

Methods: For realizing of IACT a catheterization of gastric blood vessels was used. IACT was performed in 3–5 days before surgical treatment with 30 mg/m² adriablastin and 0.5 g/m² 5-fluoruracil. Intraabdominal chemotherapy was performed during operation after resection of tumor using by immobilized on siliconorganic matrix adriablastin (40–80 mg) and 5-fluoruracil (2.5–3.0 g).

Results: The all analyzed groups a radical operation have been made. The results of 18-month survival of patients were:

Treatment	n	Survival, %
1. Surgical	165	47.2 ± 7.2
2. IACT + surgical	49	69.5 ± 5.6
3. IACT + surgical + intraabdominal IC	37	86.4 ± 3.7

Conclusion: The results of laboratory examination of therapy toxic effect, clinic observation of patients and 18-month survival suggest that combination surgical treatment with intraarterial chemotherapy and intraabdominal chemotherapy with immobilized cytostatics is the most effective treatment of gastric cancer of III–IV stage.

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PUBLICATION

Contribution of chemotherapy (CMT) to the survival (S) of patients (P) with advanced gastric cancer (AGC). A retrospective comparative study of patients who received and those who refused treatment (Tx)

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The purpose of the present study was to evaluate whether combination CMT benefits P with AGC. 280 P were studied. P with severe cardiac, respiratory and renal dysfunction, as well as P unable to receive solids/liquids by mouth, and those with a KPS < 70 were excluded. Two groups were formed: A (those refusing Tx) = 162 and B (Tx group) = 138. Each group was separated in those who were operated and subsequently relapsed (SxRel), those operated with advanced disease (SxAD) and those deemed inoperable (noSx). Both groups of P (A/B) as well as subgroups of A or B were balanced for clinical characteristics. P in group B received CMT with FAM ± FA. Median S: A = 5.6 (1–11), B = 8.1 (1–16), [P = 0.04], A-SxRel = 5.1 (3–9), B-SxRel = 7.2 (2–12), [P = 0.05], A-SxAD = 3.8 (1–7), B-SxAD = 4.7 (2–12), A-noSx = 4.4 (1–7), B-noSx = 9.2 (2–16) mo, [P = 0.03].

Conclusion: Irrespectively of response, CMT with FAM demonstrates a modest (+3 mo) but significant improvement of S in AGC. The new CMT regimens for AGC are expected to have a greater impact in improving S.

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PUBLICATION

Adjuvant chemotherapy of gastric cancer with etoposide Doxorubicin and cis-platinum combination (EAP)

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Adjuvant chemotherapy in gastric cancer has been attempted by several studies and the results are controversial. The aim of the present study was to attempt EAP combination as adjuvant taking on account high responses that EAP combination gave in advanced carcinoma of the stomach.

Material: 22 patients have been enrolled. Median age 51 (23–74). Male 14, Female 8. They all had locally advanced disease and metastases to the regional lymph nodes.

Treatment: Cis-platinum 90 mgs/m², Doxorubicin 45 mgs/m² day 1 and Etoposide 120 mg/m² days 1–3. Patients had six courses after the gastrectomy. Toxicity myelotoxicity Grade 1–3.

Results: Median follow-up 50 months (12–64). 12 patients showed recurrence (54.5%). Median recurrence time since treatment's beginning 21 months (7–42). Disease free survival 22 months (7–59 months).

Median survival 28 months (10–59).

Conclusion: Preliminary results suggest that EAP adjuvant chemotherapy in gastric cancer is effective. Large number of patients need to confirm it.

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PUBLICATION

Efficacy of intrahepatic chemotherapy for liver metastases of rare gastrointestinal tract and other rare cancers

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Purpose: Intrahepatic chemotherapy for non-resectable liver metastases of rare GI-tract and other cancers with no standardized therapy available was performed.

Methods: 14 patients with liver metastases from carcinoids of the GI-tract (4), renal cell cancers (3), non-ductal pancreatic cancer (2), unknown primary (2), gastric cancer (2), thyroid cancer (1) were infused with 8 mg/m² NOV (day 1), 480/170 mg/m² 5-FU/FA (day 1–5) and 7 mg/m² MMC (day 5) via the hepatic artery using a port-catheter system. 5 Patients received 60 mg/m² CDDP instead of MMC and one 25 mg/m² EPI instead of NOV, when in vitro chemosensitivity results became available. Treatment was repeated after 4 weeks. Liver-CTs were performed prior to therapy and at every 3rd cycle and evaluated according to WHO criteria.

Results: 43% of all patients showed a PR (6/14) and another 43% (6/14) a NC while only 2 progressed during the first 3 cycles. After 6 cycles there were 44% PRs (3/9) and CRs (1/9), 44% NCs (4/9) and 1 PD. Side effects (WHO ≥ 2) were leukopenia (5/14), thrombocytopenia (3/14), anemia (1/14), nausea/vomiting (4/14), GI-toxicity (3/14) and alopecia (1/14).

Conclusions: Intrahepatic chemotherapy with usually a combination of NOV, 5-FU, FA and MMC prevents progression of liver metastases in more than 80% of patients with rare gastrointestinal tract and other rare cancers during a 3 and 6 months period, respectively, at tolerable toxicity.

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PUBLICATION

C reactive protein and albumin in pancreatic cancer

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Purpose: To determine whether serum C reactive protein (CRP) and albumin are useful markers and potential targets for therapeutic strategies in patients with pancreatic cancer.

Methods: Fifty patients with resectable and unresectable pancreatic cancer was included in this study. Six patients had stage I, 32 patients had stage II–III, 12 patients had stage IV disease (41 head, 9 body-tail). CRP and albumin were measured using standard automated laboratory techniques.

Results: The median of CRP was 0.4, 3.7, 3.6 mg/dl (v.n. < 0.6 mg/dl) respectively in stage I, II–III and IV; the median of acute-phase protein was higher in tumors of body-tail (head: 3.7 mg/dl; body-tail: 13.8 mg/dl). The median of albumin was 4.0, 3.5, 3.4 g/dl respectively in stage I, II–III, IV; albumin was slightly decreased, but no differences were observed between head and body-tail pancreatic cancer.

Conclusions: Although the mechanism whereby patients with cancer develop an acute-phase protein response is not clear, the results of this study suggest that measurement of serum CRP may be a useful parameter for clinical evaluation of patients with tumor of the pancreas and for stratification of patients into prognostic and therapeutic categories.

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PUBLICATION

Intraperitoneal 5-fluorouracil treatment in patients with non resectable pancreatic carcinoma

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Purpose: Intraperitoneal administration of cytotoxic agents for the treatment of gastrointestinal malignancies results in a greater total drug exposure in the peritoneal fluid than in plasma. Lypressin, a synthetic vasopressin analogue, which gives a significant constriction of the vessels of the splanchnic circulation.

The aim of the present study was to explore the feasibility of i.p. 5-FU administration for patients with advanced pancreatic carcinoma and if reduced splanchnic bloodflow may increase the dose intensity in the abdominal cavity and reduce systemic drug exposure.

Methods: Nine patients (five men) median age 61 (53–67 years), with a non-resectable pancreatic carcinoma (stage III and IV) were treated with intraperitoneal instillation of 750 mg/m² 5-FU daily for 2 days every 3rd week through an intraperitoneally placed port-a-cath until tumour progression. The i.p. distribution was controlled by Tc-99 scintigraphic method. An infusion of 0.1 units/min of lypressin was administered i.v. during 180 min at every