9332 POSTER

Efficacy and Feasibility of Combined Irinotecan and Cisplatin Therapy for Extrapulmonary Small Cell Carcinomas

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Background: Extrapulmonary small cell carcinoma (EPSCC) is a rare carcinoma, similar to small cell lung carcinoma (SCLC) in pathology. EPSCC is recommended to be treated based on the strategy of SCLC, but standard therapy is not established yet. Recently irinotecan and cisplatin (IP) chemotherapy has been shown to be effective in SCLC and effectiveness of IP regimen for EPSCC need to be evaluated.
Materials and Methods: We retrospectively reviewed prognosis of 44 EPSCC patients treated with IP chemotherapy out of 50 patients diagnosed as EPSCC from April 2005 to October 2010 in the study institution. Patients were divided into two-stages, limited disease (LD) or extensive disease (ED), same as in staging SCLC. IP regimen consisted of four four-week cycles of 60 mg/m^2 of irinotecan on days 1, 8, 15 and 60 mg/m^2 of cisplatin on day 1.
Results: Median age was 60 year-old (range 26−79) and median follow-up time was 11.3 months. Primary organs were as follows: 5 gastroenterology, 19 head and neck, 2 upper respiratory tract, 6 urology, 1 gynecology and 11 unknown primary. LD patients were 14 and ED patients were 30. Thirty patients received IP as first-line therapy and 13 patients were received one or more therapies (surgery, radiation therapy and/or chemotherapy) before IP induction. Response rate was 55.0% and complete response was shown in 3 patients (7%). Progression free survival was 5.0 months, median overall survival was 14.6 months (95% CI 12.3–16.9) and 1-year OS was 67.2%. Grade 3−4 hematologic adverse events were seen in 30 patients (68.2%) and grade 3−4 non-hematologic adverse events were seen in 18 patients (40.9%), but no patients died of adverse events.
Conclusion: IP regimen is effective and feasible and we could consider this regimen to be treatment option for EPSCC.

9333 POSTER

Serum Levels of Cytokines and Metalloproteinases in Patients With Melanoma at Locoregional Stage

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Aim: The aim of this study was to assess the clinical value of selected cytokines and metalloproteinases (MMPs) serum levels as potential new markers in melanoma patients and to correlate them with tumour clinical-pathological features and patient outcomes.
Methods: Pre-surgery serum levels of 8 cytokines and MMPs (proMMP1, MMP2, MMP9, TIMP1, TIMP2, VEGF, IL-8 and TNF-TRI) were analyzed by ELISA in 146 stage I-III cutaneous melanoma patients and in 50 healthy controls. We analyzed the following clinical-pathological features: primary tumour Breslow thickness, ulceration status, mitotic index and pN stage. The median follow-up time was 12 months (range: 1−25 months).
Results: The serum levels of selected cytokines were significantly higher in melanoma patients than in healthy volunteers (VEGF, $P < 0.001$, TNF-TRI, $P = 0.001$ and IL-8, $P = 0.001$). There were no significant relationships between level of cytokine and clinical-pathological stage pT and pN. The most important factors influencing the disease-free survival (DFS) were: primary tumour thickness ($P = 0.008$), pN stage ($P < 0.001$) and melanoma ulceration ($P = 0.012$). We have not found statistically significant correlations between DFS and MMPs and/or cytokines serum levels.
Conclusions: Selected cytokine and MMPs serum profile in melanoma patients at locoregional stage has limited value for predicting tumour burden. The AJCC staging system gives the most accurate insight into prognosis of melanoma patients after primary therapy.

9334 POSTER

Photodynamic Diagnostics of Skin and Mucosal Cancer in Periorbital Area

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Background: Microinvasive diagnostic is one of the most promising lines of oncology in periorbital area. Early diagnosis, determining the margins of the tumour, is extremely important to achieve good treatment results. We investigated the fluorescence-induced protoporphyrin IX (PpIX) in skin carcinomas in periorbital area. The aim of this study was to investigate the diagnostic value and methodological features of photodynamic (fluorescence) diagnostics (PDD) in skin and mucosal lesions.
Material and Methods: Photodynamic diagnostics measurements were performed between 2005 and 2010, in 48 patients with 52 malignant and premalignant lesions in periorbital area for detection of the foci and margins of squamous cell carcinoma, basal cell carcinoma and sebaceous carcinoma. 5-aminolaevulinic acid or its methyl ester was applied to the eyelid lesion for 2−4 h, and the evaluated PpIX fluorescence data were correlated with morphological tissue examination data. As fluorescence excitation system we used the light system based on blue light emitting diodes.
Results: Malignant tissue shows a specific red and red-pink fluorescence (635nm) in periorbital area when illuminated with blue-violet light (401–405nm), whereas no fluorescence was observed in normal skin. Sensitivity of 93.4%, specificity of 90.2% as well as positive and negative predictive values of 86.6% and 90.2%, respectively, were obtained. The most intensive red fluorescence was detected in sebaceous carcinoma.
Conclusions: Photodynamic diagnostics can be used for complete visualization of malignant skin and mucosal lesions in periorbital area after topical 5-aminolaevulinic acid or methyl aminolevulinate application. It has been shown to be highly effective in sebaceous carcinoma of the eyelid diagnostics. This method is applicable as microinvasive method for detecting early superficial tumours, margins of tumours and follow-up after therapy. PDD may be required to optimise the detection of lesions in the post- PDT (photodynamic therapy) patients.

Oral Presentations (Tue, 27 Sep, 09:00−10:50)
Sarcoma

9400 ORAL

Prognostic and Predictive Factors in Advanced Soft Tissue Sarcoma Patients Treated in an EORTC STBSG Global Network Randomized Double Blind Phase III Trial of Pazopanib Versus Placebo (EORTC 62072, PALETTE)

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Background: Recently pazopanib, a multi targeted angiogenesis inhibitor, demonstrated an increase in median PFS of 13 weeks (7 to 20 weeks) in a randomized double-blind, placebo-controlled phase III trial in advanced non-adipocytic soft tissue sarcoma patients who had been treated with one or more prior lines of chemotherapy. To better understand this effect we further explored prognostic and predictive factors that have previously shown to be of interest in soft tissue sarcoma patients treated with chemotherapy.
Methods: A further analysis was performed to study the prognostic and predictive values (for PFS) of the principal baseline characteristics age ($\leqslant$50 yrs vs >50 yrs), sex, WHO performance status (PS) (0 vs 1), number of lines of prior systemic therapy for advanced disease (0−1 vs 2+), grade (1−2 vs 3), histology (leiomyosarcoma vs other, synovial sarcoma versus other), presence of locoregional disease and presence of liver metastases. A Cox regression analysis with interaction terms was performed with both univariate and multivariate testing. The data of all 369 randomized patients (123 placebo, 246 pazopanib) who participated in the study were used for these analyses.
Results: Randomized treatment, performance status and number of lines of prior therapy had a statistically significant prognostic value in the univariate analysis; in multivariate analysis, the last factor lost its significance. None of the factors (age, sex, PS, tumour grade and histology, metastatic site, prior lines of treatment) showed any significant predictive value for the advantage of pazopanib, that remained significant in all explored subgroups.
Conclusions: Pazopanib is an active drug showing a prolongation of PFS of more than 3 months in patients with metastatic non-adipocytic soft tissue sarcomas, who have been pretreated with chemotherapy. This treatment effect is present independent from age, sex, tumour grade, PS, histological subtypes included in the study, localization of metastases and the number of lines of prior chemotherapy.