Conclusion: The combination of C + G appears to be active and well tolerated as first-line treatment in pts with advanced/metastatic pancreatic cancer.

770 PUBLICATION

A phase II study of S-1 in patients with metastatic pancreatic cancer

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Background: The purpose of this study was to evaluate the efficacy and toxicity of S-1 in patients with metastatic pancreatic cancer. S-1, an oral anticancer agent, contains tegafur, gimeracil (CDHP: a dihydropyrimidine dehydrogenase inhibitor), and potassium oxonate (Oxo: an orotate phosphoribosyl transferase inhibitor) at a molar ratio of FT:CDHP:Oxo = 1:0.4:1.
Methods: Patients with histological or cytological diagnosis of measurable metastatic pancreatic adenocarcinoma not amenable to surgery or radiotherapy were eligible for the study. Other eligibility criteria included a Karnofsky performance status of 80 to 100%; an age of 20 to 74 years; adequate haematological, renal and liver functions; no prior chemotherapy; and written informed consent. S-1 was administered orally at 40 mg/sm twice daily for 28 consecutive days and then 14 days rest period as one course. Administration was repeated until the appearance of disease progression or unacceptable toxicity.
Results: Forty-one patients from seven institutions were enrolled. One patient deteriorated before receiving treatment and was excluded. Out of the 40 eligible patients, 15 patients had partial responses, for an objective response rate of 37.5% with a 95% confidence interval of 22.7–54.2%. And 11 patients had no change, 13 had progressive diseases, and one patient was not evaluated. The median survival time was 8.8 months (95% c.i.: 7.5–10.8 months). A clinical benefit response was achieved in four of the ten evaluable patients. The major drug-related toxicities were gastrointestinal toxicities such as anorexia (12.5%), diarrhoea (7.5%), nausea (7.5%), neutropenia (7.5%), though most of them were manageable. There was no drug-related death.
Conclusions: S-1 is effective and well tolerable as a single agent chemotherapy in patients with metastatic pancreatic cancer.

771 PUBLICATION

Combination of gemcitabine & cisplatin chemotherapy in unresectables gall bladder cancer

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Background: Adenocarcinoma of the gall bladder accounts for approximately 4% of all malignant neoplasm of the gastro-intestinal tract. Though surgical resection is the treatment of choice, majority of the cases are unresectable. Different chemotherapeutic agents including 5Flurouracil, Mytomycin C, Cisplatin, Methotrexate, Etoposide and Doxurobicin have been tried single or in combination. Partial response lasting from weeks to several months have been observed only in about 10%-20% of the cases and the median survival for patients with gall bladder cancer is approximately at around 4 months. Gemcitabine is a pyrimydine analogue of Deoxycytidine and has shown strong anti tumour activity in a variety of solid tumours. Cisplatin has synergistic activity with Gemcitabine. The aim of our study was to see the response rate of Gemcitabine and Cisplatin combination in unresectable gall bladder cancer and to see the tolerability in Indian-Asian pollution.
Materials and Methods: During period from November 2002 to December 2004 we selected consecutive 48 gall bladder cancers. All patients has histologicaly proven unresectable measurable gall bladder cancer. The inclusion criteria were performance status more than 60% (Kornofsky), no prior radiotherapy and normal liver (bilirubin <2) and kidney function (creatinine <2). All patient received Gemcitabine (1000 mg/m^2 intravenously over 30 minute) on day 1 and day 8 and Cisplatin (100 mg/m^2 divided D1 to D3) every 21 days. Response assessment was done by CT Scan after 3 cycles of chemotherapy. All 48 patients are eligible for efficacy and toxicity analysis.
Result: There were 9 (18.75%) complete responders, 15 (31.25%) partial responders, 13 (27.08%) with stable disease and 11 (22.91%) shows disease progression. The median time to progression was 20 weeks with range of 12–26 weeks. The median duration of response was 15 weeks (range 5.5–60 weeks). The median over all survival was 22 weeks (range 11–27 weeks) with 1year survival rate of 20.4%. WHO grade III or IV anaemia was seen in 8 & 5 patients respectively. Ten patients each experienced grade III or IV neutropenia while grade III or IV thompocytopenia was seen in 5 & 3 patients respectively.
Conclusion: The present study shows the Gemcitabin & Cisplatine combination was very useful in advanced unresectable gall bladder cancer. It was well tolerated by the the patients.

772 PUBLICATION

Treatment of advanced gallbladder cancer with gemcitabine (gem) or gemcitabine-cisplatin (gem-cispl)

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Gallbladder carcinomas (GBC) are often diagnosed at an advanced/metastatic stage amenable only to palliative surgery but in this case median survival is only around 8 to 12 weeks. Results of chemotherapy for advanced GBC are extremely poor with traditional treatment based on 5-FU.
Since 1997 we have been studying the effect of Gem. We retrospectively reviewed data of two different protocol treatments, we made possible. In both trials pts had similar characteristics, they all pts had measurable locally or metastatic GBC with histological or cytological proof, no prior chemotherapy nor radiotherapy. The main endpoint was RR and secondary endpoints were treatment toxicity and overall survival. We retrospectively review pts data and outcomes.
In first trial 26 pts were treated with Gem 1000 mg/m^2 i.v. for 30 minutes weekly for 3 weeks out of every 4 until disease progression and/or toxicity. In second cohort, 44 pts received Gem 1200 mg/m^2 and Cis 35 mg/m^2 on d1 and 8, every 21d for a total of 6 courses. Treatment was discontinued in case of unacceptable toxicity or disease progression. RR was evaluated by abdominal CT scan. Pts were treated on an outpatient basis.
Result: A total of 108 and 204 chemotherapy courses were given, 27% of pts for Gem alone and 63% of pts for Gem-cispl received at least 6 courses and 27% and 25% respectively received <2 courses. Twenty-five pts and 42 pts received at least one complete course of chemotherapy and were, therefore, evaluated for response. For Gem monotherapy the RR, CR and PR were 35/0/35% respectively, and for Gem-cisplt were 45/9/36%. All 26 and 44 pts were evaluated for toxicity. Four and 1 died due to disease progression, one pt died due to renal toxicity in the arm Gem-cispl. In one pt occurred hepatotoxicity grade 4 in arm gem alone. The main grade 3 hematology toxicities included thrombocytopenia (0% vs 2%), neutropenia (3.8% vs 23%) and anemia (3.8% vs 14%) in the group gem vs Gem-cispl respectively. Median survival time was 8.7 mos vs 7 mos for the entire population, 14.1 mos vs 9 mos for responders, and 6.1 mos vs 5 mos for non-responders.
Conclusion: Gem is active against advanced, unresectable recurrent and/or metastatic GC with a good tolerability. The low toxicity profile of Gem should be considered when a treatment choice is to be made for a patient with advanced GBC. Gem-cispl look like more active but survival was similar. A possible explanation may be that the treatment duration that was only six cycles in case of Gem-cispl.

773 PUBLICATION

Phase I study of docetaxel, cisplatin and 5-fluorouracil(TPF) as first-line chemotherapy in patients with advanced esophageal cancer. –Hokkaido Gastrointestinal Cancer Study Group (HGCSG) study-

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Background: This study was conducted to determine the maximum-tolerated dose (MTD), dose-limiting toxicity (DLT), and efficacy of a combination chemotherapy using docetaxel, cisplatin and 5-fluarouracil (TPF) in patients with advanced esophageal cancer.
Methods: Patients with previously untreated measurable metastatic esophageal cancer were included in this trial. Patients received this combination chemotherapy repeated every 28 days until progression