572 PUBLICATION

BILE, BACTERIA AND CARCINONA OF GALL BLADDER

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Gall bladder cancer is a common malignancy in Varanasi region as are gallstones. Mostly these are mixed stones suggesting role of bacterial infection in cholelithiasis. Bacterial degradation products of bile acids can produce colonic and gastric cancer. This study was done to evaluate role of bacterial degradation of primary bile acids in gall bladder carcinogenesis. High performance liquid chromatographic analysis for primary and secondary bile acids in 31 samples of gall bladder bile was carried out. Aerobic and anaerobic culture was also done. Study was accomplished in three groups; 10 age-sex matched controls (Group 1), 11 patients of cholelithiasis (Group 2) and 10 patients of gall bladder cancer (Group 3). Patients with gall bladder cancer had significantly higher secondary bile acids as compared to controls ($P < 0.01$) and patients with cholelithiasis ($P < 0.01$). 40% patients with gall bladder cancer had positive bacterial culture compared to 27.3% in patients with cholelithiasis. Anaerobic culture was positive. in 3, aerobic in 2 and mixed in patient with gall bladder cancer.

573 PUBLICATION

SMOOTH MUSCLE TUMORS OF THE GASTROINTESTINAL TRACT—IN A TEN-YEAR PERIOD

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Benign as well as malignant smooth muscle tumors of the gastrointestinal (GI-)tract show a wide variety in clinical behavior. Between Jan. 1984 and Dec. 1994 35 pat. with GI smooth muscle tumors were treated at our department. In 24 pat. a leiomyma (LM = group A) and in 11 pat a leiomyosarcoma (LMS = group B) was diagnosed. Female: male rate was 1:1 in group A and 1.7:1 in group B. The mean age was identic in both groups (59 years). 9 LM were localized in the stomach, 4 in the rectum, 3 in the colon, 5 in the small intestine, 1 in the esophagus and 1 in the appendix/mesoappendix region. In 1 pat. LM was localized in the small intestine, common biled duct and mesenteric root. In 6 pat. LMS occurred in the stomach, in 4 pat. in the colorectum and in 1 pat. in the ileum. In our material size and mitotic activity seemed to be the most important factor for prognosis and therapeutic approach. Diagnostic, as well as differential-diagnostic problems, clinical and morphological findings, surgical therapy and outcome in our patients are discussed.

574 PUBLICATION

RESULTS OF COMBINED EXTERNAL AND ENDOLUMINAL IRRADIATION OF ESOPHAGEAL CANCER

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Endoluminal irradiation seems to be an appropriate method for the treatment of circular growing esophageal carcinoma. However, external radiation should be given too because of possible mediastinal infiltration. Our treatment results of radiotherapeutic combination treatment are presented.

From 1987–1993 55 patients (9 women, 46 men, mean age 63 years) with inoperable esophageal cancer were primarily treated with external irradiation (mean 50.4 Gy) and additional endoluminal HDR afterloading irradiation (mean 16.4 Gy, fractionation 2 × 5 Gy weekly).

An improvement in swallowing was reached in 69% of patients. Median survival from onset of afterloading was 6.6 months and associated with tumor extension and kind of remission.

HDR-afterloading boost irradiation is effective in improvement of symptoms of esophageal cancer, treatment time can be shortened, but compared to the literature, results do not indicate an increased survival.

575 PUBLICATION

EPIRUBICIN (E), CISPLATIN (C) AND CONTINUOUS INFUSIONAL 5-FLUOROURACIL (F) (ECF) ACTIVE COMBINATION CHEMOTHERAPY FOR NON-RESECTABLE GASTRIC ADENOCARCINOMA (AC)

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45 patients (pts), 26 male & 19 female with gastric AC, with non-resectable adenocarcinoma were treated with E (50 mg/m^2) and C (60 mg/m^2) given every 3 weeks, with a continuous ambulatory infusion of F (200 mg/m^2 per day). A cohort of 19 pts presenting from April 1993 to Sept 1994 were added to 26 previously reported cases. ECOG score 0–1, median age 61 (29–81), 258 cycles were given (1–12, median 6). All pts had a degree of alopecia no greater than Grade III. A single case of grade IV toxicity was seen (diarrhea). Grade III toxicity was seen as follows: vomiting 2 pts, diarrhea 2 pts, stomatitis 2 pts, infection 5 pts. Nine pts had mild foot & mouth syndrome. Five pts were not evaluable for response (3 early deaths and 2 stopped early due to toxicity). Of 40 evaluable pts, reassessed at 9 weeks, 57% responded- 2 (5%) CR, 21 (52%) PR, 13 stable disease & 4 progressed. Median survival was 9 months (1.4– 41+). We conclude that ECF has a high response rate in non-resectable gastric AC. Response rates in this cohort were similar to our previous report. A randomised phase III trial of ECF versus FAMTX, is open for accrual to assess the true value of this innovative regimen.

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CISPLATIN AND PROTRACTED VENOUS INFUSION 5-FLUOROURACIL (CF) IMPROVES SURVIVAL AND SYMPTOMS IN PANCREATIC CARCINOMA

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Sixty-five patients with locally advanced or metastatic pancreatic cancer were treated with Cisplatin (60 mg/m^2 3 weekly) and protracted venous infusion 5-fluorouracil (PVI 5FU 300 mg/m^2/day) for a maximum of 24 weeks. All patients had histologically/cytologically confirmed tumour. Radiological response was assessed by CT scanning and toxicity, performance status and symptomatic response was assessed 3 weekly. The objective response rate was 16% (9/57) with two radiological complete responses. Disease stabilisation was seen in 82% patients (47/57) with 8 patients non-evaluable for response. The median survival was 7.6 months with 1 year survival of 33% and a median progression free survival of 6.6 months. Patients who had local disease only had a median survival of 14.6 months with a 1 year survival of 53%. Thirty-four percent of patients (20/59) had an improvement in performance status on treatment and specific symptoms which improved were weight loss (30/39; 77%), dysphagia (4/4; 100%), nausea and vomiting (29/39; 74%), pain (27/39; 69%), anorexia (18/33; 55%) and reflux (18/22; 82%). Chemotherapy was well tolerated with grade 3 or 4 toxicity being nause/vomiting in 4%, diarrhea in 6%, infection 3%, stomatitis 1% and plantar palmar syndrome 1%. Grade 3 neutropenia occurred in 3% of patients with grade 3 thrombocytopenia in 4%. In conclusion, the CF regimen provides good symptomatic palliation with low toxicity in patients with pancreatic cancer.