9.

M1 ANTIGENS, MARKERS ASSOCIATED WITH PRECANCEROUS COLONIC MUCOSAE. J. Bara, C. Decaens, P. Burtin. Laboratoire d'Immunochimie, Unité Cancer et Différenciation Cellulaire ER 277 CNRS. Institut de Recherches Scientifiques sur le Cancer, 94802 Villejuif Cédex, France.

By immunoperoxidase, using antibodies against gastric fucomucins (M1 antigens), we evidenced the abnormal expression of these M1 antigens in the rat colonic mucosae very early during DMH carcinogenesis, sometimes associated with histological lesions such as mucinous hyperplasia, transitional mucosa, hyperplastic polyp or dysplasia. The human non neoplastic mucosae adjacent to colonic carcinoma shows M1 antigenic patterns similar to those observed during rat carcinogenesis and therefore such mucosae could be regarded as precancerous colonic mucosae. Moreover a study of the histologically normal mucosae adjacent to adenocarcinoma arising from 120 patients shows that M1 antigen modifications of these mucosae are more extensive in the patients having additional adenomas or synchonous adenocarcinomas, suggesting that these patients are at high risk for another primary colon cancer. In conclusion, these M1 markers could be useful to screen the population having a high risk for colon cancer.

10.

RESEARCH ACTIVITIES OF THE SWISS GROUP FOR CLINICAL CANCER RESEARCH (SAKK) IN COLORECTAL CARCINOMA. Weber W., Heuberg 16, CH-4051 Basel, Switzerland.

In the SAKK clinical studies are planned and evaluated by disease oriented committees (DOC). A DOC for gastrointestinal tumors has been instituted in 1979.

Since the liver is the primary target organ for metastases originating from gastrointestinal cancer a prospective randomised trial of adjuvant cytotoxic 7-day portal liver infusion of mitomycin C and 5-fluorouracil following large bowel cancer surgery has been developed, piloted and initiated in 1981. Over 300 patients have already been entered by 7 participating institutions. The peri- and postoperative complication rate is not increased by the addition of this adjuvant treatment and initial results look promising. The same regimen is now under investigation for grossly metastatic liver disease.

Toxicity and activity of new drugs are evaluated in the frame of phase I and phase II trials. The first substance studied has been 5'deoxy-5-fluorouridine (dFUR), a new fluoropyrimidine derivative. As compared to 5-fluorouracil (FU) the toxicity spectrum of dFUR in man is different (less hematologic, more neurologic and cardiac toxicity). The drug is active in colorectal adenocarcinoma.

New treatment modalities are explored as pilot studies. Marked growth inhibition has been found with Pi-meson radiation of slow growing recurrent colorectal disease.

Workshops on anthracyclines and perioperative chemotherapy have been held.

The SAKK is collaborating with the European Organization for Research on Treatment of Cancer (EORTC) and the US Gastrointestinal Tumor Study Group (GITSG).

11.

TRIALS OF THE EORTC GASTROINTESTINAL TRACT CANCER COOPERATIVE GROUP. U. Metzger, Dept of Surgery, University Hospital Zurich, Switzerland, Secretary of the Group.

Since its initiation in 1972, the EORTC Gastrointestinal Tract Cancer Cooperative Group has conducted 6 different trials on colorectal cancer. The first study was a randomized trial on the treatment of operable rectal cancer with preoperative radiotherapy alone or in combination with 5-Fluorouracil. This study has already been published (1). The subsequent rectal study compared preoperative radiotherapy versus no adjuvant treatment for operable rectal cancer. The results will be presented in detail. The first adjuvant coloncancer trial compared Levamisol versus Placebo in a double blind fashion. The currently ongoing studies are dealing with postoperative radiation therapy for rectal cancer and with adjuvant portal liver perfusion for colon cancer. Finally, a phase III study for advanced colorectal cancer is comparing i.v. 5-FU versus 5-FU+Allopurinol+ Cisplatin. 1297 patients have been entered in all these trials of which updated results will be presented.

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12.

P.D.T. FOR TUMORS OF THE DIGESTIVE TRACT. G. Sabben, R. Lambert. Hepatogastroenterology unit and INSERM U 45 Hôpital E. Herriot Place d'Arsonval 69374 LYON CEDEX 08FRANCE

In 24 unoperable patients tumors of the digestive tract were treated by PDT : -second therapy in 17 (recurrent tumors) -primary treatment in 7. Tumor topography was as follows : -esophagus in 18 squam. cell ca. in 9 -adenoca in 9 -stomach in 4 -rectum in 2. Tumor size was as follows : 6 less than 3 cm and 18 larger than 3 cm.

METHODS : The patients received an IV injection of photofrin I : 3.0 mg/kg or II : 2.5 mg/kg (photofrin Med Co) three days prior the laser irradiation at 630 nm. (Dye laser with Rhodamine SP 375 pumped by an Argon Laser SP 171). The laser beam was transmitted by a quartz fiber (600 um) with a terminal 360° diffusor passed through the endoscope. Total dosimetry varied from 60 to 700 J/cm2 of tumor.

RESULTS : 1/ A few hours after PDT, local pain was noted in 13 out of 24 patients. 2/ During the first week necrosis of tumor was observed in all cases : extensive in squamous cell ca, partial in adenoca. Non selective lesions were observed in 4 patients. 3/ At the end of the first month, tumor destruction was maintained in 13 out of 24 patients. In the other patients recurrent tumor required destruction with Nd-Yag laser. 4/ At the third month in 6 out of 7 patients treated with elective PDT, negative biopsies were obtained. 5/ Death occured during a follow up of 6 months in 11 out of 24 patients from other diseases or from cancer evolution. 6/ No skin intolerance was noted.

These preliminary results suggest the use of PDT in the treatment of small and flat squamous cell cancer of the esophagus, results with adenoca were not as good.