Results: 50 patients have completed neoadjuvant therapy. Patient characteristics: M/F: 44/6, median age 60 yrs (34–75), median WHO 1 (0–2), adenoca (n = 42), squamous cell ca (n = 8).
Toxicity: no treatment related deaths due to chemoradiation. One patient died after completion of neoadjuvant therapy due to a myocardial infarction. Uncomplicated grade 3 leucopenia in 23 pts (46%). All patients experienced oesophagitis, usually mild (⩽gr 2), however 13 pts needed nasogastric enteral feeding during therapy.
2 patients showed metastatic disease at surgery, hence 47 pts underwent surgery with a curative intention (transhiatal n = 44, transthoracic n = 3).
Pathologic complete response was achieved in 20 of 47 operated patients (43%). R0 resection was achieved in 45 of 47 operated patients (96%) There were 4 post-operative deaths (8.5%), due to major anastomotic complications of the gastric tube (n = 3) and a progressive chylothorax (n = 1). Post-operative complications: anastomotic leakage (major n = 5, minor n = 11), pulmonary (n = 15), recurrent nerve palsy (temporary n = 3, permanent n = 1) and cardiac dysrhythmias (n = 3).
As follow-up is short no data can be given of total- and disease free survival.
Conclusions: This novel combined-modality neoadjuvant approach for treatment of patients with stage II-III oesophageal cancer is feasible and preliminary assessment of efficacy is encouraging, with 43% of the patients having a pCR and 96% R0 resection rate. Follow-up data have to be awaited to obtain data on survival. A nationwide phase III trial has been started.

748 POSTER

Oesophageal cancer: the prognostic value of the pre-treatment 18FDG PET

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Objectives: Since oesophageal cancer is associated with poor prognosis, proper assessment of prognosis is necessary in order to determine the most appropriate treatment. The aim of the study was to determine the ability of ^{18}FDG-PET in predicting the clinical outcome of patients with newly diagnosed oesophageal cancer.
Material and Methods: 37 patients (32 men, 5 females; mean age 63±10.8) with newly diagnosed oesophageal cancer (27 squamous cell cancer – 9 adenocarcinoma – 1 verrucous cancer) were included in this study between March 2003 and November 2004. All patients underwent ^{18}FDG PET imaging for initial staging. The maximum SUV of the primary mass was calculated and the presence of FDG positive nodes or FDG avid distant metastases was recorded for all patients. The events for survival analysis were defined as recurrence or metastasis and cancer related death. The disease free or overall survival rates of each variable were estimated by the Kaplan-Meier method.
Results: In all patients the sensitivity of 18FDG PET was 100% for the primary lesion. At the time of the last follow up 21 patients were alive. Using univariate survival analysis, higher clinical stage and sex were associated with poorer prognosis. A maximum SUV higher than 9 in the primary mass was a significant prognostic factor for overall survival ($P < 0.05$). In the group of SUVmax >9, no patient was alive at 1 year, while in the group of lower SUVmax, the 1 year survival was 70%. The presence of PET positive nodes was not a significant prognostic factor. The presence of 18FDG avid metastases was associated with a median survival of only 8 months versus 15 in cases where no metastasis was detected using PET.
Conclusion: In addition to the pathologic stage, 18FDG PET before treatment provides non invasively independent prognostic information using SUV in the primary mass. Those results support the use of 18FDG for the initial evaluation of patients with oesophageal cancer in order to identify those with poor prognosis.

749 POSTER

Combination chemotherapy with capecitabine (X) and cisplatin (P) as a first line treatment of advanced gastric cancer: experience of 246 patients with prognostic factor analysis

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Background: Combination chemotherapy consisting of capecitabine (X) and cisplatin (P) has been shown to be effective in the treatment of advanced gastric cancer (Kim TW, et al. Ann Oncol 2002, Kang HJ, et al. Br J Cancer 2005). The aim of the current study is to evaluate the efficacy and feasibility of XP combination for the treatment of AGC in clinical practice and to elucidate the prognostic factors affecting the treatment outcomes.
Methods: Clinical data of 246 patients (pts) with previously untreated metastatic, unresectable, or recurrent gastric adenocarcinoma treated with XP chemotherapy as a 1st line treatment in Asan Medical Center from March. 2003 to Dec. 2004 were reviewed. XP chemotherapy consisted of oral capecitabine 1000–1250 mg/m^2 twice daily, days 1–14, and i.v. cisplatin 60–80 mg/m^2 on day 1. The cycle was repeated every 3 weeks.
Results: Among 246 pts, 114 patients had distant metastasis and did not have gastrectomy (metastatic), 88 pts had recurrent disease after previous curative gastrectomy (recurrent), and 44 pts had distant metastasis but had palliative gastrectomy (resected metastatic). A median of 4 cycles (range, 1–12) was administered. Among 125 pts with measurable diseases, 7 pts achieved a complete response and 45 pts had partial responses, giving an overall response rate (RR) of 41.6% in the intention-to-treat population (95% CI, 32.9%-50.2%). There was no difference in RR between the initially metastatic and recurrent groups; 40.0% vs. 42.9% ($P = 0.748$). After a median follow-up of 28.2 months (mo), the median time to progression (TTP) was 6.3 mo (95% CI, 5.3–7.4 mo) and the median overall survival (OS) was 11.1 mo (95% CI, 9.4–12.9 mo). The TTP and OS were significantly different among the 3 groups; Median TTP of 5.3 mo, 6.8 mo, and 9.4 mo ($p = 0.0006$), median OS of 9.4 mo, 12.4 mo, and 17.2 mo ($p = 0.0068$) in metastatic, recurrent, and resected metastatic groups, respectively. Multivariate analysis revealed minimal residual disease achieved by palliative gastrectomy (OR = 0.45, 95% CI, 0.20–0.99, P = 0.047) and good performance status (OR = 0.31, 95% CI, 0.16–0.61, P = 0.001) were independent prognostic factors affecting overall survival.
Conclusions: The combination of capecitabine and cisplatin was active and well tolerated for the 1st line treatment of AGC in general clinical practice. The disease status and performance status of the pts were the most important factors for the treatment outcomes of XP chemotherapy.

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Concurrent chemoradiation therapy with 24-hour infusional gemcitabine in locally advanced pancreatic cancer: a phase II study

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Background: Prolonged exposure of gemcitabine, a potent radiosensitizer, is known to increase intracellular concentration of gemcitabine triposphate, subsequently leading to enhanced antitumor activity. We conducted a phase II trial to determine the efficacy and feasibility of weekly 24-hour infusional gemcitabine with concurrent radiation therapy in patients with locally advanced pancreatic adenocarcinoma.
Material and methods: The 125 mg/m^2 of gemcitabine was given weekly as a 24-hour infusion for 5 consecutive weeks with concurrent external beam radiation (45 Gy in 25 fractions).
Results: Between June 1999 and December 2003, 27 patients with histologically proven, locally advanced adenocarcinoma of pancreas were enrolled in this study. There were 18 male and 9 female, their median age was 54 years (range, 40–70). Median ECOG performance status was 1 (range, 0–1). In total, 104 cycles of chemotherapy were administered with a median of 5 cycles per patient (range, 1–5) and 9 patients (33.3%) had at least 1-week delay. 22 patients were evaluable for response. The objective response rate was 27.3% (95% CI, 7.1–47.5%) with no CR and 6 PRs, 7 patients (31.8%) had stable disease and 9 patients (40.9%) showed tumor progression. One patient received Whipple's operation and achieved complete response. 13 of 19 symptomatic patients (68.4%) had improved abdominal pain after chemoradiation therapy. The median progression-free survival was 5 months (range, 2–66+ months) and median overall survival was 9 months (range, 1–67+ months). Grade 3/4 hematological toxicity included neutropenia in 5 patients (18.5%) and thrombocytopenia in 6 patients (22.2%). No patients required hospitalization for the management of febrile neutropenia. Non-hematological toxicities included fatigue, diarrhea, nausea and vomiting which were not significant.
Conclusions: These results showed that weekly 24-hour infusion of gemcitabine with concurrent radiation therapy was effective and tolerable. Thus further studies are warranted.