

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

statements are "evidence-based" (i.e. "types of basis" are assigned to codified expressions on diagnostic and treatment "options", according to originally developed scales). Moreover, an effort is made to provide critical and descriptive information, with the goal of allowing as much as possible an individualized clinical decision making at the patient's bedside. Critical statements are intended to be consistent with what the European oncology community perceives as "state-of-the-art". In addition to the internal review process, a regular external feed-back process throughout Europe will be operating. START is under construction. The first chapters are available through the internet at the WWW address <http://telescan.nki.nl/start/>. START will also be distributed on CD-rom.

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Guidelines in the French System: The experience of the Rhone Alpes Area and the French Federation of Cancer center SOR program

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A Regional Cancer Network was set up in the Rhone Alpes Region (5.5 Millions inhabitants) including the CLB Regional Cancer centre and 20 hospitals located in the region. The major objective of this project was to improve the overall quality of care for cancer patients all over the region. Guidelines were developed by the 60 specialists of the CLB by using a consensus-based approach and they currently cover most of the cancer sites. The THESAURUS was made available for assessment and review to the associated hospitals at the end of 1994. The review and consensus-building process was conducted in 1995, consisting for each cancer site in a monthly discussion of 4 hours between CLB specialists and representatives of the hospitals. At the end of 1995 the CLB Thesaurus was accepted as the reference Thesaurus for the network and named ONCORA (ONCologie Rhone Alpes). A first evaluation of the impact of the Thesaurus on clinical practice was conducted at CLB in 1996 according to a before/after study design. Compliance with the Thesaurus recommendations was 19% before and 54% after for breast cancer patients ($p = 0.00001$), and 50% before, 70% after for patient with colonic cancer ($p = 0.009$). The most important variation observed was for breast radiotherapy and follow-up were the compliance rate improved for breast cancer follow-up from 31% to 80% ($p = 0.00001$). This improvement was shown to be related to the number of multidisciplinary meetings held to discuss specific strategies for patients. A first evaluation of the impact of the Thesaurus was conducted in parallel in the 21 other hospitals in 1996. A National program for the development of evidence-based cancer practice guidelines was set-up in late 1992 by the French Federation of Cancer centres (FNCLCC) under the name "Standard, Options and Recommendations for the diagnosis and treatment of cancer" (SOR). The SOR guidelines development methodology is based on the recommendations for practice guidelines development of AHCPR (Agency for Health Care Practice and Research) and ANDEM (Agence pour le Développement de l'Evaluation Médicale). The SOR program has been designed from the beginning to improve the overall quality of care of cancer patients all over the country and to provide reference material for quality of care assessment. It therefore includes an implementation phase intended to increase the uptake and use of evidence based recommendations by practitioners involved in cancer care inside and outside cancer centres, and an evaluation phase to measure the actual impact of the program on clinical practices. These phases are currently under preparation and will be undertaken within the next three years. The FNCLCC is also the coordinator of an European project named ECOLE (European collaboration for Oncology Literature Evaluation). This project is funded by the European Commission under the program "Telemedicine for Health Care".

1327

Evidenced based cancer nursing practice

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The provision of evidenced based practice has emerged as a popular concept in health care today. This paper sets out to establish the degree to which cancer nurses base their practice on sound scientific evidence. It will explore the many barriers to the provision of such evidence based cancer nursing practice including the lack of good evidence for many nursing activities, a lack of research awareness and limited skills in interpreting research findings and a lack of support and resources to implement change in practice. A discussion will follow on the factors which facilitate evidence

based practice including the provision of funds for cancer nursing research, the provision of resources which will improve nurses' ability to read and interpret research findings and finally, by ensuring that relevant research findings are made available to nurses through various user friendly media. The paper will conclude by identifying the resources which are available currently to facilitate evidenced based cancer nursing practice in Europe and by offering some suggestions as to how European cancer nurses might overcome the many barriers they confront in their efforts to provide evidence based practice.

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The consensus process in Europe

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Purpose: To examine the methodologies applied within Europe for the development of consensus documents and guidelines for the management of cancer.

Methods: Various strengths of evidence are available for use in developing guidelines/consensus documents. This review will gather data from European groups producing these documents. The processes used by various groups will be examined to estimate whether the chosen tools avoid bias. This will include, the use of a protocol, the search strategy used, databases of controlled trials used and access to hands searching and the "grey" literature, explicit inclusion and exclusion criteria, validation of data extracted, methods for rating trial quality and quantitative analysis of the data collected. Where there are consensus statements or guidelines on the same topic, carried out in different regions or countries, these will be examined to see if they are consistent in their recommendations. Where possible, the influence of current practice and philosophy on the recommendations will be examined.

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Surgical treatment of brain tumors

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Treatment of brain tumors represents a very important chapter of neurological surgery. In fact, surgery is of primary importance in the management of benign or potentially anaplastic brain tumors. It not only provides histological diagnosis but radical surgical removal, when feasible, is the/or part of the goal standard treatment of a very large group of these lesions.

Surgery is directed specifically against tumoral processes which are widely different and heterogeneous anatomically and histologically. Some of them are benign (meningioma, neuroma, adenoma, epidermoid, cyst...) and their treatment is essentially relying on surgery. Others are anaplastic or malignant (glioma, metastasis, lymphoma...) and surgery has to be associated with other treatment modalities (radiotherapy and/or chemotherapy) but remains crucial for the histological assessment of the lesion even obtained from stereotactical biopsy specimens. Whenever possible surgical resection must be proposed because it improves the patient's clinical and functional state and allows a better efficacy of complementary treatments when indicated. These factors correlate with the quality and length of the postoperative radiological and clinical remission.

1330

No abstract

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Local control in breast conservation

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Local recurrence after breast conservation undermines hope of cure, increases anxiety, may require mastectomy and recent evidence suggests it may increase the rate of distant disease and hence the risk of death. Treatment policies aimed at reducing local recurrence require careful evaluation.

In 300 patients we examined the incidence and extent of residual disease in the tumour bed following wide local excision. Tumour bed positivity was 39%, (in situ 21%, invasive 18%). Further surgery was advised on the