Methods: We retrospectively analyzed 331 patients with MCRC who underwent first-line oxaliplatin based chemotherapy. Treatment outcome was compared patients who initiated chemotherapy during April 2005 and March 2007 (cohort A; n = 157) and that of patients during April 2007 and March 2009 (cohort B; n = 174). To evaluate the impact of exposure to each agent in any lines of chemotherapy, we applied time-varying covariates analysis to avoid possible lead-time bias.
Results: Median overall survival (OS) of cohort A and cohort B was 21.3 and 28.6 months, respectively, with significantly better OS in cohort B (HR 0.66, 95% CI 0.50–0.87, P = 0.003). Exposure to bevacizumab (25% vs. 76%), anti-EGFR (18% vs. 33%) or curative surgery after chemotherapy (4% vs. 10%) was significantly higher in cohort B. According to a multivariate Cox model with exposure to each agent class as a time-varying covariate, the hazard ratios (HR) of death were 0.31 (95% CI, 0.18–0.46; p < 0.001) for irinotecan, 0.71 (95% CI, 0.51–0.96; p = 0.03) for bevacizumab, 0.62 (95% CI, 0.40–0.89; p = 0.01) for anti-EGFR, 0.22 (95% CI, 0.06–0.57; p = 0.004) for surgery.
Conclusions: Increased exposure to molecular targeting agents or curative surgery after chemotherapy appears to contribute to improvement of OS in recent patients with MCRC who underwent oxaliplatin based chemotherapy.

6101 POSTER

Promising Results After Radionuclide Therapy With 177Lu-DOTA-octreotate in Patients With Disseminated Neuroendocrine Hindgut Tumours

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Background: Peptide receptor radiotherapy was introduced as a therapeutic option for neuroendocrine tumours more than a decade ago. Hindgut carcinoids have historically had only limited treatment options when metastasized. This report focuses on the outcome of this patient group after therapy with 177Lu-DOTA-octreotate.
Material and Methods: Since December 2005, 16 patients (8 M/8 F) with hindgut carcinoids have received 2−8 courses of 7.4 GBq 177Lu-DOTA-octreotate until a maximum of 23 Gy absorbed dose to the kidneys as dose limiting organs. Median age was 53years (25−75). All patients were in TNM stage IV. Ki-67 was available for 15 patients, one patient <2% (G1), 13 patients ⩽20% (G2), one patient =30% (G3). Eight out of 14 patients with liver metastases showed an involvement of more than 50% of the liver volume. Mean time from primary diagnosis to start of 177Lu-DOTA-octreotate was 39 months (2−99 months). Twelve patients had undergone resection of the primary tumour at diagnosis and one had received external radiotherapy. Six patients had been objected to chemotherapy and had progressed or suffered from intolerable side effects, eight received 177Lu-DOTA-octreotate as first line systemic treatment. Radiological evaluation was performed according to RECIST criteria.
Results: From time of diagnosis, mean-follow-up was 70 months, median 57 (range 14–139 m). Mean follow-up after start of therapy was 33.4 months, median 39 (range 11−63m). Two patients died 14 and 48 months after start of therapy, corresponding to 48/67 months after diagnosis. One patient was lost to follow-up 11 months after start of treatment, 13 are alive. Best response this far: 0% CR, PR 9 patients (56%), SD 7 patients (44%). 0% PD. Decrease of tumour burden was observed up to 57 months after start of therapy. Four patients could undergo subsequent tumour reductive surgery. Six patients progressed after initial response. Side effects: 12/16 patients showed transient thrombocytopenia, 10 grade 1&2, one grade 3, one grade 4; 9/16 showed transient neutropenia (7 grade 2, 2 grade 3, none grade 4); slightly elevated S-creatinine occurred in 4/16 patients; all grade 1.
Conclusion: Patients with advanced hindgut tumours demonstrate a high response rate and mild side effects on radionuclide therapy. 177Lu-DOTA-octreotate treatment should be considered as first line in this patient category.

6102 POSTER

Stage II Colon Cancer in Brazil − a Single Institution Experience

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Background: As stage II colon cancer patients may have a good outcome and adjuvant chemotherapy in this setting is controversial, the aim of the present study was to determine the clinical outcome of patients treated in a public institution from Brazil.
Patients and Methods: The tumour registry at National Institute of Cancer from Brazil was searched to identify patients with stage II colon cancer who underwent resection between January 2000 and December 2005. Data from 162 consecutive patients were collected using a standardized procedure. The Pearson Chi-square test and the Kaplan–Meier method were used.
Results: The median age at diagnosis was 62 (24−90); 45% were man; 35% reported a family history of colorectal cancer; 26% had a preoperative CEA >10 ng/mL. The mean time between diagnosis and surgery was 85 days. Intestinal obstruction and perforation were reported in 11.8% and 3.8% of patients, respectively. The pathological staging (AJCC 6º ed) was IIB (T4) in 79.6% and among these, invasion of other organs or structures was reported in 16% (22 patients). In 6.3% the tumour grade was poorly differentiated; 24% and 11% had vascular and perineural invasion, respectively. The mean number of lymph nodes examined in each specimen was 24. Adjuvant chemotherapy was indicated for 58 patients (35.8%). The mean time between surgery and initiation of adjuvant chemotherapy was 60 days. The regimen of treatment was bolus fluorouracil plus leucovorin, either a monthly 5-day course or a weekly 1-day course. Age less than 75 years (p < 0.002) and tumour invasion or adherence to other organs or structures (p < 0.001), but not histological grade, perforation or less than 12 nodes sampled, were significantly associated with the administration of adjuvant chemotherapy. With a median follow up of 67 months, the progression free survival at 3 and 5 years was 96.7% and 95.2%, respectively. Five years overall survival was 90.9%.
Conclusions: Most patients in this Brazilian cohort did not receive adjuvant chemotherapy, with age at diagnosis and tumour invasion the most frequent determinants. Efforts should be done to reduce the interval between diagnosis and surgery and the time to initiation of adjuvant treatment. Progression free and overall survivals were comparable with reported literature data.

6103 POSTER

Oxaliplatin and Capecitabine (CAPOX) in Non Selected Patients With Metastatic Colorectal Cancer (MCRC) After First-line Irinotecan Based Regimen

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Background: It has not yet been established the best second line chemotherapy for MCRC although some studies suggest a better role for oxaliplatin after irinotecan than for irinotecan after oxaliplatin. We analysed if our data could be comparable to those of Tournigand, et al (JCO2004; 22:229).
Patients and Methods: This is a unicentric retrospective study including patients with MCRC who received CAPOX after progression to front-line treatment which initially was irinotecan, fluorouracil and leucovorin (IFL) and since 2005 with low dose capecitabine, irinotecan (CAPIRI) and bevacizumab in patients without contraindications to receive the targeted agent. The primary endpoint was overall survival (OS) and the second ones were response rate (RR), progression-free survival (PFS) and the safety profile.
Results: Between February 2002 and September 2010, 138 evaluable patients from a Spanish Medical Oncology Department were enrolled. Patients and treatment's characteristics are displayed in table 1.
The median OS was 7.85 months (95% CI, 6.73–8.97). The RR, the tumour growth control rate and the progression rate was 16%, 51% and 49%, respectively. The median PFS were 3.5 months. The median number of cycles received were 5 (limits: 1−24). Most frequent treatment-related grade 3−4 toxicities were diarrhea (9%), vomiting (6%) and asthenia (4%). 7% of