217 POSTER

Once weekly radiotherapy for patients with locally advanced or recurrent rectal cancer

D. Tait[1], J.P. Glees[1], A. Cook[1], S. Brooker[1], A. Norman[2]. [1]*Royal Marsden Hospital, Clinical Oncology, Sutton;* [2]*Royal Marsden Hospital, Computing, Sutton, United Kingdom*

Purpose: To asses the effectiveness, in terms of symptomatic response (Bowel pain, rectal bleeding, discharge and tenesmus) and tolerability of a 6 Gy weekly regime of palliative pelvic radiotherapy in patients with symptomatic locally advanced, inoperable or recurrent cancer of the rectum.

Methods: 30 patients, 14 women and 16 men, median age 75 years (Range 45–92 years) were treated with 6 Gy weekly fractions of pelvic radiotherapy, delivered by 3 field conformal techniques, up to a dose of 36 Gy. Patients were assessed prior to radiotherapy, weekly during and one month following radiotherapy, using the RTOG and LENT SOMA scoring systems. Quality of life using the EORTC system was also assessed.

Results: Of the 30 patients evaluated 13% (4 patients) had a complete symptomatic response, 70% (21 patients) had a partial symptomatic response and 17% (5 patients) had no symptomatic response. The overall symptomatic response rate therefore was 83% (65–95%, CI = 95%). Toxicity was minimal. Severe toxicities were considered to be grade 3–4. No patients had grade 3–4 bowel toxicity and 7% (2 patients) had grade 3–4 bladder toxicity.

Conclusion: In selected patients, 6 Gy weekly radiotherapy provides good palliation, is well tolerated and is highly acceptable to patients.

218 POSTER

Adjuvant combined radiochemotherapy in rectal cancer

P.M. Messer[1], B. Welte[1], P. Suhr[1], K.H. Link[2], E.M. Röttinger[1], H.G. Beger[2]. [1]*Department of Radiation Oncology;* [2]*Surgery, University of Ulm, Germany*

Purpose: Assessment of the influence of combined radiochemotherapy on local tumour control, disease free survival and side effects.

Methods: 67 patients (44 male, 23 female median age 59 yrs) received postoperative adjuvant radiochemotherapy (5-FU, Levamizole, Interferon). A total dose of 50.4 Gy (single dose 1.8 Gy) was delivered. Tumour stage showed the following distribution T 1 n = 1, T 2 n = 6, T 3 n = 53, T 4 n = 7; N0 n = 31, N1 n = 29, N2 n = 7. UICC stage I n = 1, II n = 30, III n = 36. Abdominoperineal resectio (APR) was performed in 24 pat. and deep anterior resection (AR) in 43 pat.

Results: The 2 yr- and 5 yr-survival rate (yr-sr) was 90% and 66% for all patients. Median follow up was 31.6 months 53 patients are alive, 5 patients developed local recurrence, 19 pat. distant metastases. Significant better survival was observed in patients with AR compared to APR with 95% and 78% vs. 80.5% and 39% 2 yr. and 5 yr-sr ($p = 0.024$). Patients with histological risks (lymphangiosis, angioinvasion, R1 resection) did show significant worse survival with 71% and 0% vs. 92% and 71% (without) $p < 0.005$. Severe side effects RTOG > grade 2, ARO grade 2 did not occur.

Conclusion: Adjuvant combined radiochemotherapy in rectal cancer shows a high local control (92.5%), with high survival rate in disease free patients. Over all survival was worse in patients with APR due to deep tumour site and with histological risks.

219 POSTER

CPT-11 and L-OHP combination versus alternated combination of LV5FU2 + CPT-11/LV5FU2 + L-OHP in 5-FU resistant advanced colorectal cancer (CRC): Preliminary results

Y. Becouam[1], M. Mousseau[2], E. Gamelin[3], B. Coudert[4], J. Marceau-suissa[5], M. Bekradda[6]. [1]*Institut Bergonié Bordeaux;* [2]*CHU Grenoble;* [3]*Centre Paul Papin Angers,* [4]*Centre F. Leclerc Dijon;* [5]*Rhône-Poulenc Rorer, Montrouge;* [6]*C&AC Kremlin-Bicêtre, France*

This randomized phase II study was performed to evaluate the activity of 2 schedules including CPT-11/L-OHP associated or not with 5-FU in 5-FU resistant advanced CRC. Eligibility: CRC with mesurable disease; documented progression during 5-FU or within 6 months of 5-FU treatment; ≤1 prior 5-FU palliative regimen; Performance status ≤2. Since July 97, 62 of 72 planned pts (PS 0/1/2:31/29/2, median age:A:64/B:62 (43–75) were enrolled and received 203 cycles (cy) Treatment was randomly assigned between arm A: CPT-11 (180 mg/m^2) day 1 (d1)/LV5FU2 (De Gramont Regimen) d1d2 alternated with L-OHP (85 mg/m^2) d15/LV5FU2 (same schedule) d15d16 (d1 = d29) and arm B L-OHP (85 mg/m^2)/CPT-11 (200 mg/m^2) d1 every 3 weeks.

	ARM A	ARM B
Efficacy: Evaluable pts	22	19
PR/SD/PD	3 (14%)/14 (64%)/5 (23%)	4 (21%)/9 (47%)/6 (32%)
Median TTP (months)	7.0 (1.5–10.5)	4.8 (1.3–8.6)
G3-4 Toxicity (pt/cy)	30 pts/96 cy	20 pts/107 cy
Neutropenia	10 (33%)/25 (26%)	6 (30%)/9 (8%)
Febrile neutropenia	2 (7%)/2 (2%)	–/–
Diarrhea	4 (13%)/4 (4%)	1 (5%)/1 (1%)
Nausea/vomiting	1 (3%)/1 (1%)	2 (10%)/3 (3%)
G1-2 neurotoxicity*	13 (43%)/33 (34%)	15 (75%)/43 (40%)

*specific scale, Levi et al

In conclusion, both arms are active and safe in 5-FU resistant colorectal cancer.

220 POSTER

Folinic acid (FA) and 5-fluorouracil (FU) alone or with irinotecan (CPT-11) for advanced colorectal cancer (ACC): Preliminary results of a randomized phase II trial

E. Maiello, F. Giuliani, V. Gebbia, S. Cigolari, S. Fortunato, G. Paoletti, N. Borsellino, M. Lopez, N. Gebbia, G. Colucci. *Medical and Experimental Oncology Unit, Oncology Institute of Bari and GOIM (Southern Italy Oncology Group)-, Italy*

Purpose: In order to verify the effectiveness and feasibility of the addition of CPT-11 to the "de Gramont" schedule, the GOIM initiated a randomized multicenter trial in patients with naive ACC.

Methods: Patients with measurable ACC were randomly assigned (random ratio arm A vs arm B = 1:2) to arm A: FA (levo-isomer form) 100 mg/m^2 administered as a 2-hour infusion, followed by FU 400 mg/m^2 bolus and FU 600 mg/m^2 given as a 22-hour infusion, for two consecutive days; or arm B: CPT-11 180 mg/m^2 infused intravenously over 90 minutes on day 1, followed by the same schedule of arm A. Both treatments were repeated at 2-weeks interval.

Results: A total of 102 pts were enrolled (arm A: 34 arm B: 68); at present 70 (arm A: 25; arm B: 45) are evaluable for response and toxicity. Five objective responses (OR = CR + PR) were seen in arm A and 19 in arm B, with an overall response rate of 20% and 42%, respectively. Median response durations were 5+ months in arm A and 6+ months 9 in arm B. Toxicities were graded according to the NCI criteria and the observed toxic effetcs (% grade 3–4) were as follows (A/B): anemia 0/2, leukopenia 8/4, thrombocytopenia 2/0, nausea and vomiting 0/7, diarrhea 2/9.

Conclusion: The preliminary results of this trial indicate the effectiveness of the addition of CPT-11 at the above mentioned doses in the treatment of ACC.

221 POSTER

Chronomodulated (chrono) infusion of 5-fluorouracil (5-FU) and 1-folinic acid (FA) in 91 patients (pts) with metastatic colorectal cancer: The Regina Elena Cancer Institute experience

C. Garufi[1], A.M. Aschelter[1], A. Zappalà[1], R.M. D' Attino[1], C.G.C. Antonini[1], N. Rosati[1], C. Nisticò[1], M. Cosimelli[2], D. Giannarelli[3], E. Terzoli[1]. [1]*Regina Elena, Oncologia Medica Complementare, Rome;* [2]*Regina Elena, Multidisciplinary Colorectal Cancer Working Group, Rome;* [3]*Regina Elena, Biostatistical Unit, Rome, Italy*

Introduction: Chronotherapy consists in the administration of drugs at specific timing to optimize therapeutic index; consequently antineoplastic agents are better tollerated by host tissues and higher dose-intensities can be administerd. We have previously demonstrated in a phase I study an increase of 5-FU and 1-FA doses to 900 mg/m^2 and 150 mg/m^2 respectively (EJC '97).

Purpose: The aim of this study was to evaluate the efficacy of chrono 5-FU and FA in 91 patients with advanced colorectal cancer.

Methods: These drugs were delivered from 10.00 p.m. to 10.00 a.m. with peak flow at 4.00 a.m. for 5 consecutive days every 3 weeks by means of an ambulatory pump. Two groups were considered: group A, untreated measurable metastatic pts and group B, pts with at least one of these characteristics: IInd or IIIrd line therapy (26 pts), IInd tumor (8 pts), PS 3 (3 pts), unmeasurable disease (4 pts), age > 70 years (6 pts).

Results: Patient data: group A (48 pts)/B (43 pts): M 27/27, F 21/16, median age 60/66 (31–70/36–78), WHO PS 0 23/21, 1 17/10, 2 8/9, 3 0/3;