

treatment for these tumors. From our own data and data from literature, there are mainly arguments to support this view. First extended lymphadenectomy offers better staging over clinical staging with a number of evident consequences related to non-surgical therapeutic strategies. Second wide peritumoral resection (Ro) and extended lymphadenectomy undoubtedly results in better control of loco-regional recurrence rate. Third radical resection and extended lymphadenectomy seems to improve cure rate not only in stage I and II, but also in stage III provided the lymph node ratio of involved lymph nodes is less than 20%. Fourth until today no multicentric trial utilising either pre-operative chemotherapy or chemoradiotherapy has shown a clear survival advantage beyond that achieved by surgery alone.

In conclusion primary surgery especially radical surgery and extended lymphadenectomy today currently results in overall 5 years survival rates of 25–30%. These figures therefore remain the gold standard to which all other therapeutic regimens should be compared.

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Combined treatment modalities in oesophageal cancer

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The role of combined treatment modality should be discussed in 3 clinical situations. In early disease, the standard treatment is a surgical resection. The median survival is around 50, 30 and 24 months respectively for stage I, IIa and IIb. Failures are equally distributed between local and distant recurrences indicating that both aspects should be addressed in the adjuvant setting. An European phase III trial that compared preoperative XRT-CT to surgery alone, included 282 evaluable patients. After 55 month follow up, the combined arm significantly increased disease free survival, local free interval and reduced cancer related death. Details results will be presented. In locally advanced cancers, combined XRT-CT already demonstrated a benefit in comparison with XRT alone, RTOG and EORTC studies. In marginally resectable tumours, XRT-CT alone instead of surgery is actually questioned in view of the poor overall prognosis.

Many ways of future developments are open: refinement of XRT to increase the dose (conformal therapy), optimisation of the treatment schemes and new drugs. Quality of life is emerging as a valuable new end point that deserve careful evaluation.

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No abstract

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Palliative approaches in oesophageal cancer

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Palliation for patients with oesophageal cancer must be assessed not only in terms of survival duration but also in terms of quality of life. Until relatively recently surgery offered the best palliation on both these counts but with a peri operative mortality of 10%. More recently chemoradiotherapy has provided long term survival (range 12–30 months) without significant dysphagia and with no mortality to date in patients unsuitable for operation.

Laser and intraluminal radiotherapy are of limited effectiveness with a mean survival of 8.5 months. In our experience intubation either with rigid or expandable stents gives poor palliation with survival limited to 2–4 months, significant complications from tube slippage and obstruction and a peri operative mortality of 2%.

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Molecular evolution of the esophagitis metaplasiaadenocarcinoma sequence (EMAS): Paradigms and paradoxes for cancer biology

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Adenocarcinoma of the oesophagus has been increasing in the developed countries over the last three decades and probably reflects an increased incidence of its recognized Precursor lesion Barrett's metaplasia.

The real challenge for the molecular oncologist has been to explain how the processes of deregulated proliferation and cell survival interact with the early invasive phenotype. In recent scientific articles this is becoming

clearer. Unfortunately the majority of precursor lesions and carcinoma in-situ remain undiagnosed and when invasive neoplasia develops the tumour is associated with very poor prognosis. The improved understanding of the genetics of the Barrett's metaplasia to adenocarcinoma sequence will allow improved diagnosis, prognostic evaluation and therapeutic intervention. This review focuses on intriguing recent developments in the molecular and cell biology over the last 5 years in particular with regard to the biological heterogeneity of premalignant clones and their genetic mutations and alterations in protein processing and expression of mitogens and adhesion molecules which allows these clones to progress to invasion.

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Brachytherapy in oesophageal cancer the radical role

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HDR Brachytherapy offers a simple, inexpensive and effective intervention for the palliation of oesophagus Cancer.

Does it have a radical role?

- to relieve obstruction and improve nutrition prior to surgery.
- in combination with pre-operative chemotherapy.
- in combination with external beam to offer a boost.
- as a form of conformal therapy.

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No abstract

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PDQ: A comprehensive cancer information database – The U.S. experience

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Useful access to information concerning the diagnosis and management of oncologic conditions requires immediacy and accuracy. The National Cancer Institute of the USA has established a peer-reviewed process of cancer information access for patients and medical personnel. Known as PDQ, this system allows access to three large databases: clinical trials summaries, physician and organization directories, and state-of-the-art statements (SOAS) on treatment, supportive care and cancer screening guidelines. The SOAS are maintained and edited monthly, and are supported by editorial boards, which provide ongoing peer review of existing statements and of current literature. Each SOAS is available in a format primarily designed for professionals, but is also converted into a statement more easily accessible to the layperson. To further support the SOAS, a large external board of reviewers from the US and from abroad also examine the database on an ongoing basis. Improvements to PDQ anticipated over the next few years include: increasing access through new technologies, improvements in access to clinical trials information, integration of drug information from other databases, communication with other cancer information services, and increased utilization of levels of evidence in treatment and screening recommendations.

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The start project: A European, evidence-based, state of the art instrument for clinical oncology

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The START project is a European multinational effort aimed at providing state-of-the-art knowledge on cancer treatment. It was launched by the *European School of Oncology* and currently involves more than 170 authors and reviewers from most European countries. The objective of the project is to provide a concise, regularly updated database on state-of-the-art treatment of malignant tumours. All neoplastic diseases will be included, as well as important topics of cancer care (e.g., pain therapy, practical pharmacology, etc.). Each chapter is drafted on a multidisciplinary basis (generally by a surgical oncologist, a medical oncologist, and a radiation oncologist), read by the Editorial Board (including a statistician), and reviewed by an internal peer-reviewer and by the Advisory Board. Critical