identified from the pathology database. Demographics, histopathology and survival data were analysed.
Results: 66 patients were analysed (median age: 64 years, range: 37−86). 97% of cases were stage pT3 (TNM 7) with 76% showing nodal metastasis and 76% vascular invasion. Margin involvement was found in 71%, the R1 rate differing between distal DBDA (41% of cases, R1: 48%), and proximal DBDA (R1: 87%; p = 0.001). Tumours >2 cm were more frequently found in proximal DBD cancers (p = 0.016). Overall median survival was 23.3 months; 20.9 in the proximal and 27.5 in the distal subgroup (p = 0.018). Higher rates of negative margins in distal DBDA and larger tumours in proximal DBDA may attribute to this difference.
Conclusion: This study suggests that the location of resected DBDA within the pancreas is associated with different pathological characteristics that affect overall survival. Confirmation of these findings in larger series could result in changes to the management of such patients in future.

6624 POSTER

The Characteristics and Prognosis of Advanced Gastric Cancer With Bone Metastasis

Y. Choi[1], J. Kim[1], S. Kim[1], K. Park[1], S. Oh[1], J. Seo[1], S. Shin[1], J. Kim[1], Y. Kim[1]. *[1]Korea University Medical Center, Oncology, Seoul, South Korea*

Background: Although bone metastasis is a very rare event in advanced gastric cancer (AGC), AGC with bone metastasis is often troublesome, aggressive and incurable. However, there is shortage of data on characteristics, pathophysiology and prognosis of AGC with bone metastasis.
Methods: We reviewed 672 patients with advanced gastric cancer patients who were first diagnosed to obtain incidence, characteristics and prognosis of bonemetastasis in single institute.
Results: Of 672 advanced gastric cancer patients, 19 patients (2.8%) diagnosed bone metastasis. Of 19 AGC patients with bone metastasis, 11 showed poorly differentiated carcinoma or signet-ring cell type. Most frequent other metastatic site of patients with bone metastasis is liver (10/19), followed by carcinoma peritonei (7/19), adrenal gland (2/19) and muscle (2/19). Most of them (14/19) showed elevated alkaline phosphatase (ALP) (median: 139 IU/L, range: 61–777 IU/L) and C-reactive protein (median: 32.5 mg/L, range: 3.95–127.6 mg/L).
Median progression free survival of AGC patients with bone metastasis was 79 days (range: 36–396 days) and median overall survival was 132 days (range: 22–1279 days). They were significantly shorter than survival of stage IV AGC.
Most of them (18/19) recieved palliative chemotherapy but only 6 patients recieved palliative radiotherapy. Although recieving chemotherapy with large percentage, 10 patients showed progressive disease after only 1−2 cycles. Also, the response of bone metastasis was often inconsistant the response of main lesion or other metastatic sites.
Conclusion: The incidence of bone metastasis in AGC patients was very rare (2.8%) but its prognosis was very poor and mostly chemoresistant. Therefore, the intensive chemotherapy with more doses than usual chemotherapy regimens or other modalites are considered to control bone metastatic lesions of AGC.

6625 POSTER

The Expression of Jamestown Canyon Virus(JCV) T-Antigen and Clinical Manifestation in PT3 Gastric Cancer

S.H. Choi[1], M.G. Choi[2], J.H. Noh[2], T.S. Sohn[2], K.M. Kim[3], J.M. Bae[2]. *[1]Samsung Changwon Hospital, General Surgery, Changwon, South Korea; [2]Samsung Medical Center, General Surgery, Seoul, South Korea; [3]Samsung Medical Center, Pathology, Seoul, South Korea*

Background: Jamestown Canyon Virus(JCV) belongs to the polyomavirus family. It was first discovered in the cerebrospinal fluid of an immunocompromised patient suffering progressive multifocal leukoencephalopathy in 1971. It was reported that JCV is ubiquitous in the human population and 80−90% of adults have specific antibodies to JCV. It was suggested that JCV T-antigen(Ag) is a potential multifunctional oncoprotein. This current study investigated JCV T-Ag expression in gastric cancer and metastatic lymph nodes and examined its association with clinical outcome.
Materials and Methods: A total of 285 paitents with pT3 gastric cancer who underwent radical operation were included. The immuohistochemical staining for JCV T-Ag was performed in gastric cancer tissue, adjacent normal gastric mucosa and metastatic lymph nodes.
Results: The number of patients with JCV T-Ag expression was 56(19.6%). There was no JCV T-Ag expression in adjacent normal gastric mucosa. The frequency of lymph node metastasis (p < 0.001) and the number of metastatic lymph nodes (p = 0.003) in JCV T-Ag expression positive group were higher than JCV T-Ag negative group. There were no differences in overall survival (p = 0.183) and disease free survival (p = 0.253) between the 2 groups.
Conclusions: JCV T-Ag expression is associated with gastric cancer. The expression of JCV T-Ag in gastric cancer may have an effect on lymph node metastasis. There is no difference for overall survival and disease free survival between JCV T-Ag expression positive group and negative group.

Table 1. The correlation between JCVT-Ag expression and clinicopathological parameters of gastric cancer.

	JCVT-Ag(+) (n = 56)	JCVT-Ag(−)(n = 229)	p-value
Gender [Male (%); Female (%)]	36 (64.3); 20 (35.7)	145 (63.3); 84 (36.7)	0.893
Age [years]	55.9 11.4	53.7 12.6	0.162
Tumour location			0.482
Upper	8 (14.3)	43 (18.8)	
Middle	17 (30.3)	70 (30.6)	
Lower	31 (55.4)	110 (48.0)	
Whole	0 (0)	6 (2.6)	
Retrieved lymph node number	41.3 17.3	44.6 16.8	0.107
Lymphnode metastasis			<0.001
Negative	8 (14.3)	88 (38.4)	
Positive	48 (85.7)	141 (61.6)	
Metastatic lymph node number	12.3 15.1	7.9 12.5	0.003
Borrmann type			0.546
Others	49 (87.5)	193 (84.3)	
IV	7 (12.5)	36 (15.7)	
Lauren classification			0.070
Intestinal	27 (48.2)	73 (31.9)	
Diffuse	27 (48.2)	147 (64.2)	
Mixed	2 (3.6)	9 (3.9)	
Histology			0.023
Differentiated	25 (44.6)	66 (28.8)	
Undifferentiated	31 (55.4)	163 (71.2)	
Lymphatic invasion			0.759
Negative	32 (57.1)	136 (59.4)	
Positive	24 (42.9)	93 (40.6)	
Venous invasion			0.567
Negative	50 (89.3)	210 (91.7)	
Positive	6 (10.7)	19 (8.3)	
Perineural invasion			0.016
Negative	47 (83.9)	155 (67.7)	
Positive	9 (16.1)	74 (32.3)	

6626 POSTER

Efficacy and Safety of RAD001 as Second Line Therapy in Biliary Tract Cancer (BTC) Patients (pts) − a Phase II I.T.M.O. (Italian Trials in Medical Oncology) Group Study

R. Buzzoni[1], S. Pusceddu[1], P. Biondani[1], M. Cantore[2], E. Aitini[3], A. Bertolini[4], O. Alabiso[5], L. Isa[6], G. Pinotti[7], E. Bajetta[8]. *[1]Fondazione IRCCS Istituto dei Tumori, Medical Oncology Unit 2, Milan, Italy; [2]ASL 1, Medical Oncology, Massa e Carrara, Italy; [3]Azienda Ospedaliera C.Poma, Medical Oncology, Mantova, Italy; [4]Ospedale di Sondrio, Medical Oncology, Sondrio, Italy; [5]Ospedale Maggiore della Carità, Medical Oncology, Novara, Italy; [6]Presidio Ospedaliero di Gorgonzola, Medical Oncology, Gorgonzola, Italy; [7]Ospedale di Circolo e Fondazione Macchi, Medical Oncology, Varese, Italy; [8]Policlinico di Monza, Oncology Institute, Monza, Italy*

Background: BTCs are uncommon but highly fatal malignancies, with an increasing incidence in the Western Word. Even after radical surgery, the rate of disease relapse is high and median survival in metastatic pts is in the range of only a few months. Being the results with front line chemotherapies disappointing, new options are under investigation. RAD001 (Everolimus) is a Rapamycin derivative which acts as a signal transduction inhibitor and its target is m-TOR, a key protein kinase which regulates cell growth, proliferation and survival.
Methods: The purpose of this multicentric Phase II study is to assess the efficacy (disease control rate, tumour progression) and safety of oral RAD001 10 mg daily/28 day cycle. Patients accrual started in February 2009 until December 2009. As planned according to a Simon two stage design 39 pts from 8 Italian centres were enrolled. All the cases were pretreated with one regimen for their metastatic disease (gemcitabine in the large majority). Elegibility criteria also included performance status ECOG $\leqslant$2, adeguate organ functions and absence of clinically significant cardiovascular disease. Radiological assessment was performed every two months.
Results: Patient median age 63 yrs, male/female = 22/17, ECOG 0/1/2 = 31/5/3. No toxic death was reported. Thrombocitemia was the main haematologic side effect in 35% (G3 4 pts), followed by neutropenia in