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THE USEFUL BIOLOGICAL MARKERS RESPONSE IN FOLLOW UP OF GALLBLADDER CANCER (GBC) AFTER LAPAROTOMY

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What is the role of tumor markers serum levels in evaluation of surgical treatment in GBC? CEA, CA 19-9 & CA 72-4 were determined in patients (pts.) by RIA CIS before (BS) and after (AS) surgical treatment. The diagnoses were established by microscopy of tissue specimens The cut off values in control group (30) were:CA19-9 33,5 U/l,CEA 8,23 ng/ml,CA72-4 2,7 U/ml.The mean values were in pts. with carcinoma "in situ" (7) BS: CA19-9 45,7±22,1 U/ml,CEA 23,7±9,4 ng/ml,CA72-4 12,4±3,2 & AS: CA19-9 28,1±11,7 U/ml*,CEA 7,1±5,7 ng/ml*,CA72-4 5,1±2,7 U/ml*. In advanced GBC,but still resectable in the time of surgery(12) BS:CA19-9 47,6±21,4 U/ml,CEA 25,1±11,7 ng /ml,CA72-4 13,4±6,1 U/ml & AS:CA19-9 29,4±9,3 U/ml*,CEA 7,9±4,4 ng/ml*,CA72-4 5,6±2,4 U/ml*.In pts.with unresectable GBC in time of surgery(37) BS:CA19-9 45,4±20,8 U /ml,CEA 27,9±13,2 ng/ml,CA72-4 13,4±6,1 U/ml & AS:CA19-9 63,5±21,5 U/ml*,CEA 35,1±16,1 ng/ml*,CA72-4 17,1±8,4 U/ml*, for all *p < 0,001.The decrease of values after successful surgical treatments and the increase of values after laparotomy in unresectable carcinomas is staticaly significant and can be useful biological markers response in follow up of GBC after surgery.

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ADENOCARCINOMA OF THE MIDSTOMACH.SURVIVAL AFTER SURGICAL THERAPY.

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The incidence of gastric cancer localized at the midstomach in very high;a rectrospective study was made of 303 patients:182 patients were males and 121 females with a M/F ratio of 1.5;the mean age was 63.57 (range 31-86 yrs), sex and age had the same distribution of tumors localized in other sites.The N_0 cases were 50.8%, the N_1 12.6%, the N_2 36.6%.There were performed 31 explorative laparotomies, 23 gastrojejunum anastomosis and 249 resections: 189 (75.9%) sub-total and 60 (24.1%) total gastrectomies.Post operative mortality rate was 4.6%.Long-term survival of patients who underwent curative operation was:57.5% at 1 year,32.5% at 3 years,25% at 5 years and finally 17.6% at 10 years of survival.Advanced stage tumors (N_2,M_1) were highly letal and irrespective of the type of resection: 24.6% at 1 year in N_2 patients,5.7% at 5 years in N_2 patients. Palliative procedures gave no long-term survival rate. No patients who underwent explorative laparotomy survived more than 5 months, and patients with bypass procedure had an average of survival of 10.5 months.

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EXSTENDED SURGERY OR PALLIATION FOR ADVANCED GASTRIC CANCER?

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Introduction: Indication and extent of resection is still discussed contreversely in advanced gastric cancer.

Patients and methods: In 123 patients with primary gastric cancer (4/86-3/90; HH-University Düsseldorf) tumour extent and localisation, tumour stages (UICC 1987), cumulative survival rates (Kaplan-Meier), complication rates and operativ extent were documented and compared.

Results: 61% of our patients underwent surgery at advanced tumour stages IIIb and IV (18% partial resection, 22% gastrectomy, 60% extended gastrectomy). 2-year-survival rates amounted to 75% in stage I, 60% in stage II, 25% in stage III and only 5% in stage IV. Despite the large number of extended gastrectomies (40% (22/55)) in tumour stage IV no R-0-resection could be obtained, while complication rate increased and survival rate decreased. Only 64% (35/55) patients with gastric cancer in stage IV could be resected with residual tumour; 36% (20/55) at time of operation were already unresectable.

Discussion: Patients with gastric cancer in tumour stage IV seem not profit of larger surgical measures. Complication rates increase and survival rates decrease by more extended surgery in advanced gastric cancer. If it should be possible, to select even these tumour stages by preoperative investigations or intraoperative histological examination, we would prefere a moderate indication and the smallest extent of surgery.

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NON TOXIC COMBINATION CHEMOTHERAPY FOR 115 PATIENTS WITH CARCINOMAS OF UNKNOWN PRIMARY (CUP) SITE

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Adenocarcinomas of unknown origin are often suspected of gastrointestinal (GI) origin : 5-Fluoro-uracil being the usual drug employed in GI tumors, we used a FU containing regimen between 1974 and 1988 (median follow-up 7 years) to treat CUP. 115 patients (pts) (82 male, 33 female, median age 61 years) were treated with a regimen, consisting of Vinblastin 10 mg IV day (d) 1, Cyclophosphamide 200 mg IV d 2, 4 and 6, 5 Fluoro-uracil 750 mg, d 3 and 5 (4 hours IV infusion for 65 pts and 24 hours IV infusion for 50 pts). Therapy was resumed every 4 weeks. The histological type was well differentiated adenocarcinoma (w.d.a.) (101 cases), poorly differentiated (9 cases). 5 pts had only a cytological evidence of carcinoma. 113 pts were evaluable : the objective response (R) rate was 9 % (2 CR + 8 PR ≥ 50 %) for a median duration of 5 months. 9 pts had a minor R (< 50 %), 22 pts had a stable disease and 72 pts had a progressive disease.The duration of FU infusion, the metastatic site did not influence the response. The median survival was 5 months for all pts and 14 months for responders. Toxicity was low in all cases. These results are poor but realistic, similar to other large published series of w.d.a. of unknown primary. So this subset of pts must be treated with a non toxic chemotherapy regimen (excluding Cisplatinum), in contrast with undifferentiated CUP. Presently we are prospectively employing a selective modulation of 5 FU with leucovorin.

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A PHASE II STUDY WITH 5-FU, LEUCOVORIN AND CISPLATIN IN METASTATIC GASTRIC CANCER.. YCHOU M., FEDKOVIC Y., SAINT-AUBERT B., ROUANET Ph., ASTRE C., PUJOL H. C.R.L.C. Val d'Aurelle, 34094 Montpellier Cedex 5.

5-FU modulation by Leucovorin is efficient on metastatic colorectal cancer and combination of 5-FU/CDDP is actually one of the active regimen in gastric adenocarcinoma. In this phase II-study, we performed 5-FU, Leucovorin, CDDP-chemotherapy in metastatic gastric adenocarcinoma. Twenty five patients (21 men, 4 women) with a mean age of 65 years (range 41-78) are evaluable. In 14 patients, gastric cancer was not resected and in 9 the tumor was located at cardia junction. Metastatic localization was observed in liver (18), peritoneum (7), retroperitoneal lymphnodes (6), bone (1) and lung (1). Local recurrence was noted in 3 cases. In 9 patients metastases were disseminated. Patients were treated every 28 days with : LV 200 mg/m²/d x 5 days followed by 5-FU 400 mg/m²/d x 5 days and CDDP 100 mg/m² at d2.

RESULTS : The mean number of courses is 5 per patient (2 to 9). The major part of toxic effects concerned the gastro-intestinal tract with grade IV diarrhea necessitating hospitalization in 2 cases. Hematologic toxicity was very low (2 patients. grade II). No patient died of treatment related toxicity. Maximal tumor response (WHO-criteria) were : complete response in 4 patients (16%) and partial response in 8 patients (32 %). Objective response rate was 48%. In two patients complete response was verified histologically (laparotomy). Three other patients experienced complete response after surgical resection. One of the nine patients remaining alive is still disease free (CR) 16 months after assessment. The median survival time is 11 months with a one-year survival of 38 % (Kaplan-Meier). This regimen is efficient on tumor response, shows good clinical tolerance and should be tested in a randomized study.

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LOCAL RECURRENCE AND LONG TERM SURVIVAL IN PATIENTS WITH GASTRIC CANCER.
Analysis of possible impact of histopathological parameters.

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In Sweden more than 1 400 new cases of gastric cancer are diagnosed each year with the highest incidence in the northern part of the country where our hospital is situated. We have assessed retrospectively a number of histopathological parameters with possible prognostic significance in patients with gastric cancer operated upon with curative intent during a 10-year period.

Patients. 1972-1981 386 patients with gastric cancer were treated at our hospital. 49 pts underwent diagnostic and 115 pts palliative surgery. 98 pts were operated upon with curative intent and of these the records and histopathological specimens of 88 pts were available for reevaluation. The microscopic analysis included: degree of tumour differentiation, Laurén-classification, tumour penetration, vascular and perineural invasion, growth in lymph nodes, enlargement of nucleoles, necrosis and fibrosis in tumour, metaplasia in tumour-adjacent tissue, lymphoplasmocytic and granulocytic reaction in tumour and tumourfront. Cox's hazard model was used for the statistical calculations.

Results. 5-year and 10-year survival of the 88 pts, operated on with curative intent were 25% and 15% respectively. Local recurrence was found in 28 pts (32%). Median time to recurrence was 20,5 months (range 2-54 months). Fibrosis of tumour and lymph node involvement correlated to recurrence (p=0,001 resp p=0,06). Type of resection and tumour localization correlated to survival (p=0,025 resp p=0,06).

Conclusion. In this retrospective study tumour fibrosis and nodal involvement seemed to have influenced on local recurrence of gastric cancer and type of resection and tumour localization on patients' survival.