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PREOPERATIVE TREATMENT OF ESOPHAGEAL CANCER IN STAGE II WITH CARBOPLATIN 5FU LEUCOVORIN RADIOTHERAPY AND THYMOSTIMULIN.

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We present a preliminary results of a new multimodality approach in the management of stage II epidermoid carcinoma of esophagus. The treatment consisted of two cycles of polichemotherapy and simultaneous radiation with the adition of thymostimulin.
Chemotherapy scheme: Carboplatin 400 mg/m² IV day 1 and 29; 5-Fluorouracil 370 mg/m² with Leucovorin 200 mg/m² CI days 2-5 and 30-33.
Radiotherapy program: 44 Gy, 180 cGy/day, 5 days per week, five weeks.
Thymostimulin: 70 mg daily during one week then three times weekly for three months.
After Chemoradiation all patients were reevaluated (including an endoscopy with biopsy) for surgery. Those with CR or PR with or without surgery receive two cycles more of chemotherapy.
Results: the study started in February 1992 and 7 patients have been included until now. Seven clinical responces (Two complete and five parcial), and seven partial radiological responses were seen. Three patients went to surgery and were completely resected. All cases showed persistence of tumour on the specimen.The treatment have been well tolerated and all patients have received it on time. Mild and moderate toxicity including nauseas, emesis, myelosuppression and esophagitis, related with chemotherapy and radiotherapy were seen in most patients. Four patients did not accept surgery. Six patients are alive without evidence of progresion and one is dead of local relapse after surgery.
In conclusion we can say that this carboplatin combined modality is as efective as others. To increase the number of patients and longer follow-up are needed in order to determine the survival.

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GASTRINOMA: CLINICO-MORPHOLOGICAL FORMS

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There were 16 patients under control with Zollinger-Ellison syndrome revealed on the basis of gastroduodenal zone relapsing ulceration, gastrin level detection in blood, pathohistological and specific immunomorphological examination of tumors structure.

Pathomorphological examination of tumors and gastric mucosa tissues was performed in 10 patients from those 16 under control. Carcinoid has been often revealed in pancreas parenchyma. There were 7 cases when carcinoid was revealed in pancreas, gastric tumor was revealed in 2 patients and there was 1 patient with duodenal tumor. Adenomas usually had mixed (insular and trabecular) structure.

Thanks to gastrin trophic effect on epithelial and limphoid gastric tissue there was gastric mucosa thickening, parietal cells mass enlargement and the number of lymphatic follicles increase. Parietal cells acquired atypical for them apo- and merocrine secretion, expressed DR - antigens HLA, contained large mitochondria in cytoplasm; their gastrin receptors were situated in baso-lateral membranes and "coated" vesicles.

On the grounds of carried out investigations one can draw the conclusion that revealed changes of gastric mucosa must keep the clinicians on the alert in respect of gastrinomas if there is a corresponding clinical picture of the disease.

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ADJUVANT CHEMOTHERAPY IN STAGE III GASTRIC CANCER: PRELIMINARY RESULTS.

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A randomized and multicentric trial was initiated in January 1988 to confirm the efficacy of adjuvant Mitomycin C (MMC) + Tegafur (TG) in patients with stage III gastric carcinoma (AJCC,1983). Arms: (A): Control; (B): MMC: 20 mgs./m² (bolus) within 4 weeks of surgery, 30 days later oral TG: 800 mg./daily for 3 months. Criteria for entry: T1-3, N1-2, Mo or T4a, No-2, Mo; adenocarcinoma; curative surgery; age below 75 yrs; Karnofsky > 70 and normal renal function. Until September 1992, 100 evaluable pts. were randomized. Median follow-up is 19 m. Patients characteristics (A/B): number of pts. 50/50; median age: 60/60. Total gastrectomy: 23/22; Diffuse type: 20/19; Lymph node metastases:48/40 Tumor relapse: 27/16. Toxicity was mild.

Preliminary results showed significant differences in Median Survival and Progression Free Interval favourable to Arm B. Statistical analysis will be discussed.

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SOMATOSTATIN ANALOGUE (SOMATULINE) IN ADVANCED PANCREATIC CANCER

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Somatostatin-analogues have been proposed and tested with some success in pancreatic cancer models. We have treated 31 patients with advanced pancreatic cancer with somatuline. The first 15 patients had a maximum dose of 500ug bd (low dose, group A) and were treated between 1986-1988. The next 16 patients were treated at higher doses 1.5mg-12mg/24hrs (high dose, group B) between 1991-1993. Group A had 10 males and 5 females with an overall mean age of 57 years (Range 36-73) and Group B had 11 males and 5 females with a mean age of 63 years (Range 41-79). The performance status in group B was generally worse than in group A (WHO-PS3/4, Performance Status 3 or 4). The patients' characteristics, response and survival are given in the table.

	JAUNDICE	ASCITES	LIVER METS	RESPONSE	SURVIVAL	T-SURVIVAL	WHO-PS3/4
GROUP A(n=15)	9	4	9	3 Stable	14.4 wks	20.2 wks	0
GROUP B(n=16)	12	6	12	4 Stable	13.3 wks	27.4 wks	6

Group A patients were treated earlier (mean 3.8 weeks from diagnosis) than patients in group B (13.3 weeks). The overall survival (T-Survival) from diagnosis to death was 20.2 weeks (Range 3-55) in group A and 27.4 weeks (Range 4-63) in group B. The survival after treatment was similar, however six patients in group B received prior chemotherapy or radiotherapy before somatuline. There were no significant side-effects seen in group A patients but 4 patients in group B had moderately significant diarrhoea. This drug now needs to be evaluated in a randomised clinical trial.

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TREATMENT OF ADVANCED GASTRIC CARCINOMA WITH VP-16, ADRIAMYCIN AND CISPLATIN [EAP].

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Forty-five patients [pts] with advanced gastric adenocarcinoma were treated with 2 different EAP schedules. EAP-1 was administered as reported by Preusser et al. EAP-2 consisted of VP-16 100 mg/m² IV days 1-3, adriamycin 40 mg/m² IV day 1 and cisplatin 80 mg/m² in 3 divided doses IV days 1-3. Cycles of both regimens were repeated on day 22 and doses were reduced in pts over 65 years of age. Objective responses were seen in 6/13 [46%] EAP-1 pts and in 13/25 [52%] EAP-2 pts. One CR was achieved with each regimen. The median duration of response was 8 months [EAP-1] and 6.5 months [EAP-2]. Myelotoxicity of EAP-1 was much more severe than that of EAP-2. Grade 4 leukopenia developed in 8/17 [47%] EAP-1 pts vs 7/28 [25%] EAP-2 pts and grade 4 thrombocytopenia in 4/17 [24%] EAP-1 pts vs 2/28 [7%] EAP-2 pts. Drug-related deaths occurred in 3/17 [18%] EAP-1 pts and in 1/28 [4%] EAP-2 pts. We conclude that the modified regimen [EAP-2] is less cumbersome and less toxic than the original regimen.

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SQUAMOUS CARCINOMA OF THE OESOPHAGUS PRESENTING AS A SECOND PRIMARY CANCER - A 20 YEAR REVIEW

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A review of 2420 patients, presenting with proven squamous carcinoma of the oesophagus registered over a 20 year period (1972-1992) of which 73 cases are second primary cancers - a 3% overall incidence.

Analysis of this subset of patients reveal that 52% (38/73) had previous squamous cancers of the upper aerodigestive tract (16/73 Head & Neck; 22/73 in ENT area).

The associated incidence of alcohol and tobacco abuse was very high in this subgroup of patients. (> 95% incidence). These second malignancies had also arisen in areas previously irradiated to radical doses, 7/73 (9.5%) having received therapy for breast carcinoma and 10/73 (13.5%) for laryngeal lesions.

The immediate response to conventional cancer therapy was identical to those patients presenting initially with a primary oesophageal cancer but the disease free survival and overall survival periods are much shorter.