base of 1595 gastric cancer admissions from 1985–1995. Relevant factors were analyzed by the Kaplan-Meier method and Log-rank test. Significant factors ($p < 0.05$) were subjected to Cox's multivariate analysis. Survival in a separate group of 288 patients explored but not resected served as a bench mark for comparison.

Results: The median age was 64 years and the male:female ratio 2.3:1. There were 145 R2 resections and 85 R1 for a median follow up time of 7 months (range 0–88) and overall median survival of 9 months. Median survival was 11 months for R1 and 8 months for R2 ($p = 0.009$) and 5.7 months for the 288 unresected patients. Median survival was 6 months for those with residual disease in visceral sites *vs* 11 months for non-visceral sites ($p < 0.001$). Multivariate analysis identified only R1 *vs* R2 resection and visceral *vs* non-visceral residual disease as being significant.

Conclusion: Palliative, R1 or R2, operations are of minimal, if any, value and in such the indication for operation should be confined to the relief of symptoms alone. Only patients with limited peritoneal or nodal metastasis showed some small survival advantage from non-curative gastrectomy over no operation at all.

1247 POSTER

Gastric cancer: The value of limited lymph node dissection for early stage gastric cancer

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Purpose: In Japan, standerd lymph node dissection has been D2. However we have performed, limited lymph node dissection for especially early stage of gastric cancer. Limited lymph node dissection is D1 with #7, 8 a lymph node dissection and/or #9, 10, 11 lymph node sampling. The purpose of this study was to evaluate limited lymph node dissection in 130 gastric cancer in our institution.

Results: The age ranged 41 to 84 with an average of 63. Eighty three were male and 47 were female. Surgical procedure; 83 distal gastrectomy, 31 total gastrectomy and 12 inoperable. Lymph node dissection; D1:10, D1+α:79, D2:26. The frequency of positive lymph node metastasis and positive lymphatic permeation based on the depth of invasion were summarized as follows.

Depth of invasion	m	sm	pm	ss	se	si
total No.	39	27	14	11	28	7
positive LN. meta	0	2	5	6	20	5
lymphatic permeation	0	11	8	10	23	6

Conclusion: Lymphatic permeation was positive in almost half of sm cases, however, lymph node metastasis was rarely positive, therefore, D1 or D1+α could be a standard procedure for early stage gastric cancer.

1248 POSTER

p53 Status as potential predictor for response to chemotherapy in locally advanced gastric cancer

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Purpose: Inactivation of p53 has been reported to be associated with resistance to chemotherapy. The significance of p53 status on clinical outcome of chemotherapy was assessed in locally advanced gastric carcinoma (LAGC).

Methods: 25 chemotherapy-naive patients with LAGC received a weekly administration of CDDP 30 mg/m^2; epi-doxorubicin 35 mg/m^2; 5 fluorouracil 500 mg/m^2; 6S-leucovorin 250 mg/m^2 and glutathione 1,500 mg/m^2. After 8 chemotherapeutic administrations, patients were assessed for response. Biopsy specimens of primary tumors were analyzed for p53 status using monoclonal antibody Bp53-12.

Results: Characteristics of patients were: median age, 65 years (range 44–70); 16 males and 9 females; PS (ECOG) 0, 10; 1, 13; 2, 2; histology, 11 differentiated, 14 undifferentiated; site, cardias 7; body 8; antrum 10. Response rate (assessed with CT scan and endoscopy) among patients with not overexpressing p53 was significantly higher than that with overexpressing p53 (85.7% vs 14.3%, $p = 0.007$). Multivariate analysis showed an independent predictor for response for not overexpressing p53.

Conclusions: p53 status analysed before chemotherapy seems to be associated with response to treatment in LAGC. This may provide a useful guide to deciding upon neoadjuvant chemotherapy in patients with LAGC.

1249 POSTER

Can surgery be replaced by radio-chemotherapy in the treatment of esophageal cancer?

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Purpose: Surgery claims to be the only radical treatment method for resectable cancer of the esophagus. Non-surgical treatment results in unresectable situations doubt the position of the surgeons.

Methods: Our protocol consists of external radiotherapy to the esopahgus (single dose 2 Gy, total dose 56–60 Gy) and chemotherapy (5-FU 1000 mg/m2/d, cisplatin 25 mg/m2/d) during week 1 and 5. The percutanous radiation follow 2 HDR-brachytherapy applications, 5 Gy each/0.75 cm distance from the applicator surface.

Between Jan 91–June 96 30 pat. have been treated, median age 59 y (41–76). 25 pat received the whole treatment course; 5 pat. did not receive brachytherapy because of acute oesophagitis (2) or refusal of esophagoscopy (3). Median tumor length was 7 cm (3–12), 26/30 pat. corresponded to tumor class cT3 or cT4.

Results: 24/30 pat had endoscopically complete response. 4 pat. developed a local recurrence after 5, 6, 12 and 20 months. In 9/30 pat. we observed hematogenic metastases. Median survival was 21 months, 1-and 2-year survival rates were 74% (48%–88%) and 48% (22%–69%).

Conclusion: This non-surgical treatment is not only a substitute method for treatment of esopahgeal cancer but it can be a true alternative with similar results concerning loco- regional tumor control.

1250 POSTER

Pylorus preserving partial duodenopancreatectomy for ductal pancreatic carcinoma

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In a study compiling the data in a prospective manner, the validity of the pylorus preserving duodenopancreatectomy (PPPD) in comparison to the partial duodenopancreatectomy (PD) in patients suffering from ductal pancreatic carcinoma were assessed concerning postoperative morbidity, mortality and overall prognosis of the disease. From May 1990 to April 1995 130 patients entered the study. 61 underwent PD, 69 patients had a PPPD. The patients were regularly followed-up every 6 month and the median follow-up period for all patients was 36 months. The PPPD in patients with ductal pancreatic head carcinoma without infiltration of the duodenum is the technically simpler and faster operation method with significantly less blood loss. Moreover, PPPD did not lead to increased postoperative complications. The median survival rate of patients in the PD group was 10.8 months, in the PPPD groups 21 months. This significant difference derives from the fact that the tumor stages were unevenly distributed. Regarding the most common stage (stage III according to UICC) the median survival times were almost identical (in the PD group: 10.1 months, in the PPPD group 11.2 months). Therefore, the PPPD operation seems to be a sufficient radical procedure which does not worsen the prognosis of the disease.

1251 POSTER

Feasibility and phase II study of combined modality treatment with accelerated radiotherapy and chemotherapy in patients with locally advanced inoperable carcinoma of the pancreas

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Purpose: This study was developed to evaluate a palliative therapy for prolonging survival and stabilizing quality of life because of the unfavourable prognosis of advanced, inoperable adenocarcinoma of the pancreas.

Methods: From 8/90 to 12/96 90 Patients (33 female/57 male) with locally advanced, inoperable and histologically proven adenocarcinoma of the pancreas were included. The mean age was 61.8 years.