prognosis in CY1, depth of tumor invasion (T) is correlated to the survival. T4 patients showed significantly poorer prognoses than T3 ($p = 0.0011$). The survival is not significantly different between resection of primary tumor and no resection. Patients with gastro-jejunal by-pass showed significantly poorer prognoses as compared with other surgery ($p = 0.0002$). Thirty four patients had additional anticancer treatment other than surgery. Three had chemo-radiotherapy. Eleven had multi-drug combination chemotherapy. Twenty had single drug regimen as the 1st line chemotherapy after operation. There is no statistical difference for their survival between these three groups (539 ± 163 days, 545 ± 126 days, 600 ± 13 days, $p = 0.7682$).
Conclusions: Only T factor revealed prognostic influence among CY1 gastric cancer. Volume reduction surgery failed to reveal survival benefit for CY1. Chemotherapy with single agent showed the same survival impact as multidrug regimen for the 1st line.

6542 POSTER

Metabolic response with [18F] fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) scanning during chemoradiotherapy (RT-CT) of oesophageal cancers: feasibility and prognostic value

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Background: Assessment of metabolic response, defined as a decrease of Standardised uptake value (SUV) $\geqslant$50%, realized during RT-CT could help to define the patients who do not need surgery and could be treated by exclusive RT-CT.
Material and Methods: Between July 06 and August 08, 35 consecutive patients (pts) (M/F ratio = 21/14; median age 68 yrs) who began a treatment for locally advanced cancer of the oesophagus (T3: 32 pts, T4: 3 pts; N1: 23 pts, M1a: 3 pts, squamous cell carcinoma: 28 pts) by RT-CT (5FU, cisplatine and 40 Gy) were explored with PET prior any treatment and planned to have a second PET at 20 Gy. PET images were evaluated without knowledge of conventional imaging and clinical history. PET results and Maximum SUV were related to disease-free survival (DFS) and overall survival (OS).
Results: 7 pts (19%) could not have the second PET for these reasons: Progressive disease (3), RT not performed (1), No FDG uptake at 1st TEP (1), patient refusal (2). 28 pts are evaluable. Mean SUV max before treatment was 10.8 and at 20 Gy, 6.0 ($p < 0.0001$). There were 12 (43%) metabolic responders. 6 pts underwent surgery with 2 pathological complete responses. DFS at 1 yr was 53% for metabolic responders and 10% for non-responders ($p = 0.0003$). OS rates were 80% vs 46%, respectively ($p = 0.1$).
Conclusion: Evaluation of metabolic response with 18-FDGT PET-scan could be done for 80% of the patients in routine practice. It is correlated to DFS and probably to OS. Evaluation of response to chemoradiotherapy in locally advanced oesophagus cancer could be done by radiology and endoscopy, which are still necessary, but PET-scan could help in the decision of salvage surgery.

6543 POSTER

A phase II study of adjuvant chemotherapy with docetaxel, capecitabine and cisplatin in patients with curatively resected stage IIIb and IV advanced gastric cancer

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Background: Previously we observed very good efficacy of docetaxel, capecitabine, and cisplatin combination chemotherpy (DXP) in neoadjuvant or palliative setting in advanced gastric cancer. The aim of this study was to evaluate the efficacy and safety of DXP triplet as an adjuvant chemotherapy in gastric cancer at high risk of recurrence after curative resection.
Methods: Between January 2007 and August 2008, patients with pathologic stage IIIB or IV (M0) after curative D2 dissection were enrolled in this study. Adjuvant DXP consisted of 6 cycles of docetaxel 60 mg/m^2 IV on day 1, cisplatin 60 mg/m^2 IV on day 1, and capecitabine 1,875 mg/m^2/day PO on day 1−14 every 21 days, which started from 3 to 6 weeks after the surgery.
Results: A total of 46 patients were accrued. Among them, 13 (28%) had stage IIIB, and 33 (72%) had stage IV. Ten (22%) underwent distal gastrectomy, and 36 (78%) underwent total gastrectomy. Thirty-nine (85%) patients completed planned 6 cycles of DXP chemotherapy. After a median follow up of 10.8 months (range 5.6−22.7 months) for the surviving patients, 6 patients died and 9 patients relapsed. 1-year relapse free survival and 1-year overall survival rates were 84% and 92%, respectively. Major toxicity was neutropenia, grade 3/4 of which occurred in 77% of patients. But there was only 4% of neutropenic fever and no treatment related mortality. Grade 3/4 nonhaematologic toxicities were anorexia (21%), nausea (10.7%), and stomatitis (4.3%). Relative dose intensities of docetaxel, capecitabine, and cisplatin were 0.87, 0.75, and 0.94, respectively.
Conclusions: These data suggest that DXP triplet can be safely administered in adjuvant setting. Further follow-up is needed to evaluate long-term efficacy of adjuvant DXP triplet in stage IIIB or IV (M0) gastric cancer.

6544 POSTER

The clinicopathologic features and clinical outcomes of gastric cancer initially presented with disseminated intravascular coagulopathy

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Background: There are a few patients with disseminated intravascular coagulopathy (DIC) as the first presentation of gastric cancer and there are few systematic studies for prognosis and clinical outcome of these patients. We evaluated the clinicopathologic features and clinical outcomes of this population.
Materials and Methods: We consecutively enrolled patients diagnosed with metastatic or recurred gastric cancer and DIC at initial presentation of cancer between July 2001 and June 2008 in Seoul National University Hospital. DIC was diagnosed by International Society on Thrombosis and Hemostasis or Korean Society on Thrombosis and Hemostasis criteria. Clinicopathologic variables and clinical outcomes were analyzed retrospectively.
Results: Twenty-one patients were enrolled. Median age was 47 years (range, 24−72 years) and 13 patients (61.9%) were male. Performance status was ECOG 1 (n = 4), 2 (n = 9), 3 (n = 4) and 4 (n = 4). Eighteen patients (85.7%) had bone metastasis and 9 patients (42.9%) had hemorrhagic complication of DIC: tumor bleeding of stomach 6, subdural hematoma 1, bleeding from ruptured metastatic tumor of liver 1, and hemorrhagic cyst formation of liver 1. Fourteen patients (66.7%) received palliative chemotherapy. Others received only best supportive care (BSC). The important factors influenced to abandon the palliative chemotherapy, were uncontrolled bleeding (n = 4), spinal cord compression with neurologic deficit (n = 2), and combined infection (n = 1). The median overall survival (OS) of all patients was 58 days (range, 2–342 days). The OS of BSC was significantly shorter than that of chemotherapy group (median, 16 vs. 99 days, $P < 0.001$).
In chemotherapy group, there were 11 response evaluable patients: 2 partial response (18.2%), 5 stable disease (45.5%), 4 progressive disease (36.4%).
Median progression free survival and OS of patients with stable disease were 89 days (range, 83–191 days) and 117 days (range, 94–315 days), respectively. And OS of patients with progressive disease in chemotherapy group, was significantly longer than that of BSC group (median, 92 vs. 16 days, $P = 0.009$).
Conclusion: The prognosis of gastric cancer initially presented with disseminated intravascular coagulopathy is poor but palliative chemotherapy prolongs overall survival compared with BSC. Therefore, early and intensive management for correctable complication of DIC followed by chemotherapy should be considered in this population.

6545 POSTER

Helicobacter pylori infection as an independent prognostic factor for locally advanced gastric cancer with curative resection

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Background: A few studies reported the association between *helicobacter pylori* (HP) infection and better overall survival (OS) in resected gastric cancer patients (pts).
Materials and Methods: We investigated the HP infection status and its association with clinicopathologic characteristics in 274 locally advanced gastric cancer pts (stage IB: 25, II: 82, IIIA: 80, IIIB: 39, IV: 48) who underwent adjuvant chemotherapy (CTX) after curative resection ($\geqslant$D2 dissection). HP infection status in hematoxlin and eosin stained peritumoral tissue was graded according to the updated Sydney System and categorized as HP (−) (normal or mild infection) and HP(+) (moderate or marked infection) (Am J Surg Pathol 20:1161, 1996). Eighty-one pts received 5-FU, doxorubicin (DOX) CTX (5-FU 500 mg/m^2 weekly for 36 wks, DOX 40 mg/m^2 q 3 weeks $\times$12) with or without OK432, while 193 pts underwent 5-FU, mitomycin-C (MMC), and polysaccharide-K (PSK) CTX (5-FU 500 mg/m^2 weekly for 24 wks, MMC 8 mg/m^2 q 6 wks $\times$4, PSK 3 g/day for 16 wks) (Br J Cancer 84:186, 2001, Hepatogastroenterol 54:290, 2007).