21 pts. (28.5%) had minor response or no change (NC) and 6 out of 21 pts. (26.9%) had progressive disease. Time to progression was 43.2 + 3.9 weeks (for pts. with CR and PR-54 ± 3.67 (n = 9); for NC-35.2 ± 9.5 (n = 6); for pts. with progressive disease 10.1 ± 6.4 (n = 6)).

**Treatment toxicity:** leucopenia-73.9% (grade III–IV – 14.2%); anemia-34.7%; thrombocytopenia-8.6%; diarrhea grade II – 18.5%; stomatitis and esophagitis – 7.4%; vomiting – 77% (grade III–IV – 58.8%); alopecia – 85.1%.

**Conclusion:** TMP combination has evident antitumor activity in advanced gastric cancer. The toxicity of this regimen is moderate.

1266 POSTER

## Gemcitabine in advanced pancreatic cancer: A phase II trial

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**Purpose:** To assess clinical efficacy and safety of gemcitabine in advanced pancreatic cancer.

**Methods:** From April 1995 to December 1996, 24 consecutive pts (13 female and 11 male, median age 64 yrs) with pancreatic carcinoma entered this phase II study. ECOG PS was 0 in 6 pts, 1 in 8 pts, 2 in 6 pts, and 3 in 4 pts. 15 pts had metastatic and 8 locally advanced unresectable disease. 19 pts did not receive any previous treatment, and 5 received first line chemotherapy with 5-fluorouracil. Gemcitabine 1000 mg/m$^2$ was administered iv in 30′ in the first cycle once weekly for up to 7 weeks followed by 1 week rest; then in subsequent cycles, once weekly for 3 of every 4 weeks. The median number of cycles administered was 4 (range 1–10); 3 pts received only 2 doses because of early progression or refusal, but they have been included in the clinical efficacy analysis.

**Results:** 4 pts obtained partial response (16%) and 10 (41%) stable disease; 10 pts experienced progressive disease. PS improved in 11 pts (46%); analgesic consumption was reduced in 10 pts (41%). In the majority of pts, treatment was well tolerated and all pts were treated on an outpatient basis. Toxicity was mild and mainly consisted in moderate and quickly reversible myelosuppression: we registered 3 episodes of WHO grade III–IV thrombocytopenia and 2 episodes of grade 3 leukopenia. Grade 3 anemia was noted in 2 pts. Systemic toxicity was irrelevant with 7 pts complaining of fever (grade 1–2) and 7 of mild astenia during treatment.

**Conclusion:** We conclude that gemcitabine chemotherapy was very well tolerated and determined a significant clinical improvement with modest antitumoral activity in pts with advanced pancreatic cancer.

1267 POSTER

## Gastro-oesophageal smooth muscle tumors: Treatment and analysis of prognostic factors

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**Purpose:** Gastro-oesophageal smooth muscle tumors show a variaty in clinical presentation and prognosis and the optimal method of treatment remains unclear.

**Methods:** We studied retrospectively the clinicopathological data to determine the effect of surgery, the time to recurrence and survival.

**Results:** Between 1986 and 1996 we treated 61 patients (27 ♂, 34 ♀) with a gastro-oesophageal smooth musle tumor [38 pts leiomyoma (LM) (62%): 15 pts low grade leiomyosarcoma (LMS) (25%); 8 pts high grade LMS (13%)]. Age ranged from 18 to 87; mean 59 years in LM and 61 years in LMS. The mean tumor diameter was 4.6 (1–11) cm in LM and 8.3 (3–18) in LMS. Patients often complained of abdominal pain (63%) and gastrointestinal bleeding (59%). In 15 pts the LM were asymptomatic. LMS were situated at the distal oesophagus (3 pts); at the fundus (10 pts); at the corpus (7 pts) and at the antrum (3 pts). Of the 23 LMS, 12 pts underwent a complete resection and 7 pts a microscopic incomplete resection. At a median period of 15 months, 4 of the 13 resected low grade LMS and 5 of 6 resected high grade LMS recurred, usually in the liver. The median survival was 66 (6–128) months in low grade LMS and 16 (2–48) months in high grade LMS. The overall 5-year survival was 35% (75% low grade LMS, 0% high grade LMS (p = 0.023). Age, sex, tumor size and site had no effect on survival. Differentiation and radicality had a significant prognostic effect (p = 0.02).

**Conclusion:** Prognosis of gastro-esophageal smooth musle tumors mainly depends on tumor grade and free surgical margins. Even after microscopic complete resection high grade LMS had a negative influence on the survival. Studies with adjuvant treatment such as intraoperative radiotherapy and chemotherapy are needed to improve these results.

1268 POSTER

## Gemcitabine (GEM) and 5-fluorouracil (5 FU) in advanced pancreatic cancer: A GISCAD phase II study

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**Purpose:** In a randomized clinical trial (Moore, ASCO 96), GEM has been shown to be more effective than 5 FU, the most common drug used in advanced pancreatic cancer. GEM and 5 FU work in different ways to inhibit DNA and RNA synthesis: from a theoretical point of view, their combination could result in higher response rates. To test this hypothesis, a two stage phase II study was initiated in November 96.

**Methods:** End points: response rate, clinical benefit (Andersen, ASCO 94) and toxicity. If objective responses and/or evidence of clinical benefit were observed in at least 5 of 13 patients, further 30 patients should be accrued. Schedule was: Gem 1000 mg/m$^2$ and 5 FU 600 mg/m$^2$, weekly for 3 weeks every 4.

**Results:** Characteristics of the first 13 patients were: 10 male and 3 female; median age 57 years (range 47–72 years); 4 patients had locally advanced disease, 4 had metastatic disease and 5 both sites of disease. In these 13 patients, we obtained 1 partial response and 5 clinical benefits. Side-effects were mild: no gastrointestinal toxicity or grade 3–4 (WHO) hematological episodes were recorded. We observed only two episodes of grade 2 (WHO) leukopenia and 1 of thrombocytopenia.

**Conclusions:** These results allowed the starting of the second step. Up to day (February 97), 7 further patients have been enrolled.

1269 POSTER

## Aortic-stop-flow-infusion (ASF) in patients with unresectable pancreatic cancer

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**Purpose:** Chemotherapy in patients with pancreatic carcinoma remains disappointing. A suitable method to achieve an effective drug-concentration in the target tissue without causing the side-effects of a high-dose systemic chemotherapy seems to be the isolated hypoxic perfusion of the abdomen (ASF).

**Methods:** In a two-year trial ASF was performed in 17 patients (5 female, 12 male) with unresectable pancreatic cancer. In general anaesthesia the separation of the abdominal organs from systemic circulation was achieved by transfemorally inserted balloon-catheters into the aorta and vena cava. The infusion of 40 mg of Mitomycin C was followed by a hypoxic perfusion over 20 minutes. Response was evaluated by CT-scan after 6 weeks.

**Results:** In 20 perfusions no toxicity-related deaths were observed. Nausea and vomiting (10 episodes WHO ≥ III) were the most frequent toxicities. In 5 patients (28%) a deep-vein thrombosis occurred. No partial or complete remission was observed, a disease stabilization was achieved in 3 patients. The median survival after ASF was 4.2 months (range 1.3–21) without a significant influence of metastatic disease.

**Conclusions:** Inspite of some hopeful reports about regional therapy in pancreatic carcinoma ASF did not influence response or survival and showed clinically relevant side-effects. Due to these disappointing results we decided to stop this trial.

1270 POSTER

## ELFE (etoposide, folinic acid, 5-fluorouracil, and epirubicin) regimen in the treatment of advanced pancreatic cancer (APC)

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**Purpose:** Pancreatic carcinoma is generally considered a chemotherapy-resistant malignant neoplasm and to date there is no established chemotherapeutic treatment for patients with advanced disease. Many new combi-

nation regimens have been investigated to improve results. Modiano et al (ASCO 1993; 12: 303) with the ELF regimen (etoposide, folinic acid, and 5-fluorouracil) plus interferon obtained 6/7 partial remissions in pts with APC. Considering these interesting results and the therapeutic activity of Epirubicin in this disease, we started a study (GOIM 9405) to verify the efficacy and safety of the ELFE regimen.

**Patients:** Twenty-three pts with APC received etoposide 80 mg/m$^2$ day 1–3, Folinic Acid (levo-isomer form) 100 mg/m$^2$ day 1–3, 5-Fluorouracil 340 mg/m$^2$ day 1–3, and Epirubicin 60 mg/m$^2$ day 1. Treatment was repeated every three weeks. The main characteristics of the 20 evaluable patients were: sex (M/F): 16/4; median PS (Karnofsky): 90; median age: 63 years; previous surgery: radical 3, biopsy 17; site of disease: primary tumor 17, liver 12, lymphnode 7, bone 2; multiple sites: 16.

**Results:** We obtained 3 PR (15%), 4 SD and 13 PD. The duration of responses were 3+, 6+ and 9 months, respectively. The median duration of survival was 4 months. Grade 3–4 toxicity (WHO criteria) were as follows: leukopenia 13%, diarrhea 17%, mucositis 22%, loss of hair 61%.

**Conclusion:** The ELFE regimen demonstrates scarse activity in pts with APC, with mild toxicity.

1271 POSTER

## *Helicobacter pylori* infection and gastric carcinoma

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**Purpose:** *Helicobacter pylori (H.p.)* infection, trough to be casually related to chronic gastritis or duodenal ulcer, may also be associated with an increased risk of gastric cancer.

**Methods and Patients:** To determine whether an association with gastric cancer does exist, we evaluated gastroscopic biopsies from 166 pts with histologically confirmed gastric adenocarcinoma, minimum 2 biopsies from antral mucosa, corporal mucosa and 4 biopsies around carcinoma from endoscopicaly unchanged mucosa were taken. These results were compared with 392 pts without gastroscopic changes at gastric mucosa. There samples were patohistologicaly determined at *H.p.* with modified Giemsa stain. The risk of *H.p.* infection in the case patients relative to the control subjects was estimated with the use of Odds ratio (OR).

**Results:** *H.p* were detected at antral mucosa in 65.68%, at corporal mucosa in 68.80% and at mucosa around carcinoma in 70.16% pts with adenocarcinoma. In pts without gastroscopicaly changes *H.p.* were detected at antral mucosa in 44.67% and at corporal mucosa in 42.76%. A significant association was found for *H.p.* infection and gastric carcinoma et antral and corporal mucosa (OR = 2.62, 95% CI = 1.91–3.60) and between *H.p.* infection and gastric carcinoma at musoca around carcinoma (OR = 3.53, 95% CI = 2.30–5.43).

**Conclusion:** Our results support the hypothesis of a relationship between *H.p.* infection and the development of gastric adenocarcinoma.

1272 POSTER

## CEF chemotherapy for advanced gastro-oesophageal cancer

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ECF chemotherapy is active in advanced gastric carcinoma with higher OR%, relapse free and overall survival compared to FAMTX Infusional 5FU is associated with central venous catheter (CVC) complications resulting in line removal in 15% of patients (Webb et al *J. Clin. Oncol* 15: 261, 1997), although complications were reported in 30% of pts previously. However, other investigators have reported higher CVC rates. We evaluated a combination of epirubicin 50 mg/m$^2$, cisplatin 60 mg/m$^2$ and 5 FU 600 mg/m$^2$ (CEF) given as a short infusion every 3 weeks. 23 patients were treated 18 M:5 F; median age 59 (30–73) with good PS WHO 0–11 pts; 1–6 pts and 2–6 pts. 7 pts had gastric, 13 gastro-oesophageal and 3 oesophageal carcinomas. 15 pts had poorly diff tumours. Measurable disease was predominantly lymphadenopathy (12 pts) and liver (7 pts). A total of 79 courses were given, a median of 3 cycles/pt. 5 pts achieved a PR (22.7%) with symptom improvement in 12/20 (60%) of pts. Median TTP of 4.5 mths with median survival 6 months (23% and 5% 1&2 year survival). 6 cycles were delayed due to myelosuppression with 1 neutropenic death. 2 pts developed grade 3/4 (WHO) thrombocytopenia and 1 pt grade 4 anaemia. Other toxicities were mild, 1 pt with grade 4 N&V.

The activity of this regimen was disappointing although many patients obtained symptomatic benefit. In comparison with ECF the patients received less chemotherapy (median 3 cycles). CEF is an easy to administer regimen that offers good palliation in pts not suitable for intensive chemotherapy.

1273 POSTER

## Recurrence and prognosis after curative resection for early gastric cancer

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**Purpose:** Even after curative resection of early gastric cancer (EGC), a small percentage of patients experiences local or distant recurrence.

**Methods:** Between 1969 and 1993 we treated 320 consecutive patients with EGC (153 submucosal and 143 mucosal carcinomas). For the follow up study we excluded 24 patients (7.5%) who died within 3 months after resection. There were 105 (35%) women and 191 (65%) men ranging in age from 25 to 87 years (median: 62). Follow up is complete until 31.12.95 for all 296 patients.

**Results:** 20 patients (6.8%) experienced disease recurrence: local recurrence appeared in 6 patients (2.0%), 12 patients (4.1%) suffered from distant metastases and 2 patients (0.7%) showed a combination of these. Except of 2 patients who died without tumor, 18 (6.1%) patients died of EGC recurrence.

Other carcinomas were apparent in 50 patients: 26 (8.8%) carcinomas metachronously (only 5 in the residual stomach) and 24 carcinomas synchronously or in the past. 26 patients (8.8%) died because of this malignancy.

At the end of follow up 140 patients of the total had died (47.3%). The death rate associated with other causes (120 patients, 40.5%) surpassed that of EGC recurrence (18 patients, 6.1%) significantly. Thus the cumulated 10-year-survival rate of the 246 patients without concurrent carcinomas was 98 ± 13%, this one of the remaining patients was 30 ± 18%.

**Conclusion:** It is rare for EGC to recur after curative resection and to die of it even more so. The results suggest the importance of other causes besides the cancer's recurrence in limiting the survival.

1274 PUBLICATION

## Concurrent chemo-radiotherapy for epidermoid anal cancer treatment

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Since 1992 to 1996, 12 consecutive patients (pts) (median age: 62 years) with untreated epidermoid anal cancer: T2, 58%; T3, 42%; N+, 25%; have been treated with a simultaneous chemo-radiotherapy (CT-RT) treatment.

**Methods:** CT consisted of 24-hour i.v. infusion of 5-FU, 750 mg/m$^2$ days 1–4 and CDDP, 100 mg/m$^2$ i.v. infusion day 1; every 21 days. All the pts received 3 complete cycles of CT and concurrent RT given at a daily dose of 1.8 Gy up to a total dose of 36 Gy in 4 weeks, to the ano-perineal region, middle and lower pelvis, inguinal and external iliac nodes.

**Results and Conclusion:** an acceptable toxicity (leucopenia, proctitis and diarrhea) has been well controlled with topic or systemic treatments. A CR was assessed in 10 pts (83%), 2 pts in PR (N+) had a "Miles" operation. After a median follow-up of 3 years, 10 pts (83%) are alive without evidence of disease. In short, this regimen has been well tolerated and effective. Up to now, it represents the treatment of choice for anal cancer at all stages, while surgery must be used like a rescue treatment for pts in PR or with recurrence of disease.

1275 PUBLICATION

## Intraartherial polychemotherapy and intraabdominal therapy with immobilazed chemodrugs in radical treatment of patients with III–IV stage of gastric cancer

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**Purpose:** Systemic polychemotherapy in combine treatment of extensive gastric cancer has insufficient efficacy. The regional intraarterial chemotherapy (IACT) before surgical treatment and intraabdominal chemotherapy with immobilized cytostatics (IC) during operation was evaluated.