	Folfox 3: 24 pts	Folfox 4 20 pts	All: 44 pts
Pts (PR/SD/PD)	5/9/10	7/4/9	12/13/19
RR% [CI]	21 [7 1–42.1]	35 [15 3–59.2]	27 [14.9–42.7]

These preliminary results confirm previous reports of L-OHP preclinical and clinical synergy with 5FU in 5FU resistant MCRC. A new study with L-OHP at 100 mg/sqm is planned to elucidate eventual LOHP dose-response relationship.

739 POSTER

The value of postoperative surveillance after radical surgery for colorectal cancer

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Purpose: Early detection of recurrence after curative resection for primary colorectal cancer (CRC) should improve patients' (pts) prognosis. The present cohort study was aimed at assessing the effectiveness of systematic follow-up in pts with CRC, both regarding the rate of tumour recurrence amenable to curative-intent surgery and survival.

Methods: Between July'87 and June'90, 199 CRC pts who underwent radical surgery were followed according a previously well-defined post-operative surveillance programme which consisted on laboratory studies (including serum CEA assay) every 3 months, physical examination and abdominal ultrasound or computed tomography every 6 months, and chest radiograph and total colonoscopy once a year. Cohorts were defined according patients' compliance to the follow-up protocol.

Results: One hundred forty pts (70%) were considered to be compliant with the surveillance programme (cohort A), while the remaining 59 pts occasionally attended follow-up investigations (cohort B), both cohorts being similar with regards baseline characteristics. Although there were no differences in the overall recurrence rate (38% vs 41%; ns), curative-intent reoperation was possible in 18 pts (34%) of those with tumour recurrence in the cohort A, but in only 3 pts (12%) in the cohort B ($p = 0.05$). Similarly, the probability of survival was higher in the cohort A, both regarding overall (63% vs 37% at 5 years; $p < 0.001$) and CRC-related (69% vs 49% at 5 years; $p < 0.02$) rates. Cox regression analysis disclosed that only a more advanced Dukes' stage (OR: 8.17, 95%CI: 1.13–59.29) and non compliance with the postoperative surveillance programme (OR: 2.32, 95%CI: 1.50–3.60) had an independent negative impact on survival.

Conclusions: Systematic postoperative surveillance in pts with CRC operated on for cure increases both the rate of tumour recurrence amenable to curative-intent surgery and survival.

740 POSTER

Significance of matrix metalloproteinase 9 (MMP-9) and matrix metalloproteinase 3 (MMP-3) expression during liver metastasis in colorectal cancer

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Purpose: Degradation of extracellular matrix is considered to be essential process for tumor invasion and metastasis. Activities of matrix metalloproteinases (MMPs) which has a capability of degradation of all matrix components are regulated by activators and inhibitors such as tissue inhibitors of metalloproteinases (TIMPs). Our previous study showed that pro MMP-9 was activated by MMP-3 directly. To clarify clinical significance of MMP-9 and MMP-3 expression in colorectal cancer, we have studied MMP-9 and MMP-3 expression immunohistochemically.

Methods: Paraffin embedded spicemens from 194 patients with colorectal cancer who were underwent operation between 1988 and 1991 were immunostained for MMP-9 and MMP-3.

Results: MMP-3 was localized only in stromal cells such as monocyte, macrophages, whereas MMP-9 was noted in both tumor cells and stroma. The incidence of MMP-9 expression in the tumor cells was 39.7% and that of MMP-3 in the stroma was 22.2%. There were strong relationship between liver metastersis and the expression of MMP-9 and/or MMP-3. In interest colon, both enzymes significantly coexpressed.

Conclusion: MMP-9 and MMP-3 may play an important role in liver metastasis and tumor invasion. In particular, MMP-3 may act as an activator for proMMP-9.

741 POSTER

The identification of high risk patients with metastatic colorectal cancer

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Purpose: Identification of prognostic factors in metastatic colorectal cancer.

Methods: Four hundred and seventy seven previously untreated patients (pts) who were randomized in two consecutive phase III trials of the EORTC Gastrointestinal Tract Cancer Cooperative Group (high-dose 5-FU (HD-5FU) ± low-dose methotrexate (LD-MTX) and HD-5FU/LD-MTX ± LD-PALA) were included in the analysis. The Cox model was used for the analysis.

Results: The median duration of survival for all patients was 12 months. Prolonged survival was observed for patients who had a longer duration since first diagnosis ($p = 0.001$), rectum as the primary tumor site ($p = 0.035$), good performance status ($p < 0.001$), none or little weight loss ($p < 0.001$), initial white blood cells $\leq 8 \times 10^9/l$ ($p < 0.001$), initial granulocyte count $\leq 5 \times 10^9/l$ ($p < 0.001$), initial platelet count $\leq 350 \times 10^9/l$ ($p < 0.001$), normal hemoglobin level ($p = 0.001$), normal serum bilirubin ($p = 0.021$) and normal alkaline phosphatase ($p < 0.001$). The multivariate model retained the following factors of poor prognosis: thrombocytosis ($p < 0.001$), weight loss ($p < 0.001$), abnormal serum bilirubin level ($p < 0.001$) and granulocytosis ($p < 0.001$). There was evidence that the effect of the initial granulocyte count on survival was more prominent during the first year.

Conclusion: Some biological variables are important prognostic factors for survival in patients with metastatic colorectal cancer. These factors should be taken into consideration in the design of new trials.

742 POSTER

Sphincter-saving operations for cancer localised in the distal half of the rectum

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Purpose: The goal of this prospective study is to present the broad use of the sphincter saving operations for treatment of rectal cancer, localised in the distal half of the rectum.

Materials and Methods: In order to determine the usefulness of sphincter – saving operations were analysed 784 patients operated radically on rectum cancer at the Dept. of Surgery in NCO for the period from 1.1.1984 to 31.12.1996. Discussed are the techniques, clinical observations and post-operative results in the seven most widely used in our clinic sphincter-saving operations.

Results: The authors emphasised upon the very low percent of the local recurrences for 5 years follow up 5.3 ± 1.1%. This is one of the lowest percent of local recurrences after sphincter-saving operations of the rectum for cancer in the literature. Discussed are the indications for bilateral lymphatic dissection and for excluding the bowel passage with transversostomy. The anal continence was satisfactory in all of the applied methods (proved tonometrically).

Conclusion: The methods introduced in our clinic for cancer treatment in the distal rectum half not only increased the number of the sphincter-saving operations, but decreased considerably the postoperative complications. All this give us a guarantee not only to continue to apply them, but to propose them for broader application in the everyday practice.

743 POSTER

Treatment of liver metastases and moderate peritoneal carcinomatosis by hepatectomy and cytoreductive surgery followed by immediate postoperative chemotherapy: Feasibility and preliminary results

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The purpose of this study is to report tolerance, and preliminary results in patients with liver metastases synchronous to moderate peritoneal carcinomatosis, treated with a hepatectomy and complete cytoreductive surgery, immediately followed by postoperative intraperitoneal chemotherapy. Twleve patients with liver metastases, and moderate pertioneal carcinomatosis were included in the study. They all had liver resection for metastases, complete cytoreductive surgery of the peritoneal carcinomatosis, and immediate