognostic significance and contribution to further treatment decision-making.
Methods: We prospectively gathered clinical data from 62 GIST patients treated with imatinib mesylate (400 mg/day) over a period of median 26 months. Twenty-one of these patients showed evidence of PD based on RECIST criteria.
Results: Four patterns of PD were defined: focal progression (FP, N = 4), general progression (GP, N = 6), new cystic lesion (NCL, N = 6) and new solid lesion (NSL, N = 5). The groups were found to differ in terms of time to progression and prior response to imatinib. The proportion of patients who responded to escalated doses of imatinib (600–800 mg/day) was significantly higher in NCL patients (P = 0.04). Overall survival and survival from the confirmation of PD were significantly better in NCL or FP patients compared with NSL or GP patients ($P = 0.0157$, $P = 0.0023$)
Conclusions: We identified four patterns of disease progression with different clinical characteristics and impact on survival. Knowledge of these patterns was relevant for early detection and may be helpful in further treatment decision-making.