(19%), in the skin (16%), in the liver (6%), in the tonsil (6%), in the breast (3%) and in the adrenal gland (3%). Of all patients with stage IV melanoma, 39 (20.7%) had prolonged survival of 2 years or longer and 17 patients of long-term survivors (43.5%) underwent metastasectomy. The 2-year, 5-year and 10-year survival rates were 16.5%, 2.6%, and 1.6%, respectively. As evaluated by logistic regression, of all the modalities of therapy given, only surgery correlated with prolonged survival ($p < 0.0001$). The current study failed to show that systemic chemotherapy alone significantly influenced survival, but the combination of surgical and chemotherapic treatment resulted in the longest median survival time (192 months).
Conclusions: Survival of patients with advanced melanoma is generally poor, but there are occasional long-term survivors. The current analysis demonstrates that of the modalities of therapy given, only surgery significantly influences survival. We conclude that a surgical resection of limited number of metastasis, especially with a long relapse-free interval, may influence the course of stage IV melanoma and contribute to prolongation of life: therefore, when technically feasible, it should be the first option. However, in selected cases, a multimodal approach can result in a long-term disease control.

7020 POSTER

Uveal melanoma – a single center multidisciplinary experience between 2000 and 2006

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Background: The clinical course and outcome of uveal melanoma are not well described and the ocular presentation of melanoma and its prognostic factors differ in many ways from the cutaneous form. We evaluated the survival of patients (pts) with uveal melanoma, factors that correlate with survival and evaluated the clinical response to local and systemic therapy.
Materials and Methods: All pts with uveal melanoma followed at IPOLFG between 2000 and 2006 were identified from our database. We recorded date of diagnosis, therapeutic approaches, date of metastatic disease, site of the first metastasis, date of last follow-up and outcome.
Results: We identified 72 pts (71% male) with uveal melanoma, with a median age of 54 years. All pts were caucasian. Twelve percent of pts had metastatic disease at diagnosis; the median survival in this group was 11 months and prognosis was poorer in older pts. Seventy nine percent of pts with local disease were treated with proton beam radiotherapy in a specialized center outside our Institution. Enucleation was reserved for pts with a bulky disease and a contralateral healthy eye or invasion of the optic nerve. Thirty eight percent of pts developed metastatic disease and almost all had a single organ as the site of first metastasis. Liver involvement was documented in all pts with advanced disease. Systemic disease was managed with Dacarbazine and Fotemustine upon progression.
Conclusions: Uveal melanoma represents a continuous challenge for oncologists. Many pts with uveal melanoma were referred from outside our Institution. This analisys shows a slightly inferior incidence of metastatic disease than usually referred in literature. A timely multidisciplinary approach may be considerered an important factor in the disease outcome. The impact of local therapy on quality of life, as well the lack of effective drugs for systemic disease, makes this disease an appealing target for new approaches.

7021 POSTER

Paired intra-patient pharmacokinetic study of oblimersen in combination with dacarbazine in metastatic melanoma

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Background: An oblimersen (Obl) plus dacarbazine (DTIC) regimen was studied in a large phase III trial in metastatic melanoma and was shown to be superior to DTIC alone on several efficacy endpoints (RR 7.5% vs. 13.5% [$p < .01$], median PFS 1.6 vs. 2.6 months [$p < 0.001$], median OS [$p = 0.077$]). Obl has a short plasma half-life of about 2 hours; however, in animal studies, intracellular tissue concentrations have been shown to persist for several days. Obl is metabolized by nucleases present in most tissues, including the liver. DTIC is a prodrug that is metabolized in the liver by cytochrome P450 isoform 1A2 (CYP1A2) to form the N demethylated metabolite. This metabolite rapidly decomposes to form amino-imidazole carboxamide (AIC) and the reactive methylating species. As Obl weakly inhibits CYP1A2 (Ki= 6 microM), a study was designed to evaluate the potential drug-drug interaction.
Methods: Patients with metastatic melanoma were randomly assigned to receive either DTIC as a single agent in the first cycle and the combination of DTIC and Obl in the second cycle, or the reverse sequence. The interval between cycles was 3 weeks. Further treatment was allowed at the discretion of the investigator based on response. Obl 7 mg/kg/day was administered as a continuous infusion for 5 days with a pump on an outpatient basis followed by a 1-hour infusion of DTIC 1000 mg/m^2. Plasma Obl concentration was evaluated at time 0, 24 h and 96 h after the start of the infusion, at the end of infusion (EOI), and 1 h, 2 h, 3 h, 5 h, and 7 h after EOI. DTIC and AIC concentrations were evaluated at time 0, 55 min after the start of the infusion, and 5 min, 15 min, 30 min, 1.5 h, 3 h, and 6 h after EOI. Key exclusion criteria were ongoing corticosteroid treatment and active smoking.
Results: Sixteen patients have been enrolled to date, and results will be presented.
Conclusion: This study design allows inter- and intra-patient comparison of PK parameters for Obl and DTIC and assessment of correlative clinical endpoints.

7022 POSTER

High dose interferon alpha 2b as adjuvant therapy in high-risk resected malignant melanoma: 10 year experience of patients treated in Northern Ireland

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Background: High-dose interferon alpha 2b (HDI) improves relapse free survival (RFS) in patients with high-risk resected malignant melanoma in large prospective North American trials. There has been little published experience of HDI use in the UK or Europe. We have retrospectively reviewed the use of HDI in Northern Ireland over a 10 year period.
Materials and Methods: We reviewed all patients with malignant melanoma who received adjuvant HDI from 1st January 1996 to 31st December 2005 in the Northern Ireland Cancer Centre (NICC) with respect to patient characteristics, tumour stage, toxicity, and outcome. Patients were planned to receive 20 MU/m^2/d intravenously (IV) for 4 weeks and 10MU/m^2 three times per week subcutaneously (SC) for 48 weeks as per the landmark ECOG 1684 trial.
Results: During the 10 years 639 patients with malignant melanoma were referred to the NICC. 72 patients received adjuvant HDI. Median patient age was 46.5 years. 53% of patients were female and 89% of patients were performance status (PS) 0, 11% PS 1.
The most common tumour site was the lower limb (40.3%), followed by the trunk (23.6%). 18% of patients were node negative (all IIB/IIC) and 82% node positive at the time of treatment. HDI was given following surgery for initial presentation in 43% of patients and following surgery for disease relapse in 57%. Disease relapse was mainly nodal although 3 patients received HDI after resection of metastatic disease.
All patients ($n = 72$) had the IV treatment phase. 39% of patients required a dose delay or dose reduction. 89% of patients completed all planned treatments.
15 patients did not proceed to SC treatment (3 relapsed, 3 toxicity, 9 clinical trial protocol). 53% starting SC treatment completed all planned treatment. Overall 65% of patients experienced Grade 3 or higher toxicity. 1 patient with thrombocytopenia died of an intracranial haemorrhage whilst on SC treatment (platelets 113x109/l).
The median follow-up is 2.00 years (range 0.44−8.7 yrs). 31 (43%) patients have relapsed and 20 (28%) have died. The median RFS is 3.15 years. The median overall survival (OS) has not been reached. The 1, 2 and 5 year OS rates are 87%, 74% and 61% respectively.
Conclusions: High dose interferon can be delivered in a regional UK cancer centre with toxicity and outcomes comparable to that seen in large prospective randomised controlled trials.