Results: The median follow-up duration of survivors was 135 (112–176) months. HP(−) was significantly correlated with old age (>54), total gastrectomy, Bormann type IV, larger tumor size (>5 cm), and stage IIIB. In univariate analysis, pts with HP(−) (138 pts) demonstrated significantly poor 10-year OS compared with those with HP(+) (136 pts) (20.9% vs. 82.3%, $p < 0.0001$). HP(−) was associated with poor outcome in all stages. In multivariate analysis, HP(−) was the most significant independent prognostic factor of poor OS (hazard ratio: 6.32, 95% CI: 4.10−9.74, $p < 0.0001$) followed by advanced stage ($p = 0.001$) and old age ($p < 0.0001$).
Conclusions: HP infection status seems to have strong prognostic significance in locally advanced gastric cancer. HP(−) pts may need intensified adjuvant treatment and careful follow-up.

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Phase II study of docetaxel, oxaliplatin and S-1 (DOS) for patients with advanced gastric cancer

D. Zang[1], Y. Kang[2], B. Ryu[2], M. Ryu[2], S. Lee[2], H. Kim[1], J. Kim[1], J. Jung[1], J. Kwon[1], H. Kim[1]. [1]*Hallym University Medical Center University of Hallym College of Medicine, Internal Medicine, Anyang, Korea;* [2]*Asan Medical Center University of Ulsan College of Medicine, Internal Medicine, Seoul, Korea*

Background: Docetaxel, oxaliplatin and S-1 have shown significant efficacy in gastric cancer. These drugs have distinct mechanisms of action and no overlapped key toxicities. Furthermore, fluoropyrimidine and docetaxel or oxaliplatin have shown synergism in vivo studies and in clinical trials. We performed a phase II study of combination docetaxel, oxaliplatin and S-1 (DOS) to evaluate the efficacy and safety in advanced gastric cancer.
Material and Methods: Eligible patients were those who had unresectable, locally advanced or metastatic, gastric adenocarcinoma. Both initially diagnosed and recurred patients with no previous history of chemotherapy except adjuvant chemotherapy were enrolled. The patients of age 18 to 70 with ECOG PS 0−2 were enrolled to this study. Docetaxel 52.5 mg/m^2 and oxaliplatin 105 mg/m^2 were administered intravenously on day 1 and S-1 80 mg/m^2 was administered orally on days 1−14. Cycles were repeated every 21 days. Patients were treated until disease progression or unacceptable toxicity.
Results: Forty-two patients (male/female 31/11; median age 55, range 25−69; ECOG PS 0/1/2 13/28/1) have been enrolled in this study. Ten patients had recurred cancer after surgery and 32 patients were diagnosed as a metastatic disease. Tumor differentiation was 5 well, 11 moderate, and 26 poor. Main sites of metastasis were 37 lymph node, 18 peritoneum, 11 liver, 1 bone and 9 others. A total of 225 cycles were administered (median 4, range 1−24). Thirty-nine patients were evaluated for toxicity and thirty-seven for response. The common grade 3/4 toxicities were leukopenia (23% of patients), neutropenia (36%), febrile neutropenia (13%), and anemia (10%). There were 2 CR and 19 PR. The overall response rate was 57%. The preliminary median progression free survival was 11.4 (95% CI, 8.1−14.8) months and median survival time was 15.8 (95% CI, 2.1−29.6) months.
Conclusions: These data suggest that DOS regimen is active and is well tolerated in patients with advanced gastric cancer.

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A phase II study of Docetaxel and Oxaliplatin combination as first-line chemotherapy in recurrent gastric cancer patients after Fluoropyrimidine and/or Cisplatin adjuvant treatment

H. Kang[1], S. Oh[2], J. Kim[2], S. Nam[3], B. Kim[3], E. Song[4], S. Cho[5], J. Baek[6], H. Jeung[7], Y. Hong[8]. [1]*Korea Cancer Center Hospital, Hemato-oncology, Seoul, Korea;* [2]*Korea University Guro Hospital, Oncology, Seoul, Korea;* [3]*Seoul Veterans Hospital, Hemato-oncology, Seoul, Korea;* [4]*Chonbuk National University Medical School, Internal Medicine, Jeonju, Korea;* [5]*Chonnam National University Hwasun Hospital, Hematology/Medical Oncology, Hwasun, Korea;* [6]*Ulsan University Hospital, Hematology-Oncology, Ulsan, Korea;* [7]*Gangnam Severance Hospital, Internal Medicine, Seoul, Korea;* [8]*Seoul St. Mary's Hospital, Medical Oncology, Seoul, Korea*

Background: After two important randomised trials of the East (S-1 as adjuvant treatment; Sakuramoto S et al, N Engl J Med 2007) and the West (MAGIC trial; Cunningham D et al, N Engl J Med 2006), surgery alone is no longer the standard treatment for patients with resectable gastric cancer. Therefore, urgent investigation is demanded which regimen is more effective for patients with recurrent gastric cancer after combined treatment with surgery and perioperative or adjuvant chemotherapy.
Materials and Methods: Patients with histologically confirmed and measurable advanced gastric cancer that had relapsed after fluoropyrimidine and/or cisplatin-based adjuvant chemotherapy received docetaxel 35 mg/m^2 i.v. on day 1, 8 plus oxaliplatin 100 mg/m^2 i.v. on day 1 every 3 weeks until disease progression or unacceptable toxicities.
Results: Between Feb 2007 and Mar 2009, total 27 patients (pts) who had received adjuvant chemotherapy for median 5.7 months (range, 0.1−49.1) were enrolled. A total of 18 pts (66.7%) had exposed all two drugs for fluoropyrimidine and cisplatin. The median age was 58 years (range, 40−68). After a median 4 (range, 1−13; total, 123) cycles of chemotherapy, 25 pts and 120 cycles were evaluable for response and toxicity, respectively. In intention-to-treat analysis, the overall response rate was 44.0% (95% C.I., 24.6−63.4%), including 1 CR, 10 PRs. After a median follow-up of 8.5 months (range, 2.0−20.6), median time to progression was 6.9 months (95% C.I., 3.4−10.4) and median overall survival was 12.8 months (95% C.I., 8.7−16.7). Commonly observed grade 3/4 adverse events were neutropenia (52.2% of pts), diarrhea (20.0%), anorexia (8.0%), stomatitis (8.0%) and motor neuropathy (4.0%). Treatment was delayed in 29 cycles (24.2%). The dose of docetaxel on D1, 8 and oxaliplatin were reduced during 22 (18.3%), 25 (20.8%) and 23 cycles (19.2%), respectively. Major causes for treatment delay and dose reduction of two drugs were neutropenia and diarrhea. There were three pts of neutropenic fever, and one pt of treatment-related death.
Conclusions: Docetaxel and oxaliplatin combination chemotherapy was active and tolerable except grade 3 diarrhea as first-line treatment in patients with recurrent gastric cancer after fluoropyrimidine and/or cisplatin-based adjuvant chemotherapy.

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Characteristics of patients with early gastric cancer who had undergone surgery in two institutes

K. Park[1], J. Back[2], Y. Min[2], D. Kim[3], H. Cho[4], J. Park[2]. [1]*Sungkyunkwan University Masan Samsung Hospital, Hematology/Medical Oncology, Masan, Korea;* [2]*Ulsan University Hospital University of Ulsan College of Medicine, Hematology/Medical Oncology, Ulsan, Korea;* [3]*Ulsan University Hospital University of Ulsan College of Medicine, Gastroenterology, Ulsan, Korea;* [4]*Ulsan University Hospital University of Ulsan College of Medicine, Surgery, Ulsan, Korea*

Background: The incidence of early gastric cancer (EGC) has been increasing worldwide owing to advances with diagnostic techniques and screening programs. The present study was designed to investigate the characteristics of EGC patients who had undergone surgery.
Materials and Methods: EGC is defined according to the Japanese classification of gastric carcinoma. We reviewed 529 patients with gastric cancer who had undergone gastrectomy at Masan Samsung Hospital, Masan, Korea and Ulsan University Hospital, Ulsan, Korea from December 2002 to December 2005.
Results: Two hundred sixty-one patients (49%) were diagnosed as EGC (155 intramucosal EGC (mEGC), 106 intrasubmucosal EGC (smEGC), 123 differentiated EGC, and 138 undifferentiated EGC). The mean diameter of tumor was 2.49±1.55 cm (2.18±1.45 cm in mEGC and 2.94±1.60 cm in smEGC, $p = 0.000$). The incidence of lymph node metastasis was 11.5% (30 out of 261 patients). Univariate analysis revealed that a tumor larger than 2 cm (17.6% vs. 6.3%), submucosal invasion (20.8% vs. 5.2%), and the presence of lymphovascular invasion (LVI) (33.3% vs. 6.6%) were significantly associated with a higher lymph node metastasis rate. In multivariate analysis, LVI was independent predictive factor for lymph node metastasis ($p = 0.005$), while submucosal invasion was marginally predictive ($p = 0.069$) and tumor size was not ($p = 0.208$). At a median follow-up of 1023 days, only 2 patients relapsed and 1 patient died due to disease progression.
Conclusions: LVI was independent predictive factor for lymph node metastasis. In cases that LVI was present after endoscopic resection, radical gastrectomy should be recommended. Endoscopic resection data will be analyzed and compared with surgery data.

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A phase II study of weekly low-dose docetaxel and oxaliplatin as first-line treatment in patients with advanced gastric cancer

J.S. Chen[1], W.C. Shen[1], Y.Y. Chen[2], J.S. Huang[3], K.Y. Yeh[3], P.T. Chen[1], H.C. Hsu[1], Y.C. Lin[1], H.M. Wang[1]. [1]*Chang Gung Memorial Hospital, Medical Oncology, Taoyuan, Taiwan;* [2]*Chang Gung Memorial Hospital, Medical Oncology, Kaohsiung, Taiwan;* [3]*Chang Gung Memorial Hospital, Medical Oncology, Keelung, Taiwan*

Background: Docetaxel and oxaliplatin are active agents for advanced gastric cancer. The combination of these two drugs in tri-weekly schedule