study (Okusaka et al. Br J Cancer 2010). However, whilst statistically and clinically significant, these gains are modest and these studies serve only as a foundation on which to develop further treatments.
Advanced biliary tract cancer is relatively chemotherapy-sensitive and further chemotherapy studies are underway to expand chemotherapy options.
Attention has also turned to the targeting of cellular pathways pivotal to tumorigenesis including epithelial growth factor receptor (EGFR-), vascular endothelial growth factor (VEGF-) and mitogen-activated protein kinase (MEK-) inhibition, amongst others; no practice-changing phase III studies have yet been reported. Investigators continue to gain a better understanding of the underlying processes in the development and establishment of biliary tract cancers and the effect of targeting one or more of these cellular pathways. Identification of particularly active regimens will also lead to adjuvant and neo-adjuvant studies which are likely to have the greatest impact on patient survival.

Special Session (Mon, 26 Sep, 13:15–14:15)
Developments and Management of Lymphoedema

293 INVITED

Lymphoedema: How the Prevalence and Severity of Lymphoedema Related to Cancer has Changed

M. Sneddon[1]. [1]*University of Glasgow, School of Nursing & Health Care, Glasgow, United Kingdom*

This presentation will consider the impact that developments in surgical and imaging techniques are having on the incidence of cancer-related lymphoedema. It will also discuss emerging strategies for early detection of lymphoedema and identification and screening of those most at risk of developing lymphoedema following cancer treatment. These developments have the potential to minimise the severity of lymphoedema and reduce the burden on the patient and the health service.
Finally recent research and developments in the management of lymphoedema with potential to minimise progression and enhance quality of life will be identified.

294 INVITED

Lymphoedema Management Options

J. Simmons[1]. [1]*British Lymphology Society, BLS, London, United Kingdom*

Lymphoedema of the limbs, trunk and genitals is a common side effect following treatment for breast, gynaecological, urological, head and neck and aggressive skin cancers and in sarcomas where radical radiotherapy has been delivered.
For many years treatment for lymphoedema has centred around the 'Four cornerstones' of management namely care of the skin, exercise and positioning, lymphatic drainage and compression either in the form of hosiery of multi layered lymphoedema bandaging; and on a two phase intensive then maintenance programme.
However recent advances have been made in understanding who might be more at risk of lymphoedema together with further treatment options. There is a growing understanding of the role of low level laser therapy, intermittent pneumatic compression devices and early intervention programmes. The role of liposuction for resistant lymphoedema is becoming commonplace where conventional treatments have failed. We have moved on from the Four Cornerstones to be able to offer our patients more choice and autonomy in self management in their own home in line with the survivorship agenda.
This special session will give an overview of the current evidence for all the major therapies used in lymphoedema management.

295 INVITED

The Management of Lymphoedema in Advanced Cancer

A. Honnor[1]. [1]*LOROS Hospice, Lymphoedema, Leicester, United Kingdom*

Lymphoedema is a problem commonly experienced by patients with advanced cancer. There are several factors which may contribute to the onset of lymphoedema in these patients including: surgery and radiotherapy, metastatic lymphadenopathy, tumour recurrence, infection or inflammation, reduced mobility and function, effects of medication, hypoalbuminaemia and venous thrombosis.
Symptoms commonly experienced include: swelling of one or more limbs which can extend into the trunk, genitals and head or neck; ulceration; tension of the affected tissues; heaviness of the limb causing impaired mobiity, function and sensation and infection. Up to 67% of patients with advanced cancer experience pain due to oedema and lymphorrhoea (leakage of lymp fluid) can be a further complication.
Cancer patients with lymphoedema can experience a wide range of physical, psychological and social problems which can have a significant impact on their quality of life. A holistic assessment is the first step in understanding the patient's main concerns and priorities with regard to managing their swelling. However, it is important to remember that the burden of treatment on the patient should not exceed the benefit gained and, therefore, treatment will generally have to be adapted and modified to suit patients' individual needs.
This presentation will examine the management of lymphoedema in the patient with advanced cancer.

Special Session (Mon, 26 Sep, 13:15–14:15)
Controversies in the Management of Cervical Cancer

296 INVITED

Neoadjuvant Chemotherapy in Locally Advanced Cervical Cancer

N. Colombo[1], M. Peiretti[1], G. Parma[1], R. Mancari[1], A. Garbi[1]. [1]*European Institute of Oncology, Department of Gynaecology, Milan, Italy*

Cervical cancer is the second most common cause of female cancer mortality worldwide. In 1999 the National Cancer Institute (NCI) announcement modified the paradigm of locally advanced cervical cancer (LACC) treatment toward concurrent chemo-radiotherapy, in view of the publication of 5 randomized trials that demonstrated a survival advantage with the addition of cisplatin-based chemotherapy to radiotherapy alone. However, the lack of radiotherapy departments, especially in developing countries, the presumed high incidence of long-term complications and the poor control of metastatic disease have brought about the development of different therapeutic approaches such as neoadjuvant chemotherapy (NACHT) followed by surgery.
A meta-analysis of NACHT followed by radical hysterectomy showed an absolute improvement of 14% in 5 year survival compared to radiotherapy. Out of more than 800 patients evaluated in this meta-analysis, 441 were from an Italian randomized trial that compared NACHT followed by surgery (group 1) with radiotherapy (group 2). Patients with Figo stage IB2-IIB had 5-years overall and progression free survival significantly longer in group 1. To date, there are not enough data that would support the "best" neoadjuvant chemotherapy regimen. The two randomized phase II studies, SNAP01 and SNAP02, showed that TIP or TEP (epirubicin for adenocarcinoma tumours) provide an average of 42–48% optimal response rate, defined as no residual or residual disease with $\leqslant$3 mm stromal invasion. In these studies, the achievement of an optimal response rate as above described was the strongest predictor of survival and therefore this endpoint could be considered as a surrogate in trials investigating new therapeutic options. The Cochrane metanalysis indicated that trials using cycle lengths shorter than 14 days or the cisplatin dose greater than 25 mg/m^2 per week exhibited a greater advantage on the survival of patients with LACC. It indicates that the timing and dose intensity may greatly impact the curative effect of NACHT. It seems reasonable therefore to explore dose-dense regimens in this setting.
In conclusion from the data of the literature NACT followed by radical surgery could have an important role in the treatment of LACC, but the appropriate indications and contraindications need to be better identified. Promising results have been already published, but the final answer will be given by the randomized clinical trial carried out by the European Organization for Research in Cancer Therapy (EORTC 55994), which will hopefully demonstrate whether or not NACHT followed by surgery will display a better oncological outcome compared to chemo-radiotherapy for IB2-IIB cervical cancer patients.

297 INVITED

Image-guided Adaptative Brachytherapy (IGABT) and External Radiotherapy in Patients With Cervix Cancer

C. Haie-Méder[1], R. Mazeron[1], I. Dumas[2], C. Lhommé[3], P. Morice[4]. [1]*Institut Gustave Roussy, Service de Curietherapie, Villejuif,* [2]*Institut Gustave Roussy, Physics Department, Villejuif,* [3]*Institut Gustave Roussy, Gynaecological Service, Villejuif,* [4]*Institut Gustave Roussy, Gynaecological Surgery, Villejuif, France*

Concomitant chemoradiation followed by intrauterine brachytherapy (BT) represents the standard of treatment in patients with advanced cervical