604

SURGICAL MANAGEMENT OF CARCINOID TUMORS

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Carcinoids are uncommon tumors which may have their origin in endocrine cells anywhere along the gastrointestinal tract. Appendiceal carcinoids are prevalent, but often insignificant clinically, since they rarely require no more than simple appendectomy. More unusual, generally benign multicentric gastric carcinoids in chronic atrophic gastritis may most often be safely dealt with by endoscopic fulguration. In contrast, midgut carcinoids, which have prevailed in many clinical series due to their common association with the carcinoid syndrome, often require more complicated management. The midgut tumors metastasize early to mesenteric lymph nodes, whereby tumor growth and concomitant fibrosis may entrap the intestine and cause obstruction or ischemia. In presence of liver metastases a carcinoid syndrome frequently develops with flush, diarrhea and ultimately disabling heart valve fibrosis. Medical therapy may alleviate these symptoms and surgery may counteract progression of the abdominal complications. Together, these treatment modalities seem to offer improved prospects of survival for the midgut carcinoid tumor patients.

605

TUMOR ANTIGENS RECOGNIZED BY CYTOLYTIC T LYMPHOCYTES

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In human tumors, several antigens recognized by autologous CTL have been identified. A first class results from the activation of genes such as MAGE-1, MAGE-3, BAGE and GAGE, which are not expressed in normal tissues with the exception of testis. MAGE-derived peptides binding to HLA-A1, Cw16 and A2 have been identified. The MAGE family comprises genes that are expressed in tumors of several histological types. A second type of antigens identified in melanoma consists of differentiation antigens derived from proteins such as tyrosinase and Melan-A that are specific for melanocytes and melanomas. Recently, we have identified a melanoma antigen which results from a point mutation in an intron. The antigenic peptide is encoded by the end of an exon and the initial part of intron. Another antigen recognized on a large fraction of HLA-A2 melanomas involves an antigenic peptide encoded by an intron.

The identification of new antigens will extend the range of patients eligible for specific immunotherapy, allowing also to immunize against several antigens borne by the same tumor. This may be a critical condition for therapeutic success.