

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/m² day 1-3, Folinic Acid (levo-isomer form) 100 mg/m² day 1-3, 5-Fluorouracil 340 mg/m² day 1-3, and Epirubicin 60 mg/m² 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 scarce activity in pts with APC, with mild toxicity.

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POSTER

Helicobacter pylori Infection and gastric carcinoma

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Purpose: *Helicobacter pylori* (*H.p.*) infection, though 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 endoscopically unchanged mucosa were taken. These results were compared with 392 pts without gastroscopic changes at gastric mucosa. These samples were pathologically 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 gastroscopically 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 at 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.

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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/m², cisplatin 60 mg/m² and 5 FU 600 mg/m² (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.

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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.

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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/m² days 1-4 and CDDP, 100 mg/m² 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.

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PUBLICATION

Intraarterial polychemotherapy and intraabdominal therapy with immobilized 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.