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POSTER

# Peculiarities of metabolic activity of leiomyosarcoma uteri by the level of NADPH-dependent enzymes content

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**Background:** One of the major morphological parameters of tumor cell is enzymatic activity with determination of various direction of metabolic profile. Microcirculation channel, determined with the help of alkaline phosphatase, enables to define rate and character of the tumor blood supply. Objectives of the giving work is determination of the activity degree of enzymes of Krebs cycle, an-aerobic glycolysis and characteristic of microcirculation channel in leiomyosarcoma of high-grade differentiated level.

**Methods and Materials:** 16 leiomyosarcoma of high-grade differentiated level (stage 1, FIGO 1998). Histochemical reaction was made on frozen section on NADH2-diaphorase (IUBMB 1.6.99.1), succinate dehydrogenase SDG (IUBMB 1.3.99.1) and lactate dehydrogenase LDG (IUBMB 1.1.1.27) with quantitative assessment of tetrazolium falling. Peculiar properties of the microcirculation channel was defined by Gomory method on alkaline phosphatase AP (IUBMB 3.1.3.1). The data received were compared with cell leiomyoma of mitotic activity. (27 cases).

**Results:** Total metabolic activity of sarcoma atypical smooth muscle cells by content of NADH2-diaphorase was higher against cellular leiomyoma:  $81.9 \pm 9.5$  and  $32.8 \pm 3.8$  respectively. The process of aerobic respiration by content of SDG in leiomyosarcoma were significantly higher than in cellular leiomyomas:  $49.9 \pm 2.6$  against  $11.9 \pm 4.5$ . Intensity of anaerobic glycolysis processes in leiomyomas was also higher than in cellular myoma:  $24.7 \pm 10.3$  against  $15.1 \pm 3.4$ .

Cellular leiomyoma were characterized by intensive staining of vessels on alkaline phosphatase and presence of number of genuine capillary vascular lemniscus. There was also noted presence of incompleteness of structure of some lemniscus and number of growing neogenic capillaries. Intensity of reaction on AP in leiomyosarcoma has been rising with increase in the number of growing capillaries. Capillary pattern get the form of laces. Percentage ratio of vessels to the total size of tumor in cellular leiomyoma amounted to  $10.13 \pm 1.54\%$ , and in sarcoma upped to  $17.2 \pm 2.7\%$  ( $p < 0.05$ ).

**Conclusion:** Enhancement of processes of the total metabolic activity of tumor cells and aerobic oxidation within the framework of Krebs cycle was found in direct strong correlation from the degree of tumor blood supply ( $r = 0.78$ ;  $p = 0.0001$ ).

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# Molecular aspects of Kaposi's sarcoma in Cameroon

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**Background:** Kaposi's sarcoma has been discovered in 1872 and endemic form was described in people without AIDS living in EAST and CENTRAL Africa. Human Herpes Virus 8 is now considered as the Etiologic agent of disease. But many cofactors do exist including immune deficiency. Tumors cells also secrete progesterone and the disease seem to decrease during pregnancy. Molecular studies on Kaposi's sarcoma are scarce. We then carried out this preliminary descriptive study the aim of which was to present the molecular aspects of few cases of Kaposi's sarcoma in Cameroon (Central Africa).

**Material and Method:** We perform molecular analysis using immunohistochemistry and polymerase chain reaction on paraffin embedded biopsies of Kaposi's sarcoma cases.

12 primary antibodies were tested. For the PCR, we used the following primers:

– HHV8 26A: 5'-CCG AAA GGA TTC CAC CAT TGT-3'  
 – HHV8 26 B: 5'-GCC GAT ATT TTG GAG TAG ATG TG-3'  
 – HHV8 75A: 5'-CGC ATA GAG GTT AGG GTA GGT GT-3'  
 – HHV8 75B: 5'-TCT GCT CCA TCT CTA CCA CTA CTT C-3'

We compared our findings with the literature findings.

**Results:** 30 cases of Kaposi's sarcoma underwent immunohistochemistry analysis. The primary antibodies used included CD34; CD31; ki67; HHV8; cycline D1; CD45; CD20; CD3; CD68; CD138; P53; BCL2.

Tumor spindle cells were positive for CD34, CD31, HHV8 and negative for Ki67; Cycline D1; P53; BCL2. 20 cases were analysed by PCR and 18 cases show HHV8 sequences while there were two false negative.

**Conclusion:** There may be some molecular differences between "African" and "European" Kaposi's sarcoma. A comparative study between these two entities may be useful.

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# Safety and efficacy results of sunitinib from a worldwide treatment-use trial of gastrointestinal stromal tumour (GIST) patients (pts) with resistance or intolerance to prior imatinib therapy

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**Background:** Sunitinib malate (SUTENT®; SU) is an oral, multitargeted tyrosine kinase inhibitor approved multinationally for the treatment of imatinib (IM)-resistant/intolerant GIST. The main objectives of this ongoing study are to allow pts access to SU who were ineligible to participate in SU clinical trials or for whom SU is unavailable prior to regulatory approval in their country, and to obtain broad safety and efficacy data from a large number of GIST pts.

**Materials and Methods:** In this ongoing, open-label study, SU (50 mg/day) is administered in 6-week cycles (4 weeks on treatment, 2 weeks off) to pts with advanced GIST who had failed prior IM therapy and were unable to obtain SU otherwise. Safety, antitumor response (as per local standard of care) and overall survival (OS) are assessed.

**Results:** As of April 2007, 1022 pts had been enrolled in 96 centers in 33 countries. Pts (median age of 59) received a median of 4 cycles (range 1–18) with follow-up of 195 days. In the ITT population (received at least one dose of SU; N = 1012), 15% discontinued due to AEs and 29% due to lack of efficacy. SU dose reductions occurred (for any reason) in 33% of the ITT population. The most common AEs of any cause were fatigue (46%), diarrhea (42%), and nausea (33%). The most common grade 3/4 AEs were fatigue (9%), hand-foot syndrome (8%) and abdominal pain (8%). Hematologic AEs (total, grade 3/4) included anemia (19%, 7.4%), thrombocytopenia (16%, 4.5%) and neutropenia (15%, 5.8%). Estimating all median OS using the product-limit method, at time of data cutoff, 715 (71%) pts were still alive, with a median OS of 68.0 wks (95% CI: 60.3–NA). Median time-to-progression was estimated at 36 wks (95% CI: 35–42). The median OS for pts under 65 years was 91.1 wks (95% CI: 62.9–NA; n = 651), while pts 65 years and older had a median OS of 60.3 (95% CI: 50.7–73.1; n = 360). Pts who had lower-dose ( $\leq 400$  mg) prior IM treatment had a median OS of 80.4 wks (95% CI: 60.3–NA; n = 307). Those who had higher-dose ( $> 400$  mg) IM treatment had a median OS of 63.0 (95% CI: 59.1–76.1; n = 702). Data for other subgroups will be presented.

**Conclusions:** SU is generally well tolerated in pts with IM-resistant or -intolerant advanced GIST who are ineligible for other SU trials. The safety profile observed is similar to that seen with SU in other GIST trials. Consistent with the phase I–III data, SU is an effective treatment for pts with advanced GIST after IM failure.

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# Assessing the clinical impact of trabectedin in patients with leiomyosarcomas or liposarcomas (L-sarcomas) progressing despite prior conventional chemotherapy: clinical benefit rate, growth modulation index and tumor variation as parameters of treatment effect in a randomised international trial of two trabectedin dosing regimens

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**Background:** A randomised international trial was performed to assess the efficacy of 2 trabectedin (T) IV regimens: 1.5 mg/m<sup>2</sup> 24h/3wk (q3wk 24h) or 0.58 mg/m<sup>2</sup> 3h weekly  $\times$  3/4 wk (qwk 3h) in 270 pts with L-sarcoma