significantly improved OS in these patients (16.9 months *vs.* 38.5 months, $P = 0.032$).

Conclusions: Liver abscess after liver metastasectomy is an independent prognostic factor, and adjuvant chemotherapy is warranted in those patients who develop liver abscess.

Table: Characteristics of patients with and without liver abscess before hepatic resection.

	Without abscess		With abscess		Significance
	n	(%)	n	(%)	*P*-value
AJCC stage					
I/II	25	(9.9)	0	(0.0)	0.107
III/IV	190	(75.4)	21	(7.9)	
Hepatic lobes					
unilateral	202	(80.2)	15	(6.0)	0.042*
bilateral	29	(11.5)	6	(2.4)	
Size (cm)					
⩽5	193	(76.6)	17	(6.7)	0.760
>5	38	(15.1)	4	(1.6)	
Number of metastases					
⩽5	218	(86.5)	19	(7.5)	0.470
>5	13	(5.2)	2	(0.8)	
Extra-liver and/or limited lung metastases					
no or limited lung	203	(80.6)	15	(6.0)	0.035*
others	28	(11.1)	6	(2.4)	
Margin					
free	211	(83.7)	18	(7.1)	0.391
not-free	20	(7.9)	3	(1.2)	
Progression site					
no	84	(33.3)	8	(3.2)	0.641
liver	94	(37.3)	10	(4.0)	
not liver	53	(21.0)	3	(1.2)	
CEA (ng/ml)					
⩽20	147	(58.3)	12	(4.8)	0.555
>20	84	(33.3)	9	(3.6)	
Adjuvant chemotherapy					
none given	32	(12.8)	6	(2.4)	0.075
with	197	(78.8)	15	(6.0)	

Abbreviations: AJCC, American Joint Committee on Cancer; HR, hazard ratio; CEA, carcinoembryonic antigen. *P < 0.05.

6087 POSTER

Optimization of Treatment Tactic of Rectal Cancer Complicated by Intestinal Obstruction

O. Kalinin[1], E. Kalinin[2], M. Nadirashvili[3]. *[1]Lugansk Regional Clinical Oncological Dispensary, Department of Surgery, Lugansk, Ukraine; [2]Lugansk State Medical University, Department of Oncology and Radilogy, Lugansk, Ukraine; [3]Lugansk Regional Clinical Oncological Dispensary, Department of Surgery, Lugansk, Ukraine*

The treatment of oncoproctologic patients with large bowel obstruction (LBO) is a serious health care problem in developed countries. In urgent surgery of LBO, post-surgical lethality is 2−3 folds higher than after uncomplicated forms of colorectal cancer. For improvement of treatment quality upon urgent LBO surgery, the reasoning of physician's algorithm of action is required in the case of assumption of LBO. A convenient way of LBO resolution in the case of its decompensated (acute obstruction) character is colostoma exteriorization higher than the hindrance, or if possible, colostoma exteriorization with simultaneous removal of tumour. Meanwhile, one should consider that in any case colostomy is a mutilating intervention that deteriorates patient's quality of life. That's why the search for conservative and low-invasive methods of the removal of enteric insufficiency syndrome associated with LBO, in patients with colorectal cancer is an actual task.

Objective and Methods: In the study, 21 patients with malignant rectal neoplasia (T3–T4N0M0) and events of intestinal obstruction that underwent endoscopic recanalization of intestinal lumen (or stenting) at preoperative period were enrolled. For more quick correction of intestinal insufficiency syndrome, the patients received enterosorbents and underwent colonosorption courses. After intestinal discharge and elimination of the main symptoms of endogenous intoxication, the patients were treated with chemoradiotherapy (total dose of 45−60 Gy with tegafur or 5FU administration) and enterosorptional correction of manifestations of systemic toxicity, and 5 weeks later − with planned surgical intervention.

Results: It has been shown that due to the successful endoscopic recanalization in all 21 patients complete enteric decompression has been achieved, and the use of entero- and colonosorption allowed initiate chemoradiotherapy just at days 5−6 after the procedure with the following enterosorptional correction of endogenic toxicosis. Later all patients have undergone surgical intervention − abdominoanal resection (without colostomy) of rectum in 9 patients, low anterior resection of rectum in 8 patients, and anterior resection in 4 patients. There have been noted no complications in postoperative period, and 12 months after termination of treatment course all patients were alive without any observed manifestations of recurrence or metastasis.

Conclusions: The use of endoscopic recanalization of enteric lumen in combination with the use of entero- and colonosorption allows to:

1. improve patient's quality of life along with simultaneous decrease of expenses;
2. quickly eliminate the symptoms of acute intestinal insufficiency;
3. perform at preoperative period full course of chemoradiotherapy directed on the decrease of the risk of recurrence and metastasis;
4. provide guaranteed performance of primary restorative surgery after termination of neoadjuvant chemoradiation treatment course.

6088 POSTER

KRAS and EGFR MicroRNAs Regulation and Cetuximab/ Panitumumab Sensitivity in Metastatic Colorectal Cancer Patients

L. Landi[1], F. Biagioni[2], V. Ludovini[3], A. Sacconi[2], M. D'Arcangelo[1], A. Destro[4], G. Blandino[2], M. Roncalli[5], L. Crinò[3], F. Cappuzzo[1]. *[1]Ospedale Civile Livorno, Medical Oncology, Livorno, Italy; [2]Regina Elena Cancer Institute, Traslational Oncogenomic Unit, Roma, Italy; [3]Ospedale S. Maria della Misericordia, S.C. Oncologia Medica, Perugia, Italy; [4]Istituto Clinico Humanitas, Pathology, Rozzano, Italy; [5]University of Milano, Pathology, Milano, Italy*

Background: Cetuximab and panitumumab, two monoclonal antibodies against epidermal growth factor receptor (EGFR), demonstrated efficacy in metastatic colorectal cancer patients (mCRC) without mutations in the *KRAS* gene. MicroRNAs are a new class of non coding RNAs implicated in cancer biology, with miR128 and Let-7 family implicated respectively, in EGFR and KRAS regulation activity. Aim of the present study was to define whether miR128 and Let-7 levels affected response to cetuximab or panitumumab in mCRC.

Methods: The study was conducted in a cohort of 89 mCRC treated with cetuximab/panitumumab either alone (N = 7) or in combination with chemotherapy (N = 82). Patients were analyzed for Let-7 and miR128 levels using Agilent's miRNA platform.

Results: Among the 89 patients included onto the study, miR128 and Let-7 levels were successfully performed in 74 cases. In the study population response rate (RR) was 21.6%, median progression free survival (PFS) 4.1 months and median survival (OS) 12.4 months. Compared to patients with high miR128(N = 41), individuals with low miR128 levels (N = 33) had significantly lower RR (8.5% vs 32.5%, p = 0.05), PFS (2.4 vs 5.2 months, HR = 0.31; p = 0.01) and OS (6.8 vs 16.4 months, HR = 0.31; p = 0.02). Patients with high levels of Let-7 (N = 39) had higher RR (28.2% vs 14.3%, p = 0.19) and a significantly longer PFS (5.7 vs 1.9 months, HR = 0.43; p = 0.001) and OS (16.4 vs 6.8 months, HR = 0.37; p = 0.01) than individuals with low Let-7 levels. In the group of patients with KRAS mutation (N = 32) low levels of miR128 were significantly associated with shorter PFS (1.8 vs 4.6 months, HR = 0; p = 0.01) and OS (5.4 vs 16.2 months, HR = 0.25; p = 0.02), while high Let-7 levels associated with longer PFS (3.7 vs 2 months, HR = 0.33; p = 0.07) and OS (16.2 vs 5.4 months, HR = 0.25 p = 0.02). In the KRAS wild type population (N = 36) high Let-7 levels identified patients with higher probability to respond (odds ratio= 3.14), with the lowest risk of progression (HR = 0.7) and death (HR = 0.63).

Conclusions: The results of the present study suggest that miR128 and Let-7 are biomarkers potentially useful for selection of mCRC candidate for anti-EGFR agents.

We thank AIRC Associazione Italiana Ricerca contro il Cancro for supporting the study.