

PFS (5.8 months vs. 9.1 months, $p=0.029$) compared with other intensity. Specimens of 57 patients were evaluated EGFR gene amplification by DISH. EGFR gene amplification was observed in 13 patients (22.8%). Response rate of patients with or without EGFR gene amplification were 47.6% and 13.3%, respectively ($p=0.018$). In patients both with EGFR gene amplification and IHC (2+ or 3+), response rate was 66.6% and better prognosis statistically compared with others.

Conclusion: In KRAS-WT patients with fluoropyrimidine-containing chemotherapy-refractory mCRC, combined use of EGFR gene amplification by DISH and intensity of EGFR staining by IHC are promising approach to evaluate the efficacy of anti-EGFR drugs.

12 SCIENTIFIC POSTER ABSTRACT Pattern of local recurrence and treatment following surgery with total mesorectal excision (TME) for rectal cancer

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Background: Local recurrence still remain a major problem after radical resection of rectum for cancer with TME. At the same time the poor evidence due to lack of randomized trial enrolling patients with local recurrence lead to a wide spectrum of treatments for such patients, that are often managed in a multidisciplinary framework programmes. However it's unclear whether strict follow-up leading to early diagnosis of local recurrence could improve resectability and prognosis.

Methods: Between 1994 and 2005, 437 patients were treated with TME for rectal cancer (within 12 cm of the anal verge) at the European Institute of Oncology. All these patients underwent a strict follow-up program comprising instrumental and clinical controls every 6 months for at least 5 years. With a median follow-up of 50 months (range 9–120 months), 46 local recurrences were diagnosed. In all but 3 patients recurrence was asymptomatic. The local recurrence rates registered were 6%, 8% and 10% respectively at 2, 3 and 5 years. Seven patients (15%) with distant recurrence at the same time were excluded from the following analysis, for a total of 39 patients examined with local recurrence only.

Results: Of the 39 patients 20 (51%) underwent surgery comprising Miles operation in 11 cases (11%), Hartmann procedure in 2 (5%), repeated low anterior resection with coloanal anastomosis in other 2 cases, and palliative colostomy or other palliative procedure in 6 cases (15%). Eight patients (21%) were excluded from surgery and underwent some form of CT or associated RT-CT, whilst 11 patients (28%) were addressed to palliative treatment. Overall survival (OS) rates were 48%, 29% and 22% respectively at 2, 3 and 5 years. On univariate analysis, resection of recurrent disease was the only significant factor associated with prognosis with a 5 years OS of 30% vs 22% for resected and non resected cases ($p=0.04$).

Conclusion: Despite early diagnosis due to an intensive follow-up program after TME for rectal cancer, only a half of patients are amenable for resection. This is relevant, since surgical resection still remain the mainstay of treatment for locally recurrent rectal cancer within a multidisciplinary context.

Other Cancers

13 SCIENTIFIC POSTER ABSTRACT Palliative care in gastrointestinal malignancies patients at a regional cancer centre in India

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Goals: Gastrointestinal cancers are one of the leading causes of morbidity and mortality among cancer patients worldwide. Our aim is to evaluate and analyze the gastrointestinal cancer patients for pain and other distressing symptoms in palliative care ward at a tertiary care centre.

Methods: After Ethical approval, a retrospective study done in patients with gastrointestinal malignancies suffering from pain and other distressing symptoms. Clinical data were abstracted from the medical records e.g. demographic profile, disease status, treatment received, reason for admission, clinical symptoms and its management, satisfaction with the hospital admission & various intervention done.

Results: Data of 235 patients of various gastrointestinal malignancies were collected. 35.5% of patients were admitted with inadequate pain relief. Pain distribution among them were visceral (48.1%), mixed (46%), somatic (3.4%) and pure neuropathic (1.7%). Pain score on visual analogue scale (VAS) were noted on admission and on discharge. 48.5% of the patients had VAS score varies from 3 to 7 and 17.4% of the patients had VAS >7 on admission. Interventions for pain relief were done with pharmacological opioid dose titration and various interventional techniques (33.2%) such as celiac plexus block, hypogastric plexus block, ganglion impar block, lumbar plexus block, intrathecal implant placement & epidural steroid. 51.2% of the patients had a

stay of <3 days, 23.4% for 3–5 days while 24.6% had a stay of >5 days in the palliative care ward. Only 23% of the patients were aware of the diagnosis and 17% aware of the prognosis of the disease at the time of the admission. During the stay in the ward counselling of the patients and relatives were done and the majority (>85%) of the patients were explained about the disease. Most of the patients (>95%) were pain free and happy at the time of discharge.

Conclusion: Gastrointestinal malignancies patients are presented to the cancer centre in advanced stages in India. Uses of multimodal approach in pain and symptom management in these patients lead great satisfaction among the patients.

14 SCIENTIFIC POSTER ABSTRACT Long term results after multimodal treatment for advanced oral squamous cell carcinoma

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Goals: To investigate the overall survival rate and local or regional recurrence rate of patients with advanced oral squamous cell carcinoma in the oral cavity (OSCC) treated between 1990 and 2007 at the University Hospital for Cranio-, Maxillofacial and Oral Surgery of Medical University of Vienna.

Methods: All 310 patients received multimodal therapy, including preoperative concomitant radiochemotherapy (50 Gy, Mitomycin C and 5-Fluorouracil) neck dissection of different extent, and radical tumor resection for previously untreated, resectable tumors of stage III to IV. Grade of regression was determined from the resected tissue specimen.

Results: The median surveillance period was 138 months. 16% were stage III and 84% stage IV tumors. Recurrence rate was 26.5%, the 5-year overall survival rate (OS) was 52%. OS for responders (grade of regression 1 and 2) was 63%, for non-responders (grade of regression 3 and 4) only 30%.

Conclusion: Multimodal therapy for OSCC yields good results even in advanced tumor stages III and IV. Grade of regression is a crucial parameter for survival.