extraretroperitoneal dissection, complete resection, good prognostic group and absence of VC at surgery. Overall AFD are 21/37 pts (56.8%) at MFU of 84.4 mo (range 6–204).
Conclusion: GCTT pts require long term follow-up. Cht alone seems to be of minor curative potential. At the time of LR, surgical resection remains our preferred therapy.

4538 POSTER

Phase II study of concurrent chemoradiotherapy (CCRth) for bladder preservation in the treatment of muscle invasive bladder cancer

A. Mohamed El Taher[1], M. Mekawy[2], S. Shehata Eid[2], H.G. El Din Mostafa[2], A.M. Abdel Aziz[2], Y. Mostafa Kamel[3]. *[1]Assuit university, Urology, Assuit, Egypt; [2]Assuit university, Clinical Oncology, Assuit, Egypt; [3]Cairo University, Oncology, Cairo, Egypt*

Background: Multimodality treatment aiming at organ sparing has become the standard of care for many malignancies, therefore the question has arisen as to whether cystectomy in the treatment of muscle invasive bladder cancer (MI BLC) could be replaced by an organ sparing treatment option. Phase II trials using chemotherapy (Cth) and radiotherapy (Rth) in different sequences in patients (pts) with MI BLC have reported different results, however the highest complete response rate was achieved in pts who received concurrent Cth and Rth compared with sequential administration of both.
Accordingly we have conducted this study in order to evaluate the combination of gemcitabine (Gem), cisplatin (Cis) and Rth after Transuretheral resection (TUR) of bladder tumors aiming at bladder preservation and to determine the outcome of this regimen. The study end points were response rate (RR), disease free survival (DFS), overall survival (OS) and toxicity (Tox).
Methods: After undergoing macroscopically complete TUR, Pts staged T2a, T2b and T3a received 60 Gy of fractionated Rth over 6 weeks with Cis (75 mg/m^2 q3w) starting on day 1 of Rth concomitant Gem (300 mg/m^2 on days 1, 8 and 15 q3w) for 2 cycles. Response was assessed after 4−6 weeks after the end of treatment by cystoscopic evaluation with multiple biopsies of the initial tumor site.
Results: This study included 30 pts of whom 27 pts showed CR (90%), one pt (3%) died after 25 settings of Rth and 2 pts (7%) showed progressive disease at the cystoscopic reevaluation, with a median follow up of 18 months, 10 pts developed infiltrating bladder recurrence and they were managed surgically by radical cystectomy. Hematologic tox in the form of anemia (G3) due to Cth was observed in one pt (3%) during treatment, 5 pts (17%) developed cystitis (G3) due to Rth. Updated analysis of DFS and OS will be presented.
Conclusion: After TUR, CCRth using Gem in combination with Cis and Rth have shown promising activity with acceptable tox, follow up of pts to evaluate DFS and OS is still ongoing.

4539 POSTER

Monitoring of serum levels of angiogenin, PDGF and MCP-1 in patients with renal carcinoma in the course of the treatment

S. Lukesova[1], O. Kopecky[1], V. Vroblova[2], C. Andrys[2], D. Hlavkova[2]. *[1]Teaching Hospital Hradec Kralove, Department of Haematology, Hradec Kralove, Czech Republic; [2]Teaching Hospital Hradec Kralove, Department of Immunology, Hradec Kralove, Czech Republic*

Background: Monitoring of angiogenin, PDGF (plateled-derived growth factor) and MPC-1 (monocyte chemotactic protein-1) levels for the purpose of determining malignant potential of renal cell carcinoma (RCC).
Materials and Methods: In order to determine the level of angiogenic factors, protein array method of the RayBiotech Company (USA), RayBio Human Angiogenesis Antibody Array I, was used. The results were expressed as relative values of concentrations of individual proteins in comparison to controls. RCC was diagnosed in 32 patients (11 women and 21 men, with the average age of 65.9 years). Eight resections and 24 nephrectomies were carried out. The diagnosis was confirmed histologically. Patients were divided into 3 groups based on TNM classification (10th revision, 2002). The first group included 15 patients with stages I and II RCC, the second group consisted of 8 patients with stage III RCC and the third group, 9 patients with stage IV RCC. Patient sera were obtained by repeated peripheral venous blood collections which were carried out on the day of surgery, 7 days and 8 weeks after surgery. Control serum were obtained from 14 healthy blood donors of similar age.
Results: Serum levels of angiogenin were significantly higher before surgery in patients with RCC in comparison to healthy blood donors and persisted 7 days (and as late as 8 weeks) after tumour removal. No significant differences in angiogenin levels were seen among individual disease stages. MCP and PDGF serum levels of patients with stage I-III RCC were significantly elevated in comparison to the group of healthy donors. Patients with advanced RCC (stage IV) had lower serum levels of MCP and PDGF. This finding may be considered the manifestation of immune insufficiency in case of advanced tumorous disease.
Conclusion: eight weeks after tumour removal, a decrease in MCP and PDGF was seen but there was no decrease in angiogenin. Both factors, MCP-1 and PDGF, seem to reflect as increase in the intensity of anti-tumour response as neoangiogenesis.
This project was supported by the Internal Grant Agency of Ministry of Health, No.NR/8914−4, Czech Republic

4540 POSTER

Cyclophosphamide and cisplatin is an effective treatment in patients with stage II and III seminoma

S. Neciosup[1], S. Quintana[1], H. Gómez[1], L. Mas[1], C. Samanez[1], L. Casanova[1], M. Olivera[1], C. Flores[2], J. León[2]. *[1]Instituto de Enfermedades Neoplásicas, Medical Oncology Deparment, Lima, Peru; [2]Instituto de Enfermedades Neoplásicas, Statitics Deparment, Lima, Peru*

Objective: To determine the efficacy of Cisplatin + Cyclophosphamide (PC), an alternative regimen to BEP (Bleomycin–Etoposide–Cisplatin) in terms of response rate (RR), disease-free-survival (DFS) and overall survival (OS) in patients with diagnosis of Seminoma.
Patients and Methods: 237 patients with diagnosis of stage II and III, testicular cancer, Seminoma, who received chemotherapy with either PC (134) or BEP scheme (103) between 1990 and 2005, were evaluated at INEN. PC scheme consisted in 4 cycles of Cisplatin 100 mg/m^2 + Cyclophosphamide 10000 mg/m^2 each 3 weeks, and BEP in 4 cycles of Bleomycin 30 mg days 2, 9, 16 + Etoposide 100 mg/m^2/d $\times$ 5 days and Cisplatin 100 mg/m^2. The clinical characteristics, response to treatment and overall survival were evaluated with Chi square test. We estimated the overall curves with Kaplan-Meier and compared them with Logrank or Breslow test.
Results: The median age was 35 years (18−63) for PC and 31 years (15−51) for BEP. The primary sites were testis in 223 (94%), mediastinum in 11 (4.6%) and retroperitoneum in 3 (1.3%). The clinical stage was II (70%) and III (30%); according to the IGCCCG risk classification, 67% had low risk and 32% intermediate risk. The sites of disease were retroperitoneum lymph nodes (23%), mediastinum lymph nodes (9%), lungs (8%), soft tissues (3%), liver (2%) and central nervous system (0.8%). The clinical characteristics did not show statistical difference. The complete response (CR) rate was 72% in PC and 81% in BEP ($p = 0.115$). The median follow-up was 53 months. The DFS at 10 years was 87% in CP group vs. 95% in BEP group ($p = 0.229$). The OS at 5 and 10 years was 84 and 82% in CP group vs. 88 and 88% in BEP group ($p = 0.503$).
Conclusions: 4 cycles of Cisplatin + Cyclophosphamide is an effective treatment for clinical stage II–III Seminoma. We did not find statistically significance difference in RR, DFS and OS comparing with the BEP scheme.