been no documented reports of the association between XPD-Lys751Gln and nasopharyngeal carcinoma risk until now. The frequency of the XRCC1 codon 280 homozygous wild-type Arg/Arg genotype was 77.9% (88/113) in cases and 80.8% (105/130) in controls; the heterozygous Arg/His genotype was 21.3% (24/113) in cases and 18.5% (24/130) in controls; and the His/His genotype was 0.8% (1/113) in cases and 0.7% (1/130) in controls. For XRCC1 codon 280 polymorphisms, no significant association between Arg280His and risk of NPC was found (OR 1.30, 95% CI 0.66–2.57; $p = 0.447$).

Interpretation: Risk of NPC was nearly two and a half times higher for individuals with the homozygous wild-type Lys/Lys genotype than for the heterozygous Lys/Gln genotype, adjusted for age, sex, and ethnicity. To our knowledge, there have been no documented reports of the association between XPDLys751Gln and nasopharyngeal carcinoma risk until now.

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OP13 NIMOTUZUMAB COMBINED WITH RADIOTHERAPY FOR OESOPHAGEAL CARCINOMA – A PHASE 2 CLINICAL TRIAL

J. Liang [a], L. Wang [a], N. Li [a], B. Chen [a], Z. Hui [a], J. Lv [a], H. Fang [a], Y. Tang [a], N. Bia [a], W. Wang [a], T. Li [a], D. Chen [a], M. En [b], G. Wu [c], L. Zhao [d], X. Li [e], X. Xiu [f], J. Zheng [g,h,*]. [a] *Department of Radiotherapy, Cancer Hospital, Chinese Academy of Medical Sciences Beijing, China.* [b] *Department of Radiotherapy, Cancer Hospital, Harbin Medical University, Harbin, China.* [c] *Department of Radiotherapy, Cancer Center, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.* [d] *Department of Radiotherapy, Cancer Hospital, Tianjin Medical University, Tianjin, China.* [e] *Department of Radiotherapy, LiaoNing Province Cancer Hospital, Shenyang, China.* [f] *Department of Radiotherapy, Beijing Hospital, Beijing, China.* [g] *Biotech Pharmaceuticals Ltd., Beijing, China.* [h] *School of Medicine, Tongji University, Shanghai, China*

Background: We evaluated the safety and efficacy of nimotuzumab in combination with radiotherapy for oesophageal carcinoma (ESO).

Methods: 42 patients with stage II–IVa ESO were randomly assigned as part of this prospective, phase 2 trial, from November, 2008, to July, 2010. All patients received 50–70 Gy three-dimensional conformal radiotherapy. 200 mg of nimotuzumab was administered via intravenous infusion once a week during radiotherapy.

Findings: Primary cancer lesions were located in the upper, middle, and lower thoracic segments of the oesophagus in 10, 26, and 3 patients, respectively. Nine patients had stage II ESO, 25 had stage III, and eight had stage IVa. All patients received 50–70 Gy of radiation and 37 patients (88.1%) received nimotuzumab more than five times. Grade 3 toxicities were nausea and vomiting ($n = 1$), oesophagitis ($n = 3$), skin reactions ($n = 4$), and haematological toxicity ($n = 1$). One patient had an allergic reaction to nimotuzumab. Four patients (9.5%) had a complete response, 21 (50%) had a partial response, two (4.8%) had stable disease, and 15 (35.7%) had progressive disease. The overall disease control rate was 64.3%. With a median follow-up of 6 months, local recurrence was observed in six patients (14.3%) and distance metastasis in ten (23.8%). Ten patients died, with eight possible cancer-related deaths. The median survival time has not yet been reached. 6-month and 1-year overall survival rates were 82.4% and 57.8%.

Interpretation: Nimotuzumab in combination with radiotherapy is well tolerated and effective for treatment of ESO. Long-term toxicity and long-term efficacy require further evaluation.

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P14 SCREENING FOR GASTRIC-CANCER MICROMETASTASES IN A SINGLE SENTINEL LYMPH NODE WITH REAL-TIME PCR – A PRELIMINARY STUDY WITH THE MARUYAMA COMPUTER SIMULATION

T. Jagric [a,*], S. Potrc [a], A. Ivanecz [a], M. Horvat [a], M. Plankl [b], T. Mars [b]. [a] *Department of Abdominal and General Surgery, University Medical Centre Maribor, Maribor, Slovenia.* [b] *Institute of Pathophysiology, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia*

Background: Sentinel lymph node (SLN) mapping has recently been introduced in the treatment of gastric cancer. Although immunohistochemistry and conventional real-time PCR (RT-qPCR) provide reliable information about micrometastases in SLNs, they cannot examine large numbers of lymph nodes in a short time, making them unfeasible for intraoperative use. The SLN is defined as the first node to receive cancer-cell drainage from the primary tumour, therefore micrometastases or isolated tumour cells should first develop in these nodes. In this preliminary study, we evaluated the concept of single SLN screenings for micrometastases by use of the Maruyama computer program.

Methods: 23 patients were enrolled in our study: nine patients were included in the control group and 14 in the study group. The first stained lymph node was analysed with RT-qPCR for carcinoembryonic antigen and CK-20 expression, as markers for micrometastases. Patients' characteristics were retrospectively used as predictors in the Maruyama computer program, to determine the most likely metastatic site. Results were compared with the actual staining patterns, and correlations between tumour characteristics and micrometastases were examined.

Findings: 14 patients were found to be N0. Micrometastases were detected in four patients (28.6%). In 76.9% of cases, extracted SLNs coincided with lymph nodes predicted by the computer program to be the most likely metastatic site. Micrometastases were more common in Maruyama-predicted lymph nodes. Lauren's histological type distribution, preoperative CA 19-9 values, and age distribution differed significantly between patients who were positive and negative for micrometastases.

Interpretation: These results indicate the potential use of a single SLN for intraoperative decision making; however, sensitivity and specificity need to be evaluated in a larger series, supported by long-term recurrence and survival results.