or 30 days mortality. However there was a relation to prolonged stay in the IC department. A survival analysis was not performed because of the prognostic heterogeneity of the included patients.
Conclusion: This study analysed the effect of maximal temperature and AUC on the time in the intensive care department and postoperative ileus. The retrospective nature of this study requires careful interpretation of the results. Although a relation between temperature of the perfusion and complications was not demonstrated, there was a relation to prolonged stay in the IC department. Prospective studies are required to confirm these results.

6073 POSTER

Results of Surgical Treatment and Unfavourable Splenomegaly After Conversion Chemotherapy for Initially Unresectable Colorectal Liver Metastases

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Background: Recent progress in chemotherapy and molecular target agents has made initially unresectable colorectal liver metastase converted to resectable. The objective of this study is to clarify the beneficial and adverse effects of conversion chemotherapy on surgical treatment for colorectal liver metastases.
Methods: We identified 36 patients treated by conversion chemotherapy who had initially unresectable colorectal liver metastases. The unresectability of hepatic resection is based on the lack of the future remnant liver volume due to multiple bilobular metastases or the anatomical reason because of the tumour location close to all three hepatic veins, and simultaneous unresectable lung metastases. The medical records of these patients were retrospectively reviewed. The liver and splenic volume was measured by the volumetric analysis before and after chemotherapy. Indocyanine green retention rate at 15 min (ICGR15), platelet counts, and serum AST/ALT levels were measured before and after chemotherapy. Overall survival rates were evaluated by the Kaplan–Meier method. Differences were considered significant when $p < 0.05$.
Results: The median age of these patients was 62 years. Twenty-three patiensts were converted to resectable. Surgery was possible after one (55%) or more (13%) lines of chemotherapy. Eleven patients underwent hemihepatectomy or more, and 2 patients underwent two-stage hepatectomy. Combined vascular resection and reconstruction with hepatectomy were performed in 5 patients. Postoperative complication was seen in 23% of resected patients. Of the 19 patients who had PR/SD responding to the first line chemotherapy, 3-year overall survival was 70% compared with that of other patients. Survival of patients with tumour shrinkage more than 20% at 8 weeks after chemotherapy was better than that of other patients. The spleen volume statistically increased after chemotherapy. This increase was significantly seen in patients who underwent oxaliplatin-based chemotherapy over 10 courses relative to irinotecan-based chemotherapy. The spleen volume was correlated with AST/PLT ratio (r = 0.607, p = 0.003), but not ICGR15. The remnant liver volume 1 week after hepatectomy in patients with long-term chemotherapy tended to decrease liver regeneration.
Conclusion: Surgical treatment was beneficial for patients with initially unresectable colorectal liver metastases downstaged by conversion chemotherapy. Long-term chemotherapy prior to surgery was associated with splenomegaly, which may affect liver dysfunction.

6074 POSTER

Cytoreductive Surgery and HIPEC in Patients With Peritoneal Carcinomatosis of Colorectal and Appendicular Origin − Results

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Purpose: To report the results of our experience with cytoreductive surgery (CS) and HIPEC in peritoneal carcinosis of colorectal and appendicular origins.
Patients and Methods: 47 patients with peritoneal carcinomatosis (PC) of either colorectal or peritoneal origin underwent complete cytoreductive surgery followed by HIPEC. Inclusion criteria for CS an HIPEC were absence of extra-abdominal disease, complete macroscopic tumoral resection (R1) and/or residual nodules <2.5 mm (R2a), PCI score <25 (excluding for pseudomyxoma peritoneal). HIPEC was performed using the coliseum technique (open abdomen) with oxaliplatine 460 mg/m^2 for 30 minutes at 42−43ºC with 2 L/m^2 of a 5% dextrose instillation in a closed continuous circuit.
Results: 40 CS + HIPEC procedures were performed in 38 patients (M: 16, W: 22, mean age: 54.3 y (range: 37−75)). 2 patients underwent a second HIPEC procedure for isolated recurrent peritoneal disease. 9 patients were excluded for CS and HIPEC (20%), respectively 1 for anaesthetic reason, 1 for a synchronous recurrent breast tumour and 7 for residual tumour >2.5 mm (including 1 with retroperitoneal involved lymph nodes). Tumours treated with CS-HIPEC were respectively appendiceal in 9 (22%), colorectal in 30 (75%) and mesothelioma in 1 (3%). In-hospital and 30-day mortality rates were 5%. 1 patient presented a postoperative renal insufficiency and pneumonia and developed a septic shock with ARDS. The second one developed a neutropenic septic shock. Mean and median follow-up were respectively 21 months and 19 months (range 3−58 months). One year overall survival is 93% (short follow-up). There are 3 long term survivors respectively at 58, 52 and 45 months.
Conclusion: CS and HIPEC procedures in the treatment of peritoneal carcinomatosis are related to a mortality of 5% as related in literature. Although longer follow-up is need, long term survivors are reported.

6075 POSTER

Phase III Trial of Treatment Duration of Oral Uracil and Tegafur/ Leucovorin Adjuvant Chemotherapy for Patients (pts) With Stage IIb/III Colon Cancer − an Interim Safety and Feasibility Report, JFMC33–0502

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Background: Although adjuvant chemotherapy for high risk colon cancer is standard, treatment duration of adjuvant chemotherapy is controversial. Oral uracil and tegafur (UFT)/leucovorin (LV) are widely used as standard adjuvant chemotherapy for colorectal cancer (CRC) in Japan. We conducted a phase III trial to investigate the optimal duration of adjuvant chemotherapy with UFT/LV for Stage IIB/III colon cancer. Here we report the results of a pre-planned safety and feasibility analysis.
Material and Methods: Pts with curatively resected stage IIB/III colon cancer (PS, 0 to 1; age, 20 to 75 years; no other therapy) were eligible for this trial. Pts were registered within 6 weeks after surgery and were randomly assigned to receive UFT (300 mg/m^2/day)/LV (75 mg/day), given for 28 days per 35 days for 6 months (arm C) or given for 5 consecutive days per week for 18 months (arm S). The sample size of pts was 840 (hazard ratio = 0.667, two-sided $\alpha = 0.05$, $\beta = 0.2$). The primary endpoint was disease-free survival (DFS), and the secondary end points were overall survival (OS) and safety.
Results: A total of 1071 pts were registered from 233 centers. There were no differences in patient demographics. 135, 114, 559, 217 pts were stage IIB, IIIA, IIIB, IIIC respectively. S arm was more feasible than C arm. The most common grade 3 or 4 non-hematological toxicities were diarrhea (C vs. S, 6.7% vs. 2.1%), anorexia (3.4% vs. 1.4%), and stomatitis (1.2% vs. 0%). The proportion of pts who could complete UFT/LV therapy for C and S were 73% and 56% respectively. Proportion of refusal not related to toxicity for treatment discontinuation was 25% for patients receiving S arm. 3-year DFS and OS combined from both arms were 74.0% and 95.7%.
Conclusion: This interim analysis demonstrated that adjuvant chemotherapy with UFT/LV for Stage IIB/III colon cancer is feasible and showed no unexpected toxicity. Usefulness of prolongation of duration will be clarified at the final analysis.

6076 POSTER

Assessment of Peritoneal Cytology in Patients With Colon Cancer

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Background: The clinical and prognostic significance of peritoneal fluid cytology in patients undergoing surgery for colonic cancer is not well defined. Concerns about tumour cell spillage during surgical resection of the tumour both during open as well as in laparoscopic surgery have been raised recently. The aim of the present study was to correlate peritoneal cytology with stage and histology of colon cancer and to find out frequency of tumour cell spillage during surgical resection.
Material and Methods: 22 cases of histologically proven colon cancer were included in the study. Cases with clinical or radiological evidence