

lobe 22.3%, and 44.4% multiple tumorous nodules in both lobes. 44.4% had incidental operative HCC. The larger nodules had a median diameter of 4.5 cm. Median Child and Pugh classification was B-7. Median α -fetoprotein level was 16. Median prothrombin time was 70%. Median patient age was 57 years. Male/female ratio 3:1. Median ECOG was 1. Two patients received preoperative treatment: 1 underwent PIE and tamoxifen, and 1 chemoembolization. Mean time from transplantation to chemotherapy was 25 days. Ventricular heart function was not monitored because no patient received doxorubicin dosage in excess of 200 mg/m² and there was no previous cardiopathy in the enrolled patients.

Results: 66% patients received full dosage and completed the scheduled treatment. 22% had 25–50% dose reductions for myelotoxicity (grade III–IV). 1 patient (11.1%) had treatment withdrawn due to toxicity after 12 doses (P. Carinii and CMV pneumonia). There was 1 treatment related death (P. Carinii pneumonia at 4 months). Reduced immunosuppression doses were administered to 4 patients during chemotherapy due to high serum levels. 4 patients relapsed (44.4%), 1 in the first year, 3 in the third year. 2 patients died without evidence of tumor (1 of pneumonia and 1 of acute Epstein-Barr hepatitis), and 3 patients are still living without evidence of disease at 4, 13 and 14 months. C virus recurrence occurred in 1 patient. Median survival following transplantation was 14 months (4 to 37 months).

Summary: Liver transplantation combined with doxorubicin adjuvant chemotherapy is a feasible treatment in hepatocarcinoma-cirrhotic patients and seems to have a moderate effect in survival in this group of patients.

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POSTER

Localised squamous – cell cancer of the oesophagus: Retrospective analysis of three results

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Background: Oesophagectomy is the standard curative therapy for patients with clinically localized disease. The question remains concerning immediate surgical intervention or surgery after preoperative chemoradiotherapy. Many teams opt for exclusive chemoradiotherapy. The aim of this study is to analyze these three treatment alternatives.

Patients and Methods: 128 patients with localized squamous-cell oesophageal cancer (38 stage I, 71 stage IIA and 19 stage IIB according to the UICC 78 TNM classification) were treated between 1989 and 1995. They were divided into three groups: O group (treatment by oesophagectomy) n = 30, RCT + O group (treatment by preoperative chemoradiotherapy and oesophagectomy) n = 39, RCT group (treatment by exclusive chemoradiotherapy). n = 59. Factors concerning age, tumour localization and stage were similar in all groups.

Results: The O group showed no postoperative mortality, in the RCT + O group surgery mortality was 12.8%. The mortality after RCT was 1.7%. After preoperative chemoradiotherapy, oesophageal sterilization was observed in 25% of cases and the curative exeresis rate was higher (82% after RCT + O versus 60% after O). The survival difference at 5 years between the 3 groups was not significant (O group 11.6%, RCT group 21.5%, RCT + O group 42.7%). The median survival was respectively 23, 28 and 34 months. The disease free survival was identical for the O group and the RCT group. Oesophagectomy significantly improved disease free survival in patients treated by chemoradiotherapy (RCT + O versus RCT, p = 0.041). Palliative care (dilatations, prosthesis, gastrostomy or jejunostomy) to improve dysphagia was necessary in 36% of patients treated by exclusive chemoradiotherapy versus 11% of patients treated by surgery (p = 0.001).

Conclusion: Treatment by oesophagectomy or exclusive chemoradiotherapy was not significantly different. Preoperative chemoradiotherapy and surgery offered a higher survival rate than exclusive chemoradiotherapy, however, a high postoperative mortality rate was observed. This study suggests the relevance of a prospective randomized trial to compare RCT + O and RCT alone.

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POSTER

Radio-chemotherapy and high dose rate (HDR) brachytherapy in the treatment of esophageal cancer

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Purpose: In spite of some improved results with radio-chemotherapy in locally advanced esophageal cancer local control is unsatisfactory. Because of that we increased the radiotherapy dose to the tumor with it combination of external beam radio-chemotherapy followed by HDR brachytherapy.

Methods: Our protocol consists of external radiotherapy to the esophagus (single dose 2 Gy, total dose 56–60 Gy) and chemotherapy (5-FU 1000 mg/m²/d, cisplatin 25 mg/m²/d) during week 1 and 5. The percutaneous radiation follow 2 HDR-brachytherapy applications, 5 Gy each/0.75 cm distance from the applicator surface.

Between Jan 92–June 98 42 pat. have been treated, median age 59 y (41–76). 34 pat received the whole treatment course; 12 pat. did not receive brachytherapy because of acute oesophagitis (5) or refusal of esophagoscopy (7). Median tumor length was 7 cm (3–12), 38/42 pat. corresponded to tumor class cT3 or cT4.

Results: 34/42 pat had endoscopically complete response. 9 pat. (8/12 pat. without and 1/30 pat with brachytherapy) developed a local recurrence after 5–20 months. Median survival was 21 months, 1- and 3- year survival rates were 74% (48%–88%) and 41% (22%–69%).

Conclusion: The combination of external beam radiochemotherapy and HDR-brachytherapy seems to improve the results concerning local control.

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POSTER

The royal marsden experience with chemo-radiation using protracted infusional (PVI) 5-fu and cisplatin with conformal radiotherapy (CR-RT) in locally advanced oesophageal cancer

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Purpose: To establish the toxicity and efficacy, in terms of response rate and survival, to PVI 5FU, Cisplatin and Conformal RT in patients with locally advanced oesophageal cancer.

Methods: 58 patients with inoperable disease were registered for treatment with induction chemotherapy consisting of 12 weeks of PVI 5FU (300 mgs/m²) and three weekly Cisplatin (60 mgs/m²). RT (54 Gy) was scheduled to commence at week 12, coinciding with the final Cisplatin, and was given concomitantly with PVI 5FU (200 mgs/m²). Response was measured symptomatically, endoscopically and by CT. Toxicity was scored by CTC, RTOG and LENT SOMA scales.

Results: Out of the 47 patients registered, 43 commenced CF chemotherapy (4 patients ineligible) and 28 (67%), went on to receive radiotherapy. Reasons for not receiving RT were; progression/death (7), Surgery (7), patient refusal (1). With induction chemotherapy, dysphagia improved in 74% of patients, CT response (CR + PR) was 51% and Gd3 + Gd4 toxicity was 17% and 7%, respectively. Overall objective response for patients completing RT was 59%. Gd 3 & 4 Oesophagitis during chemo-radiation was 24% and 8% respectively. Median survival (all patients) is 14.1 months, and 15.2 months for those completing CF RT. 1 year and 2 year survival (all patients) was 58% and 38%, respectively, and for those completing CFRT was 67% and 43%, respectively.

Conclusion: This is a well tolerated schedule producing impressive response rates, median survival and two years survival figures in a poor prognosis group of patients.

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POSTER

First line treatment with docetaxel (D) and gemcitabine (G) in patients with inoperable pancreatic cancer: A multicenter phase II study

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Objectives: Treatment of pancreatic cancer remains disappointing. D and G have shown limited objective activity in patients with advanced pancreatic cancer but they seem to confer an improvement of disease-related symptoms. The tolerance and efficacy of their combination as 1st line treatment