biopsies, was possible. Morbidity of chemotherapy was primarily characterized by myelosuppression (20% grade 4 according to WHO). Postoperative morbidity was 9%, and only one patient died after explorative laparotomy due to pulmonary complications.

In contrast to the reports of preoperative chemotherapy for esophageal carcinoma, the morbidity and mortality after neoadjuvant chemotherapy and second-look surgery in gastric carcinoma is low and even extended resections do not increase the incidence of postoperative complications.

557 POSTER

HYDROXYUREA, FOLINIC ACID, 5FU BOLUS AND INFUSION (HLFP REGIMEN) IN ADVANCED GASTRIC CANCER

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Hydroxyurea (HU) enhances both 5FU and cisplatin. We designed a phase II study in advanced gastric cancer with the HLFP regimen, based on this dual modulation by HU. Regimen consisted in HU 1.5 to 2 g orally days 0, 1 and 2, folinic acid 200 mg/m^2 in 2-h infusion, followed by 5FU 400 mg/m^2 bolus and 600 mg/m^2 22-h infusion days 1 & 2 every 14 days. Cisplatin was administered at 80 mg/m^2 day 3 every 2 courses. 74 consecutive eligible pts were included (12 too early), this report concerns the first 62 pts (53 M/9 F, mean age 59.8 yrs, range 31–78). Initial PS (WHO) was 0 (17 pts), 1 (31) and 2 (14). 7 pts presented a locally advanced disease without melastases. The 55 remaining pts presented peritoneal carcinomatosis (24), liver (21), lymph nodes (32) or lung (8 pts) metastases, associated with local disease in 41. 800 courses were delivered. Toxicity (> WHO gr 2) was: vomiting (7 pts), neutropenia (8), with only 2 febrile neutropenia episodes, anemia (3), diarrhea (2), thrombocytopenia (1), alopecia (1) and mucositis (1). Maximal toxicity was gr 3–4 in 29% of pts. 10/62 pts with non mesurable peritoneal carcinomatosis or local disease were not evaluable for response. 5 CR and 32 PR were observed in 52 mesurable pts (RR: 71.1%, 95% CI: $5.6–83.6%). $6% of pts had a gain of weight, 77% a rapid disappearance of symptoms. Median follow-up time is 18 months. Median progression-free and overall survival were 9 and 11 months respectively. This combination should be tested in phase III trials.

558 POSTER

ENDOCAVITARY IR-192 HD RADIATION AND LASER TREATMENT FOR PALLIATION IN RECTAL CANCER

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Endoscopic laser therapy (ELT) combined with endocavitary IR-192 HDR is performed in rectal cancer with an anatomical non resectability due to advanced tumor stage and in patients which are unsuitable for resection caused by severe concomitant medical illness.

Patients, Methods and Results: 75 patients (48 males, 27 females) have been treated. 63 patients had ELT only using a Nd-Yag Laser system (wavelength 1064 nm, 100 watts, energy density > 1000 j/cm^2) 24 patients (80.5 yrs) had a severe concomitant medical illness which made them unsuitable for surgery (Group I). 39 patients had an advanced locally inoperable tumor (Group II). 12 patients had a combined therapeutic regime with endocavitary IR-192 afterloading (Gammamed II, 7 Gy at 1 cm distance) following prior ELT (Group III). The interval between the following subsequent treatments was 8.4–9.4 weeks in group I and II compared to 11.5 weeks in group III. Complications mainly laser induced bleedings occurred in 7 patients (9%) and could be dealt by subsequently laser coagulation.

Conclusion: The frequency of treatment was governed by the amount of tumor and the length of time the patient lived. The results suggest, that additional endocavitary radiation significantly prolongs the maintainance of normal bowel function as compared to laser alone.

559 POSTER

A NOVEL THERAPY FOR PATIENTS WITH UNRESECTABLE PANCREATIC CARCINOMA

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Over 80% of patients with pancreatic carcinoma are ineligible for surgical resection at initial diagnosis. At our centre, 30 such patients who received palliative surgery alone survived for a mean of 3.3 months. We therefore treated 34 patients with unresectable pancreatic carcinoma with additional locoregional immunotherapy via transplenic and transtumoural infusion of Interleukin 2 and Interferon-γ combined with locoregional transtumoural chemotherapy.

In early 1995, 17 patients (50%) had achieved a CR or PR, including 7 patients who became eligible for tumour resection following treatment. Overall, patients survived for a mean of 11 months (range 3 to 21 + months) with good quality of life. Updated results on this promising therapeutic approach will be presented.

560 POSTER

INFUSIONAL 5-FLUOROURACIL WITH ALPHA INTERFERON AS A PALLIATIVE TREATMENT FOR PATIENTS WITH SYMPTOMATIC MALIGNANT NEUROENDOCRINE TUMOURS

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Inoperable neuroendocrine tumours are frequently slow growing but occasionally patients can present with rapidly progressive metastatic disease and uncontrolled symptoms. Generally, such patients receive only limited benefit and severe toxicity from chemotherapy regimens. 24 patients with rapidly progressive neuroendocrine tumours were treated with a new regimen of continuous infusional 5FU (200 mg/m^2/day) given via a Hickman line for 20 weeks and alpha Interferon (5 megaunits 3 × week). Maintenance Interferon at the same dose was continued after the initial 20 week period. Of 15 patients with carcinoid tumours 7 (47%) had an objective tumour response (median duration 20.5 months) and 5 (33%) had stabilisation of their disease for a period of between 3.5–42 months. 3 early deaths occurred, all in patients with very advanced disease. An improvement in symptoms was reported by 10 (67%) patients. 3 (33%) of 9 patients with non-carcinoid tumours had an objective response (duration 2.5–24.5 months) and 5 (55%) had stable disease for 2.5–16 months. Toxicity was modest: 3 patients experienced severe gastrointestinal toxicity, 1 patient had a severe skin reaction and 8 patients had subclinical haematological toxicity. These results, particularly for carcinoid tumours are encouraging. This regimen seems to be less toxic and may provide better response rates and palliation than other chemotherapeutic options.

561 POSTER

ECF IS A LOW TOXICITY REGIMEN THAT CAN DOWNSTAGE SQUAMOUS OESOPHAGEAL CANCER

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21 patients with inoperable, locally advanced or metastatic squamous oesophageal carcinomas were treated with epirubicin 50 mg/m^2 and cisplatin 60 mg/m^2 3 weekly and a protracted venous infusion of 5-FU to a maximum of 8 cycles. Response was observed in 12/21 (57%). On radiological criteria 1 patient had CR and 8 PR. Endoscopically there were 4 CRs and 6 PRs. Overall median survival from diagnosis was 14 months and from commencing chemotherapy was 8.4 months. The median relapse free period was 7 months. Symptomatic response was seen in 71–100%. Toxicity was acceptable with no toxic deaths. There was 28% CTC grade 3 haematological toxicity and 38% non-haematological grade 3/4 toxicity. 2 patients underwent potentially curative resection. One remains well 3 years after treatment. We conclude that ECF is a regimen of moderate toxicity which is effective at improving symptoms in most patients. There is a 1 year survival from diagnosis of 55% in our study comparing with 18% in surgical cohorts. Furthermore, a small number of patients are adequately downstaged rendering them amenable to potentially curative surgery.