all patients in the study. For tumours from Vietnamese patients, hormone-receptor status was analysed by immunohistochemistry, using an automated slide stainer (Bench MarkXT, Ventana) in combination with anti-ER (SP1 250) and anti-PgR (clone 1E2) rabbit monoclonal antibodies. Tumours with 10% or more stained nuclei were considered receptor positive. Tumours from Swedish patients were analysed with an enzyme immunoassay, with a cut-off point of 0.10 fmol/μg DNA as positive. The hormone-receptor frequencies between populations were compared according to clinicopathologic features.

Findings: Compared with Swedish patients with similar menopausal status, the ER-positive rate was higher in premenopausal Vietnamese patients (71% vs. 58%, $p = 0.007$) and lower in postmenopausal Vietnamese patients (45% vs. 72%, $p < 0.001$). PgR-positive tumours were found in 58% of premenopausal and 25% of postmenopausal Vietnamese patients. The corresponding figures for Swedish patients were 73% and 66%, respectively.

Interpretation: ER positivity in Vietnamese patients decreased gradually with rising patient age, by contrast with the trend observed for Swedish patients, who showed a gradual increase with age. PgR positivity was lower for Vietnamese than for Swedish patients, regardless of age or menopausal status. Our findings suggest that a high percentage of young patients could benefit from endocrine therapy, and indicate a limited benefit among postmenopausal Vietnamese patients.

Funding: Sida/SAREC and Swedish Cancer Foundation.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.006

OP6 CLINICAL SIGNIFICANCE OF DOWN-REGULATED SPARCL1 IN HUMAN GASTRIC CANCER

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Background: SPARC-like protein 1 (SPARCL1) is an extracelluar matrix glycoprotein involved in many physiological functions. Studies have shown an important role for SPARCL1 in cancer development and progression.

Methods: Tissue microarray blocks were constructed based on 1072 Chinese patients, containing gastric-cancer tissue and adjacent normal-mucosa tissue. We analysed expression of SPARCL1 from mRNA and at the protein level, using real-time quantitative polymerase chain reaction (qRT-PCR), semi-quantitative PCR, immunohistochemistry (IHC), and Western blotting. We analysed loss of heterozygosity at the SPARCL1 gene locus, using ten tumour and matched normal-tissue pairs.

Findings: SPARCL1 mRNA was substantially lower in tumour specimens than in normal tissues. Down-regulation of SPARCL1 protein was detected in 413 (38.7%) of 1072 primary gastric-tumour tissues. Significant differences in expression were found according to histological type, tumour size, depth of invasion, regional lymph-node involvement, TNM stage, and differentiation. Low expression of SPARCL1 was more common in poorly differentiated and undifferentiated tumour tissues (51.1%) than in well and moderately differentiated tumours (29.9%). Kaplan–Meier survival curves showed that SPARCL1-positive patients had longer median survival than SPARCL1-negative patients (59 months vs. 28 months, $p = 0.001$). Our data also showed significantly lower 5-year survival for patients with reduced expression of SPARCL1 (37.8%) than for patients with high expression (49.7%; $p < 0.001$). The incidence of loss of heterozygosity for each individual marker was 12.5% (1 of 8) for D4S2462, 20% (2 of 10) for D4S2929 and 33.3% (3 of 9) for SPARCL1.

Interpretation: Our study revealed the clinical significance of SPARCL1 expression, providing a basis for a novel negative biomarker in gastric-cancer progression and prognosis. Furthermore, SPARCL1 protein might be considered a potential differentiation marker.

Funding: National Natural Science Foundation of China, Guangdong Province Science and Technology Planning Programme, Guangdong Province Science and Technology Key Programme, and Guangzhou City Science and Technology Planning Programme.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.007

OP7 BRACHYTHERAPY VERSUS EXTERNAL-BEAM BOOST IN NEOADJUVANT RADIATION THERAPY OF LOCALLY ADVANCED RECTAL CANCER – WITHDRAWN

doi:10.1016/j.ejcsup.2011.02.008

OP8 VIDEO-ASSISTED THORACIC SURGERY LOBECTOMY FOR NON-SMALL-CELL LUNG CANCER—PROPENSITY-SCORE ANALYSIS BASED ON A MULTI-INSTITUTIONAL REGISTRY

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Background: We did a multi-institutional propensity-matched study comparing video-assisted thoracic surgery (VATS) with

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