Conclusion: We conclude that the combination of Docetaxel and Cisplatin is well tolerated with a significant efficacy with regard to response rate and toxicity in advanced gastric carcinoma.

566 PUBLICATION

Preoperative treatment with chemotherapy and radiation therapy in undifferentiated embryonal sarcoma of the liver in childhood

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Hepatic Sarcoma is the cause of 13% of liver Tumors. In Childhood, 50 and 60% are between 6 and 10 years old.

We present a case treated with QT, RT and partial hepatectomy, followed for 25 months.

Case Report: Male, eight years old, evaluated initially in January of 1997. He presented with malaise, abdominal, diffuse pain and mass that occupied most of the abdomen, that grew very fast in a period of about three months. Karnofsky 60%. Lab: DHL: 982 UI, AFP: negative. Other studies normal. USG and CT: scan, Hepatic lumor 1700 cc, originated in the right hepatic lobule, bone marrow biopsy normal. Hepatic Arteriography: revealed a hypovascular mass, well delimited. Chest radiography normal. Needle biopsy: undifferentiated liver sarcoma (embryonal), with necrosis and extended hialinization. (DNA Index: aneuploid, DNA 2.60). Initiated with chemotherapy three cycles every 21 days (Docetaxel 100 mg/m^2; Doxorubicin 45 mg/m^2; Carboplatin 300 mg/m^2), with administration of (GM CSF) days 7–11 of each cycle. A partial response (60%), was obtained. Radiotherapy was initiated two weeks after the last chemotherapy course, it was administrated in 30 sessions, two sessions per day, reaching a total dose od 5040 cGy. The radiotherapy fields were diminished as the tumor responded to treatment. An additional cycle of chemotherapy with the same drugs a dose was administrated, and eight weeks later, a complete surgical resection was performed. In the pathologycal report there were no viable neoplasic cells, only extensive necrosis and degeneration. No additional treatment was administrated.

Results: Localregional control and no evidence of metastasic disease after 25 months of complete treatment. (percentile 80 per weight and length of 146 cm pc 90). Physical and neurological development has been normal. Toxicity was tolerable, grade 2 Leucopenia.

Conclusion: 1) The treatment with chemotherapy was effective, obtaining a 60% partial response. 2) The combination of Docetaxel, Doxorubicin, and Carboplatin, was well tolerated and no grade 3 and 4 was observed. 3) Radiotherapy increased the initial response to chemotherapy. 4) The surgical procedure resulted simple, locally radical without exposing the patient high risk procedure. 5) After 25 months there is no evidence of disease.

567 PUBLICATION

Relative effectiveness of gemcitabine in the treatment for pancreatic cancer – A pragmatic approach

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Purpose: In order to assess the overall value of new drug developments in cancer therapy, effectiveness may need to be considered in relation to interventions in other areas of healthcare. A pragmatic measure for assessing this is the number needed to treat (NNT). This measure is widely used in other therapeutic areas.

Methods: Published clinical trial data comparing gemcitabine and 5-FU were used as the basis for calculating NNTs using 12 month survival as the outcome of interest (1). The NNT is the inverse of the difference in event rates between the experimental and control interventions. This means of displaying the data usefully expresses the therapeutic effort required to get a therapeutic response.

Results: The 12 month survival rates for gemcitabine (18%) and 5-FU (2%) resulted in an NNT of 7 – if treating 7 pancreatic cancer patients with gemcitabine rather than 5-FU results, one additional patient will survive to 12 months compared with what would be achieved with 5-FU. Additionally, the NNT for achieving a "clinical benefit" was 6.

Conclusions: This is very favourable compared with other interventions which are routinely used in the UK NHS. The NHS drug costs in 1995 were 6 times more for cardiovascular disease than for malignant disease and certain common interventions had less favourable NNTs than we have shown for the use of gemcitabine in pancreatic cancer. NNTs are a useful and pragmatic alternative to QALYs and provide valuable information for decision makers.

[1] Burris HA, Moore MJ et al. Improvements in Survival and Clinical Benefit With Gemcitabine as First-Line Therapy for Patients with Advance Pancreas Cancer: A Randomized Trial. J Clin Oncology 15 (6): 2403–2413, 1997

568 PUBLICATION

Prostaglandins E in patients with atrophic gastritis and gastric cancer

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Purpose: Atrophic gastritis (AG) is consided to be the phone disease and pathological state, which may result in gastric cancer (GC) development, especially in metaplastic and displastic changes of gastric mucosa (GM). Prostaglandins E (PgE) play important role in the maintenance of morphofunctional homeostasis of GM and determine its resistance to destructive impact of exogenous and endogenous factors. Recently, new data concerning PgE participance in the promotion of gastrocancerogenesis have appeared. The comparative investigation of PgE levels in GM bioptats in patients with AG and tumor tissues in patients with GC for detection of their characteristic conformity, is proposed.

Methods: 106 patients were examined (44 with AG, 62 with GC). X-ray and endoscopic diagnosis was verified morphologically in all the cases. The PG level in tissues was detected radioimmunologically with the reactive set "Clinical Assays‰ (USA)

Results: PgE level varied from 0.5 ng/g to 16.0 ng/g in GM bioptats in patients with AG and from 0.5 ng/g to 29.9 ng/g in tumor tissues. Mean PgE level was higher in tumors (9.3 ± 0.6 ng/g) than in GM bioptats in patients with AG (5.5 ± 0.7 ng/g). Direct correlation between PgE level and age of the patients as well as GM metaplasia degree in patients with AG was revealed.

Conclusion: AG progress is accompanied with PgE accumulation in GM. It may serve as an additional criterion of possibility of GM cancer transformation

569 PUBLICATION

Pseudomyxoma peritonei (PMP): The Portuguese Institute of Oncology – Oporto Centre experience

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Background: PMP it's a rare entity, characterised by an accumulation of extracellular mucin diffusely involving both peritoneal surfaces. It is still poorly understood. Peritoneal dissemination occurs in most patients (pts) but invasion of abdominal organs and distant metastases are rare.

Objective/Methods: To retrospectively evaluate the clinicopathologic features of the PMP pts treated in our Institution, between 1986 and 1998. Patients demographic data and turnout characteristics were studied. Six of the seven cases coded as PMP were reviewed.

Results: PMP was diagnosed in seven pts, four males and three females. The average age was 66 ± 9 years (Range: 50–73). Average follow-up, was 24 months (ms). The most common presentation forms were abdominal pain and distension. In all pts a mucinous cystadenoCa was found. In five pts the origin was appendiceal. No pt had extra-abdominal involvement. Surgery was the initial treatment in all pts. Three pts received intraperitoneal chemotherapy (CT), with one stabilisation and two progressions of disease but without extra-abdominal extension. One pt, treated with systemic CT, had stabilisation of disease. One pt was lost for follow-up, four are alive with evidence of disease and two pts, treated only with surgery, died. Average overall survival was 214 ± 20 ms (Range: 1–59).

Comments: 1) PMP is a very rare indolent malignancy that may remained confined to the abdomen for a long time. 2) Its most frequent origin is appendiceal. 3) CT after cytoreduction surgery may contribute to a better local control of disease. 4) Despite its persistence, overall survival is usually greater than in other forms of peritoneal carcinomatosis.