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Abstracts

Gastrointestinal cancer

SECOND-LINE CHEMOTHERAPY IN ADVANCED CANCER OF THE PANCREAS: A MULTICENTER SURVEY OF THE GRUPPO ONCOLOGICO ITALIA MERIDIONALE ON THE ACTIVITY AND SAFETY OF THE FOLFIRI REGIMEN IN CLINICAL PRACTICE

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Introduction: In daily clinical practice second-line chemotherapy is frequently given to patients with advanced pancreatic cancer failing gemcitabine-based first-line chemotherapy without solid scientific support.

Patients and methods: A retrospective survey was carried out including 26 patients pretreated with gemcitabine in monotherapy or in combination with oxaliplatin. Patients received standard FOLFIRI regimen biweekly until progression or unacceptable toxicity. FOLFIRI regimen included irinotecan (150 mg/m² on day 1), leucovorin (20 mg/m² bolus) before 5-FU (400 mg/m² bolus) followed by 22-hour continuous infusion of 600 mg/m² on days 1–2).

Results: Five partial responses (19%) and eight stabilizations (31%) were recorded for a tumor growth control rate of 50%. The median TTP was 4 months (range 2–7 months), and median overall survival was 6.5 months (range 3–9 months). A stabilization of PS and a subjective improvement of cancer-related symptoms was recorded in 15 patients (57%).

Conclusions: Data presented in this paper support the use of FOLFIRI regimen in the second-line treatment of APC patients. However, the use of second-line chemotherapy should be carefully proposed to patients with good PS or those who had a good response to first-line therapy.

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GASTROINTESTINAL STROMAL TUMOURS: TWO CASE REPORTS

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Introduction: Gastrointestinal stromal tumours are rare and characterised by slow growth and with late symptoms. Surgical removal and the last pharmacological innovations are the only possible and potentially curative treatments.

Methods: From 1999 to 2007 we observed 3 patients who received surgical treatment for gastrointestinal stromal tumours arising in two cases from the stomach and in one case from the oesophagus. We report one case of a stomach GIST intraoperative occasional finding, during laparotomy for a perforated diverticulitis, and one case of a distal oesophagus GIST causing mild dysphagia. The first patient underwent total gastrectomy with lymphadenectomy and Hartmann's operation and the second patient underwent tumour excision with a laparotomic transhiatal approach followed by a Nissen fundoplication.

Results: No postoperative mortality or major postoperative complications were observed. Patients are still alive and in good health.

Conclusion: The cases we report reopen the question of this pathology which, with further therapeutic innovations, shows a rather favourable course but requires a diagnosis at early stages. Moreover, the case of stomach GIST is particularly representative for the tumour remarkable size, other symptoms lacking which delayed diagnosis compared to other gastrointestinal localizations.

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SORAFENIB PLUS LONG-ACTING OCTREOTIDE IN ADVANCED HEPATOCELLULAR CARCINOMA. PRELIMINARY RESULTS OF A MULTICENTER ONGOING STUDY

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