15% (G3-G4 2 pts). Stomatitis was evident in 20% (G3 1 pt). A CR (lasting 9 months) and a PR (lasting 10 months) were reported. Disease control rate was achieved in 45% of cases. On the entire group TTP was about 3 months but in 25% TTP exceeded 5 months. Long lasting SD (>6 months) was reported in 19.4% of cases.
Conclusions: The initial results are encouraging both in terms of safety and of disease control rate and support the employ of mTOR inhibitors also in this aggressive neoplasm. In addition, RAD001 has been here utilized as second line therapy and the next step will be its use in front line therapy. A longer follow up is needed to know median survival and correlations between mTOR expression and clinical response.

6627 POSTER

Preoperative F-18 FDG-PET/CT and CT Scanning Correlation in Curatively Operated Gastric Cancer Patients

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Background: The role of F-18 FDG-PET/CT in gastric cancer is limited. This retrospective study was designed to assess the positivity rate of F-18 FDG-PET/CT and CT in stomach cancer and its correlation with other clinicopathologic findings.
Materials and Methods: Four hundred and thirty two patients with gastric cancer (age = 62±11.6 years, M:F = 265:167) who underwent F-18 FDG-PET/CT before operation were included for this study from January 2008 to December 2009.
Results: Detection rates of primary tumours with F-18 FDG-PET/CT and CT images were 52.7% (T1 34.1%, T2 71.1%, T3 70.8%, T4 83.3%) and 65.4% (T1 42.8%, T2 81.1%, T3 94.7%, T4 100%) ($p < 0.001$). Accuracy of lymph node identification with image tools were 32.0% (47/147) in PET and 38.2% (42/110) in CT scan ($p < 0.001$). Detection rate of FDG-PET/CT showed significant difference with T, N stage, tumour grade, tumour size, lymphovascular invasion and nerve invasion ($p < 0.001$). By multivariate analysis, tumour size ($p < 0.001$) and nerve invasion ($p = 0.004$) were siginificantly related with detection rate of FDG-PET/CT scan.
Conclusions: Detection rate of FDG-PET/CT scan showed significant difference with T, N stage, tumour grade, tumour size, lymphovascular invasion and nerve invasion. By multivariate analysis, tumour size and nerve invasion were siginificantly related with detection rate of FDG-PET/CT scan.

6628 POSTER

A Combination of RAD001 and Octreotide LAR as First-line Treatment of Well Differentiated Neuroendocrine Tumours − an I.T.M.O. (Italian Trials in Medical Oncology) Group Study

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Background: RAD001is an oral inhibitor of mTOR (mammalian target of rapamycin). It has shown antitumour activity in advanced pancreatic neuroendocrine tumours (NETs) and it seems to work synergistically with somatostatine analogues. The primary objective of this multicentric study is to assess the activity and safety of RAD001 combined with Octreotide LAR as first-line treatment of advanced neuroendocrine tumours of the lung and the gastro-entero-pancreatic tract.
Material and Methods: From March 2009 to June 2010, 50 patients (21 female and 29 male) enrolled in 11 sites and affected with advanced neuroendocrine carcinoma were treated with RAD001 10 mg/day and Octreotide LAR 30 mg/month, until disease progression and/or unacceptable toxicity. Forty-two pts had a well differentiated endocrine carcinoma of the gastro-intestinal tract and 8 had a typical or atypical lung carcinoid. The median age was 60.5 yrs (range 25−76).
Results: An interim analysis has been performed, and the results about the response rate and toxicity of this drug combination are as follows: The clinical benefit is 96%; in more detail: SD 83.7%, PR 9.3% and CR 2.3%. The mild and moderate adverse events (G1 and G2) were: diarrhoea 12 pts (24%), stomatitis 7 pts (15%), skin rash 13 pts (28%), hypercolesterolaemia 7 pts (14%), hyperglycemia 5 pts (10%), thrombocytopenia 3 pts (6%) and interstitial lung disease in 1 patient (2%). We also reported G3 mucosal inflammation (stomatitis and anal inflammation) in 4 pts (9%), hypokaliemia G3 in 1 pts due to diarrhoea, and stomatitis G4 in only 1 patient. No adverse events leaded to withdrawal from study treatment.
Conclusions: In our experience, the preliminary analysis shows that RAD001 and Octreotide LAR is safe and effective. The combination seems to be effective not only in pancreatic NETs, as reported, but also in lung and other gastro-entero-pancreatic neuroendocrine neoplasms.

6629 POSTER

Clinical Outcome of Local Recurrence Cases After Endoscopic Mucosal Resection(EMR) for Mucosal Esophageal Squamous-cell Cancer

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Background: Endoscopic mucosal resection (EMR) is minimally invasive. When esophageal squamous-cell cancer (ESCC) is limited to mucosal layer, EMR is the standard curative therapy with good outcome. Although local recurrence (rec.) is reportedly from 2.8% to 7.8%, their clinical outcome has not been reported fully, so far. Herein, we investigated the detailed outcome of local rec. cases after EMR for mucosal ESCC.
Patients and Methods: We conducted retrospective research on patients(pts.) who underwent EMR for mucosal ESCC and could be followed-up for at least one year. Local rec. was determined by finding a new lesion around the EMR scar without residual lugoul-voiding area (LVL) at the end of EMR. Patients who had received prior radiotherapy or chemotherapy were excluded. Follow-up endoscopy was performed every six months, basically.
Results: Between January 2002 and Decenbar 2010, 140 pts. with 154 lesions underwent EMR for mucosal ESCC. Twelve of them (12 lesions) had local rec. (7.8%). Two were female and the median age was 67.0 years (range: 62−79). The median follow-up and local rec. free period were 61.7 months (range: 17.9- 97.1) and 8.0 months (range: 2.2–46.2), respectively. The median diameter of primary lesions was 30 mm (range: 20−50). Most recurrent lesions were superficial type, after piecemeal resection. Six cases had multiple LVL. Although one patient needed chemoradiation for recurrence, the others could be re-treated endoscopically (re-EMR: 3, EMR + argon plasma coagulation (APC): 2, APC: 6). Six of the latter pts. experienced second local recurrence, and were treated by radical surgery (1); radiotherapy (1); and re-EMR or APC (4). Two cases experienced third local rec. One of them was treated by radiotherapy after palliative re-EMR and APC for 1st recurrence which invaded submucosal layer. Another had not been treated because of other severe illuness. The median time to second local rec. was 14.9 months (range: 2–24.6). Finally, 7 of the rec. cases could be managed endoscopically, and the overall ratio of endoscopically salvaged cases was 96.7% (149 of 154). Two cases dropped out endoscopic treatment because of too large lesion. None experienced systemic metastasis. Two cases had died. One had dead of multiple primary cancer. Another one was dead of unknown cause, suddenly.
Conclusions: Most local rec.cases could avoid invasive treatment, repeating endoscopic treatment. The overall outcome of EMR for mucosal ESCC was good. Routine close follow-up endoscopy is important after the first EMR.

6630 POSTER

Evaluation of the Efficacy and the Safety of Lanreotide on Tumour Growth Stabilization in Patients With Progressive Neuroendocrine Tumours (NETs) Who Are Not Eligible to Be Treated With Either Surgery or Chemotherapy − TTD Group Study

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Background: Somatostatin analogs (SSTAs) are the treatment of choice for hormonal symptoms associated with NETs. Clinical studies have suggested stabilization or, in rare cases, partial response in the tumour mass. In a population of documented progressive NETs no data of