13 m, and it has not been reached yet for the CRT group. Grade 3/4 toxicity (nausea, vomiting, diarrhea) during CRT was noted in 3 pts, and neutropenic fever in one.

Conclusion: This schedule of GEM and RT is well tolerated and can provide prolonged CB response and local control in pts with localized, unresectable pancreatic cancer.

547 PUBLICATION

Significant improvement of response rate and survival with cisplatin, epirubicin, 5-fluorouracil and gemcitabine (PEF-G regimen) in metastatic pancreatic cancer

M. Reni[1], A.J.M. Ferreri[1], M.G. Panucci[1], S. Cordio[1], U. Scaglietti[1], G.L. Ceresoli[1], G. Bordogna[1], M. Garassino[1], E. Villa[1]. [1]*S. Raffaele H. Scientific Institute, Radiochemotherapy, Milan, Italy*

Purpose: To assess the efficacy of PEF-G regimen by comparing response rate (RR), time to treatment failure (TTF) and overall survival (OS) with three other chemotherapy (CHT) regimens in metastatic (M1) cancer of exocrine pancreas.

Methods: In the period 1981–98, four consecutive clinical prospective trials were performed in 114 patients selected according to the following criteria: histologic diagnosis of exocrine pancreatic cancer; M1 disease; age 18–70 years; ECOG PS < 2; normal bone marrow, hepatic and liver function; no previous CHT. Twenty-two patients (1981–88, median age 59 ys) received FAM regimen (5-fluorouracil 600 mg/m^2 days 1, 8, 29 and 36; adriamycin 30 mg/m^2 days 1 and 29; mitomycin 10 mg/m^2 day 1); 41 patients (1989–93, median age 55 ys) were treated with EF (epirubicin 50 mg/m^2 day 1; 5-fluorouracil 1 g/m^2 days 1 to 5); 22 patients (1994–96, median age 58 ys) received PEF (EF plus cisplatin 50 mg/m^2 day 1) and 29 patients (1997–98, median age 58 ys) received PEF-G (cisplatin and epirubicin 40 mg/m^2 day 1; 5-fluorouracil 200 mg/m^2/day continuous infusion and gemcitabine 600 mg/m^2 days 1 and 8). All patients enrolled were considered for an intent-to-treat analysis. Response to CHT was assessed every 2 courses by CT scan.

Results: PEF-G compared favourably with the other three regimens for RR, TTF and OS, while no significant differences were detected among FAM, EF and PEF.

	FAM	EF	PEF	PEF-G	p
CR + PR (WHO criteria)	9%	2.5%	13.5%	62%	<0.00001*
Median TTF (months)	2	2.5	2.5	5	0.0002°
6 months progression-free	5 + 4%	10 + 5%	29 + 10%	42 + 11%	
Median survival (months)	5	5	7	6.5 +	0.009°
1-yr survival rate	9 + 6%	9 + 5%	5 + 5%	27 + 11%	

(*chi square °log-rank)

Conclusions: Even if these results should be confirmed in a larger series, PEF-G seems to be more effective than other CHT regimens in metastatic pancreatic cancer. Due to the significant improvement in RR, TTF and OS, PEF-G could became the first choice CHT regimen in pancreatic cancer.

548 PUBLICATION

Periampullary carcinoma: Impact of adjuvant chemoradiotherapy on outcome

Neeraj Rastogi, S.N. Prasad, S.S. Sikora, S. Ayyagari, N.R. Datta. *Dept. of Radiotherapy and Gastrosurgery, Sanjay Gandhi PGIMS, Lucknow, India*

Purpose: To evaluate the role of adjuvant chemoradiotherapy in periampullary carcinoma.

Methods: From 1989–1998, 66 patients of periampullary carcinoma were evaluated. All the patients underwent whipple's procedure. 45/66 (68%) patients received post-op adjuvant chemoradiation. Radiotherapy was given in doses of 45–50 Gy/4–5 wks with 5-FU 500 mg IV weekly × 12 wks. The patients with histological features of poorly differentiated, positive resection margin, lymph node & infiltration into pancreas were considered as high risk.

Results: 5-year estimated overall survival was 26% in adjuvant group versus 11% in surgical group. High risk patients with chemoradiation had 5-year survival of 16% vs 5% surgical group.

Conclusion: High risk group patients had high local failure rate and so require post-op adjuvant therapy. A prospective randomized control trial is needed for confirmation.

549 PUBLICATION

Long term results with the surgical treatment of resectable gastric cancer

J.B. Guimarães dos Santos, Hernani Silva, Dora Cunha, Lúcio Santos, J.P. Guerra, J. Guimarães dos Santos. *Department of Surgical Oncology I, I.P.O, Porto, Portugal*

Surgery remains as the only effective treatment of gastric cancer. Between January 1986 and December 1990, 279 patients were treated in the Clinica Oncologica I of the Portuguese Institute of Oncology.-Porto

Fifty eight per cent were male and 42% female. Age was over 60 years in 65% of the patients.

Tumor location was: distal 1/3 – 103, middle 1/3 – 47, proximal 1/3 – 66, difuse 63. The predominant treatment was surgery in 228 cases, chemotherapy in 10 cases and symptomatic in 41 cases.

Results: The overall 5-year survival rate was 48% for patients submitted to gastric resection. Depth of the tumor was an important prognostic factor with a 5-year survival of 90%, 70% and 32% for T1, T2 and T3, respectively. Lymph nose metastasis was also a significative prognostic factor with a 5-years survival of 72% for N^- and 22% for N^+. Location of the tumor and type of surgical resection do not alter the prognosis.

Conclusion: Gastric resection is a potentially curative procedure and is compatible with a long term survival.

550 PUBLICATION

Submucosal tumors of the esophagus: Diagnostic role of endoscopic ultrasonography

C.A. Buda, C. Maisano, A. Bene[1], P. Rizzotti[1], A. Giudice[1], G. Lupo, F. La Torre. *Istituto di Clinica Oncologica, Università di Messina; [1]IST, Genova, Italy*

Background and Aims: The diagnosis of submucosal tumors of the esophagus by endoscopic ultrasonography (EUS) is based on their relation to the five-layer sonographic pattern of the normal esophageal wall produced by a radial scan transducer. Preliminary reports have suggested that this modality may be useful in imaging the esophageal wall more accurately than other imaging tachniques. The aim of this study was to define the usefulness of EUS in the diagnosis of submucosal tumors of the esophagus and in the determination of their size, location and histological nature.

Patients and Methods: From june 1997 to january 1999 at the Endoscopy Service of the Institute of Clinical Oncology – University of Messina, 23 consecutive patients, 13 males and 10 females, ranging from 36 to 71 years of age (median age 56.1), with endoscopically proven esophageal submucosal tumor, were included in this study. We use an ultrasound endoscope with a radial-scan transducer wich offers a choice of 7.5 MHz or 10 MHz scanning frequencies (Olympus GF-UM2/EUM2).

Results: Using EUS we diagnosed 21 cases of leyomioma and 2 cases of leyomiosarcoma confirmed histologically. The EUS appearance was that of a hypoechoic mass arising in the fourth hypoechoic layer corresponds to the muscularis propria. Tumor diameter ranged from 5 to 35 mm. In all two cases of leyomiosarcoma, the size of the tumor was larger than 20 mm in diameter. No complication was encountered during this study.

Conclusions: Our findings are in accord with the existing literature and confirm the usefulness of EUS in the evaluation and in the, diagnosis of submucosal tumors of the esophagus. In particular, due to its definition power, it gives accurate informations about size, location and nature of the esophageal intraparietal lesions.

551 PUBLICATION

Cisplatin /5-FU (DDP/FU) as 2nd-line chemotherapy after CPT-11 (Irinotecan) failure for patients with metastatic gastric adenocarcinoma

P.C. Thuss-Patience[1], A. Kretzschmar[1], J. Tilgner[1], A. Charles[2], B. Dörken[1], P. Reichardt[1]. [1]*Robert-Rössle-Klinik, Humboldt-University, Berlin;* [2]*Klinikum Leverkusen, Leverkusen, Germany*

Purpose: Currently there are no data for chemotherapeutic options after tumor progression during CPT-11 therapy for metastatic gastric adenocarcinoma (MGC).

Method: A retrospective analysis was performed to determine the response rate and symptom control of pts with MGC treated with a 2nd-line DDP/FU combination after tumor progression while receiving CPT-11 single agent as 1st-line therapy. Data from 10 pts could be evaluated so far. All