

Conclusion: Residual Pt levels in 2000 seemed to predict NTX in 2007. To the best of our knowledge, this is the first time that residual Pt levels have been correlated with long-term clinical symptoms. For those TCSs in whom Pt-induced oto- and neurotoxicity progresses over time, additional research is needed to confirm a causative role of residual Pt.

| | Survey I | | Survey II | |
|------------------------------|--|---|--|---|
| | Applied Pt dose by quartiles Median: 800 mg IQR* (760–887.5) | Residual Pt levels by quartiles Median: 0.769 nmol/l IQR* (0.341–1.387) | Applied Pt dose by quartiles Median: 800 mg IQR* (760–887.5) | Residual Pt levels by quartiles Median 0.769 IQR* (0.341–1.387) |
| Symptom | OR** (95% CI) | OR** (95% CI) | OR** (95% CI) | OR** (95%CI) |
| Paresthesias fingers | 1.10 (0.85–1.42) | 1.25 (0.96–1.63) | 1.13 (0.85–1.50) | 1.40 (1.04–1.87) |
| Paresthesias toes | 1.10 (0.86–1.41) | 1.24 (0.96–1.60) | 1.16 (0.88–1.53) | 1.54 (1.14–2.01) |
| Raynaud's Phenomenon fingers | 1.10 (0.86–1.42) | 1.45 (1.12–1.89) | 0.87 (0.66–1.16) | 1.18 (0.89–1.58) |
| Raynaud's Phenomenon toes | 1.26 (0.98–1.63) | 1.53 (1.18–2.01) | 1.06 (0.80–1.41) | 1.39 (1.04–1.87) |
| Tinnitus | 1.32 (1.02–1.72) | 1.29 (0.99–1.68) | 1.34 (1.01–1.79) | 1.54 (1.14–2.08) |
| Hearing Impairment | 1.17 (0.91–1.52) | 1.33 (1.02–1.73) | 1.40 (1.06–1.89) | 1.44 (1.07–1.94) |

* IQR: inter quartile range

** OR: Odds ratio, pertains to an increased symptom burden in higher quartiles of the dependent variable.

604 Prognostic significance of nutritional factors in curatively resected gastric cancer patients

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Background: The aim of this study was to assess the prognostic significance of nutritional factors in gastric cancer.

Material and Methods: This was a retrospective study of 209 patients who underwent curative resection for gastric cancer. Clinicopathologic and therapeutic factors, including nutritional factors, were analyzed for prognostic significance.

Results: In multivariable analyses, absence of lymph node metastasis, higher number of lymphocyte and higher level of serum total cholesterol were associated with significantly lower mortality risk.

Conclusions: Nutritional factors, such as number of lymphocytes and value of total cholesterol, should be considered as a prognostic factor in gastric cancer after curative resection.

605 Six months neoadjuvant Imatinib improves resectability potential of gastric stromal tumours in Egyptian patients

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Objectives: Though recurrence is high, local excision is the preferred approach for dealing with gastric stromal tumours. Achieving negative margins is mandatory, requiring sometimes subtotal gastrectomy. Adjuvant imatinib is essential for advanced cases, prolonging survival, but data are not enough to recommend its use before operation to increase resectability. Current study aims at probing this concept in Egyptian patients.

Patients and Methods: The study included 16 patients (13 males, 3 females mean age 60 years), presenting with gastric GISTs and were candidates for emergency ($n=3$) or elective ($n=13$) surgery. Investigations included endoscopy (+ biopsy), sonography, and CT. Patients were enrolled in 2 groups: A ($n=6$: projected to planned surgery) and B ($n=7$: harbouring c-kit +ve tumours). Each B patient received imatinib (400 mg/day) for 6 months before operation. Clinical and radiological evaluation was at day 100. Chi-square test checked size changes, and p at <0.02535 was considered significant.

Results: All patients had abdominal discomfort, while 62.5% had epigastric pain, and 12.5% had hematemesis. Tumour size ranged from 8.4 to 20 cm. 2/3 located in upper stomach. Five patients (31.3%) harbored lesions with low risk malignancy, 8 (50%) moderate and 3 (18.8%) high. Wedge gastrectomy was the commonest operation done (81.25%) while partial gastrectomy was done in the rest, reporting no recurrence for 6 months. Not determined in group A patients, c-kit status was strongly positive in all members of group B, in 2 of them treatment was suspended due to poor response.

Conclusion: Imatinib has an acceptable safety profile and would be considered as a neoadjuvant therapy in gastric GISTs. Until developing clear guidelines, 6 months intake may increase noticeably their resectability potential and may improve prognosis.