prognosis. If factors that allow prediction of the effect of CRT are found, a more effective therapeutic strategy can be designed. The aim of this study was to identify biological markers predicting sensitivity to CRT of esophageal carcinoma.
Methods: 91 patients with esophageal carcinoma treated with CRT were enrolled. The regimen comprised protracted 5-?uorouracil infusion and a two-hour infusion of cisplatinum combined with radiotherapy which 59.6 Gy was administered using conformal radiotherapy or intensity modulated radiotherapy from a 15-MV linear accelerator in 34 fractions. The concentration of serum tumor markers cytokeratin 19 fragment antigen 21−1, carcino-embryonic antigen, neuronspecific enolase were measured in venous blood obtained before treatment from 91 patients. The cut-off value of CYFRA21−1, CEA and NSE was defined as 3.4 ng/ml, 3.3 ng/ml and 17 ng/ml respectively. The response to CRT was evaluated by WHO criteria **in solid tumors**.
Results: The complete response rate of the primary tumor estimated by CT was 16.2% (6/37) in patients with CYFRA21−1 positive group, 15.38% (4/26) in patients with CEA positive group, and 16.6% (3/18) in the NSE positive group. The complete response (CR) rate between CYFRA21−1 and CEA positive and negative groups were significantly different ($P = 0.001$, 0.002 respectively). However, NSE did not show a significant correlation with the response of the primary lesion to CRT ($P = 0.306$).
Conclusion: CYFRA21−1 and CEA may be helpful in predicting the chemoradiosensitivity to CRT of esophageal carcinoma, although the results should be confirmed in larger, more homogeneous studies.

6535 POSTER

A phase II study of biweekly chemotherapy with irinotecan, 5-fluorouracil, and leucovorin (FOLFIRI) in patients with advanced gastric cancer after failure of prior chemotherapy including taxane, fluoropyrimidine, and platinum

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Background: Irinotecan is one of the chemotherapeutic agents proven active in advanced gastric cancer (AGC) and also suggested synergistic with 5-fluorouracil (5-FU) in preclinical studies. We performed this study to evaluate the efficacy and toxicities of a combination of irinotecan, 5-FU, and leucovorin (LV) continuous infusion regimen (FOLFIRI) as a salvage treatment in patients with AGC after failure of prior chemotherapy including taxane, fluoropyrimidine, and platinum.
Materials and Methods: A total of 43 patients were enrolled in this study between October 2004 and April 2008. Treatment comprised irinotecan (150 mg/m^2 on day 1) as 2-hour infusion followed by LV 100 mg/m^2, and 400 mg/m^2 of bolus plus 2400 mg/m^2 of continuous infusional 5-FU over 46 hours. Cycles were repeated every 2 weeks.
Results: Among a total of 43 patients, 8 (18.6%; 95%CI, 6−31%) achieved partial response, and 18 (41.9%) showed stable disease. With a median follow-up of 11.9 months (range, 7−20.4 months) in surviving patients, the median progression free survival (PFS) was 4.5 months (95%CI, 3.1−5.9 months) and the median overall survival (OS) was 10.3 months (95%CI, 8.5−12.1 months). The major factor determining PFS and OS by FOLFIRI was time to progression after previous chemotherapy (TTP). The median PFS was 2.4 months (TTP <2 months) vs. 7.0 months (TTP $\geqslant$2 months, P = 0.001). The median OS was 8.6 months (TTP <2 months) vs. 18.5 months (TTP $\geqslant$2 months, P = 0.002). Grade 3/4 neutropenia was observed in 61.3%, however, neutropenic fever was rare (4.5%). Grade 3/4 nonhaematologic toxicities were asthenia (9.1%), anorexia (6.8%), nausea (4.5%), and vomiting (4.5%). There was no related mortality.
Conclusions: FOLFIRI was active and tolerable as a salvage regimen after failure of previous chemotherapy with taxane, fluoropyrimidines, and platinum.

6536 POSTER

Feasibility of adjuvant S-1 plus docetaxel against stage II-III gastric cancer following R0 resection in gastrectomy

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Background: The present standard treatment in Japan for patients (pts) with stage II-III gastric cancer (GC) following R0 gastrectomy is adjuvant S-1 chemotherapy. In advanced GC pts, several studies of S-1 plus docetaxel have shown a good response rate with a longer median overall survival (OS). Here, we evaluated the feasibility and safety of adjuvant S-1 plus docetaxel for stage III GC pts following R0 resection.
Materials and Methods: This study was conducted by two stage design (UMIN000000857; 2007/10/19). Patients were administered S-1 (80 mg/m^2/day) orally for 2 consecutive weeks plus docetaxel (40 mg/m^2 as the first stage or 30 mg/m^2 as the second stage) intravenously on day 1, and repeated every 3 weeks. Treatment was repeated for 4 cycles followed by S-1 monotherapy until 1 year after gastrectomy. Feasibility in the first ten patients was evaluated at the end of 2 cycles. Total 20 patients could be enrolled, if the treatment completion could be performed in more than 60% (6/10) of patients. Study would go forward the second stage, if that could be seen in less than 50% (5/10) of those. The patient inclusion criteria were as follows: with curatively resected pathological stage II-III GC receiving D2 dissection; age, 20−80 years; performance status $\leqslant$1; no previous adjuvant treatment; adequate organ function; provided informed consent. The study endpoints were as follows; primary endpoint: feasibility of the 4 cycles of S-1 plus docetaxel; secondary endpoints: safety, progression-free survival, and OS.
Results: Between 6/2007 and 4/2008, 23 pts (16 males and 7 females; median age, 62 years) were enrolled. Pathological stages included Stage II (n = 9), IIIA (n = 9), IIIB (n = 4), and IV (n = 1). This study was finished in the first stage with a feasibility of more than 60% of first ten patients at 2 cycles. Of 22 pts, 15 were administered the planned 4 treatment cycles, with a feasibility of 68.2%. Reasons for discontinuation were recurrent cancer (n = 0) and adverse events (n = 7). Of the 22 pts, 2 (9%) developed grade 3/4 neutropenia, but there was no grade 3 febrile neutropenia. Grade 3 or higher non-hematological toxicities included diarrhea (9%), anorexia (5%), nausea (5%), syndrome of inappropriate antidiuretic hormone (5%), and hand-foot syndrome (5%). Treatment-related deaths did not occur.
Conclusions: Adjuvant S-1 plus docetaxel showed a good profile of adverse events and was well tolerated. This regimen shows great potential for future phase III trials for identifying the best adjuvant chemotherapy for advanced GC pts following R0 resection in gastrectomy.

6537 POSTER

Blood group A and risk of gastric cancer in Colombia

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Background: There is possibility of increased risk among group blood A and gastric cancer. Our objetive was to detect association between blood group A and gastric cancer
Materials and Methods: Design: Case-control study. Place: Oncology Unit, Universidad Industrial de Santander UIS, Colombia.
Fulfilled criteria for inclusion 153/278 medical records with histopathological diagnosis of gastric cancer who sought medical since January 2001 to December 2005. The controls were inpatients in Internal Medicine for medical reasons other than gastric with normal upper gastrointestinal endoscopy. Date were obtained through systematic review of medical records and telephone contac. Data were processed in software stata 9.0.
Results: The prevalence of blood groups among 153 patients 56.74% for group 0, 32.17% for group A, 10.22% for group B, and 0.87% for group AB. We found statiscally significant association between gastric cancer and blood group A, OR = 2.22 (95% CI: 1.38−3.57); was also associate, gastric cancer with the prssence of first-dgree relatives with no gastric cancer OR = 1.91 (95% CI: 1.05−3.46). The logistic regression analysis showed aged <50 aged years old as a protective factor OR = 0.44 (95% CI: 0.26−0.77). There was no association between eating habits and comsuption of fruits, cereals, vegetables, coffee, arepa santandereana