

834

POSTER

### A structured algorithm to assess the response to biological therapy in medullary thyroid carcinoma

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Neuroendocrine symptoms of medullary thyroid carcinoma are often refractory to the conventional therapy. We have evaluated the tolerability, the anti-tumour and the symptom relieving activity of slow release lanreotide (30 mg, im, every 14 days for the first 6 months, then shortened from 14 to 10 days) in combination with interferon-alpha-2b (5,000,000 IU, im, 3 times a week) in seven consecutive patients, affected by advanced medullary thyroid carcinoma. The frequency and intensity of daily flushing episodes and bowel movements, intensity of fatigue, weight, performance status, tumour marker levels and change of tumour masses were recorded before and during therapy. The number and intensity of bowel movements and flushing episodes decreased in 5/6 and 2/2 patients, respectively. A decrease of fatigue and an improvement of performance status were observed in 5/7 and 6/7 patients, respectively. A weight gain was detected in 3/4 patients. The plasma levels of calcitonin decreased significantly in 6/7 patients. In order to provide a new tool for the definition of the response to anti-tumour therapy in symptomatic medullary thyroid carcinoma, a structured algorithm for the assessment of clinical benefit and biological response has been designed. According to such criteria, a clinical benefit and biological response were achieved in 6/7 and 3/7 patients, respectively. Disease stabilization and a minor response were observed in 3/7 and 2/7 patients, respectively. The combination of lanreotide with interferon had a major impact on clinical symptoms, it was well tolerated and the use of somatostatin analogues in a slow release form avoided the inconvenience of multiple daily injections.

835

POSTER

### Continuous infusion of 5-fluorouracil (5-FU) in neuroendocrine tumours (NET)

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**Purpose:** We have evaluated the activity in progressive. NET of a commonly used second line treatment in colorectal cancer: continuous infusion of 5 FU.

**Methods:** After documented progression of metastatic digestive NET during first line chemotherapy, patients received 5 FU continuous infusion 200 mg/m<sup>2</sup> for 7 weeks, followed by one week rest.

**Population:** 24 patients (pts) (15 men, 14 women), median age: 52 years [31–72]. WHO performance status: 0 = 29% 1 = 46%, 2 = 8%, 3 = 17%. Primary site of the tumour was: pancreatic: 50%, ileal: 12%, colorectal: 13%. Main site of metastases was: the liver: 100% of the pts, lung: 21%, lymph nodes: 17%. 40% of these patients received more than one previous chemotherapy.

**Results:** Mild toxicity: grade 3 leucopenia, neutropenia and thrombopenia: 1 pt (4%), grade 3 or 4 vomiting: 2 pts (9%), grade 3 or 4 more diarrhea: 6 pts (25%), grade 3 or 4 mucositis: 12%, hand-foot syndrome: 8%. One partial response (4%) and 13 stabilisations (54%) were observed, 10 pts (42%) had early progression. Median time of progression-free survival: 10 months. Median survival was 15 months, one-year and two-year survival were 52% and 21%, respectively.

**Conclusion:** Continuous infusion of 5 FU allows long stabilisations in second line treatment of progressive metastatic NET. This treatment can be used in the complex therapeutic strategy of these tumours.

836

PUBLICATION

### Does type of thyroidectomy and local recurrences influence survival in differentiated thyroid carcinoma?

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**Purpose:** Total or subtotal thyroidectomy are the treatment of choice in

differentiated thyroid carcinoma. It is not sure if type of surgery influences recurrence rate, and if possible recurrence influences survival.

**Methods:** One hundred and nine patients with papillary (70) and follicular (39) thyroid cancer were radically operated in Cancer Centre Kraków (1980–94).

**Results:** Total thyroidectomy were performed in 45 (37.6%) and total lobectomy (at tumour site) combined with subtotal lobectomy (opposite site) in 38 patients. Between them 33 patients had also removed cervical lymph nodes. Subtotal thyroidectomy (both lobes) or subtotal (one side) lobectomy were performed in 26 cases. There was 8 local recurrences (9.6%) in site after total lobectomy and 5 recurrences (19.2%) in site after subtotal lobectomy ( $p < 0.05$ ). In 4 patients (12.1%) after lymph node dissection nodal recurrences were found during follow-ups. Total survival rates (5, 10 and 15 years) were 97.7% in papillary carcinoma and 88.4%, 83.2% and 83.2% in follicular carcinoma, respectively ( $p < 0.02$ ). Multivariate Cox analysis showed only type of histology as important, independent parameter influenced survival. Nor type of surgery, nor recurrences did not change significantly prognosis.

**Conclusion:** Subtotal thyroidectomy increase local recurrence rate, when compared with total resection, but it does not change patients prognosis. Type of histology is the most important prognostic variable in differentiated carcinoma of thyroid gland.

837

PUBLICATION

### Cancers of thyroid gland in Latvia after Chernobyl accident. Patients with post radiation syndrome (PRS)

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**Purpose:** Patients observation with thyroid gland diseases after 10 years since accident occurs. Diagnostics and treatment of those patients.

**Methods:** We observed 150 patients with PRS from those 32 needs surgical treatment caused by diseases of thyroid gland including cancer. The patients operated in our department had spent in average 1.5 months in 30 km zone around reactor. Received radiation dose is unknown.

**Results:** 32 patients (all men 35–55 years of age) with post radiation syndrome (PRS) were operated from 1996 till February 1999 in our clinic. From these 32 patients: 24 cases (75%) – thyroid gland benign tumours from which: 17 cases (70.83%) – cystadenomas, 3 cases (12.5%) – follicular adenomas, 4 cases (16.6%) – papillary adenomas and 8 cases (25%) cancers: 5 cases (62.5%) – papillary adenocarcinomas, 3 cases (37.5%) follicular adenocarcinomas. Only 4% complained about thyroid gland. Hormonal activity was normal. Diagnosis was made by using US and scintigraphy. In 86% cases pre-operation diagnosis with aspiration needle biopsy was proved.

**Conclusion:** For patients with PRS diseases of thyroid gland occurs after 10 years and are practically asymptomatic and there is a high possibility of malignancy (in our experience 25%).

838

PUBLICATION

### Multivariate analysis of prognostic factors for papillary thyroid cancer – Influence of extent of initial surgery

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**Purpose:** The extent of initial surgery for papillary thyroid cancer (PTC) is controversial question. Aim of the study was to evaluate the results of the primary surgical treatment in patients with PTC, through survival analysis and occurrence of relapse according to prognostic factors.

**Material and Methods:** From 1981. to 1997. we have operated 147 patients with PTC; a) Total thyroidectomy (TT) with dissection of central and lower jugular lymph nodes of the neck for frozen-section histology was performed in 110 pts. Out of these in 79 (71.8%) pts, with metastases in lower jugular nodes (frozen-section), modified radical neck dissection (MRND) was performed in the same act; b) only TT was done in 29 pts; c) palliative surgery of locally advanced cancer in 8 pts. Postoperative therapy: external irradiation in 16, <sup>131</sup>I therapy in 28, thyroid hormone in all patients. We analysed prognostic factors for PTC: age at diagnosis, gender, tumor grade, tumor size, extrathyroid extension, AGESp.s., lymph node metastases, initial distant metastases and extent of surgery. Statistics: Cox multivariate regression analysis.

**Results:** Overall survival rate in 16 yrs. follow-up was 85.71%. The relapse occurred in 12.9% of cases. Lymph node metastases were found in 80.5%. Cox multivariate regression analysis showed on initial distant