

**Results:** A total of 22 patients, 18 males and 4 females with a median age of 60 years old (54–82), 2/19/1 in PS 0/1/2 were enrolled between Dec. 2006 and Sep. 2008. All patients had received first line chemotherapy including S-1 and second line including irinotecan. Patients received median of 4 (range 1–12) cycles of treatment. Reasons for discontinuation were progression in 18 and withdrawal in 4. Grade 3 adverse events included neutropenia in 3 (14%), anemia in 1 (4%), appetite loss in 1 (4%). Overall response rate was 14%, disease control (PR+SD) rate was 77%, median TTF was 79 days, median PFS was 78 days, median overall survival don't reach.

**Conclusions:** A weekly regimen of paclitaxel was well tolerated and achieved a good disease control rate, and acceptable TTF relatively for advanced or recurrent GC. Although follow-up is ongoing on survival.

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POSTER

#### Neoadjuvant chemotherapy followed by transthoracic resection for locally advanced carcinoma of the esophagus: a randomized study

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**Background:** A prospective trial was undertaken to investigate whether the chemotherapy followed by surgery results in increase of overall survival in patients with resectable thoracic esophageal cancer.

**Material and Methods:** 90 previously untreated patients with stage T<sub>3-4</sub>N<sub>0-1</sub>M<sub>0</sub>, T<sub>1-2</sub>N<sub>1</sub>M<sub>0</sub> resectable esophageal cancer admitted to our center between March 2001 and December 2006. Patients were allocated either to two 3-day cycles of FLEP consisting of cisplatin 80–100 mg/m<sup>2</sup>, day 1; etoposide 100 mg/m<sup>2</sup>, leukovorine 20 mg/m<sup>2</sup> and 5-fluorouracil 500 mg/m<sup>2</sup>, days 1–3; 21 days apart, followed by surgical resection (Ch-S group, n = 45), or resection alone (S group, n = 45). Patients' characteristics (tumor stage and histology, coexisting disorders, demographic data) were well balanced between the two treatment groups. Chemotherapy was completed in 42 patients. Four weeks after completion of chemotherapy or admission, patients were operated on. Transthoracic extended 2 or 3-field esophagectomy with intrapleural esophago-gastrostomy through I. Lewis approach was performed in 44 patients of Ch-S group and in all cases of S group.

**Results:** All patients but one had squamous cell cancer, one had adenocarcinoma. Complete response was observed in 4 patients (8.8%), partial response in 27 (60%), progression of disease in 3 patients (6.7%), and no change in 11 patient (24.5%) of Ch-S group. Eight patients had grade 3–4 neutropenia. There were no other serious manifestations of toxicity and no preoperative toxic deaths.

Resections were R0 in 39 patients in Ch-S group and 28 in S group (p = 0.06). Postoperative complications were reported in 53.3% Ch-S and 48.9% S patients (p = 0.7). Overall 3-year and 5-year survival rates were 39.8% and 28.5% in the S group; 62.9% and 40.4% in the Ch-S group (p = 0.08). 5-year disease-free survival benefit achieved statistical significance: 17.6% versus 32.7% (p = 0.04).

**Conclusion:** Two cycles of preoperative chemotherapy with 5-fluorouracil, cisplatin, leucovorin and etoposide followed by extended esophagectomy improve disease free survival of patients with resectable thoracic esophageal cancer.

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#### High-dose versus standard-dose radiation therapy in combined modality therapy for esophageal cancer

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**Background:** To compare the survival, local control, and toxicity of combined-modality therapy using high-dose (63 Gy) versus standard-dose (54 Gy) radiation therapy for the treatment of patients with esophageal cancer.

**Materials and Methods:** From January 1996 to July 2007, a total of 207 patients treated with concurrent chemoradiotherapy were analyzed. Of the 207 patients, 65 received ≤54 Gy (standard dose group) and 142 received ≥59.4 Gy (high dose group). The median doses in the standard and high dose groups were 54 Gy (range, 45–54 Gy) and 63 Gy (range, 59.4–70 Gy), respectively. The superior and inferior borders of the initial radiation field were 5 cm beyond the primary tumor. The superior and inferior borders of the boost field were decreased to 2 cm beyond the tumor. The median dose to the initial field was 36 Gy (range, 30.6–41.4 Gy) for

both groups. Cisplatin and 5-fluorouracil were administered to 85% of the patients, and the other patients received 5-fluorouracil mono-chemotherapy.

**Results:** There were no significant differences in patients' age, sex, pathology, and histological grade between the two groups. But Stage I-II patients were significantly higher in standard dose group (41% versus 19%). The median disease progression free survival and overall survival in all patients were 13 months and 24 months, and no significant differences were found between the two groups. But complete responses were higher in the high dose group (68% versus 33%, p = 0.04). Two-year local control rate was significantly higher in high dose group (75% vs. 64%, p = 0.05). No significant treatment related late toxicities were observed in both groups.

**Conclusion:** High dose group showed comparable survivals and higher complete response rate and local control rate without increasing toxicity compared to standard dose group while patients with advanced stage were higher in the high dose group.

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#### Outcomes of advanced gastric cancer in younger patients aged 45 years or less treated with first-line combination chemotherapy

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**Background:** The current study was performed to determine whether younger age is an independent prognostic factor among AGC patients receiving first-line chemotherapy and to evaluate how age relates to other known prognostic parameters.

**Methods:** The records of 1843 AGC patients who were consecutively treated with first-line combination chemotherapy at Samsung Medical Center (Seoul, Korea) between 2000 and 2007, including 570 patients aged 45 years or younger, were retrieved from a prospective cancer chemotherapy database.

**Results:** In the younger group, there were significantly more bone metastases, ascites, poor performance status, low albumin, elevated alkaline phosphatase, and resections that were non-curative than in the older patients. Progression-free survival (PFS) and overall survival (OS) was shorter in younger patients (PFS, 4.2 months; OS, 7.1 months) than in older ones (PFS, 4.9 months; OS, 8.4 months). Nonetheless, younger age did not show an independent association with PFS or OS. Stratified analyses showed that younger age was related with poor outcome in the subgroups of good performance status and no bone metastasis.

**Conclusion:** When matched for other prognostic factors, the prognosis of younger AGC patients receiving first-line combination chemotherapy does not differ from that of older patients. The poor survival of younger patients may be attributed to the association with other adverse prognostic factors.

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#### Updated long-term outcomes and failure pattern in patients with resectable esophageal cancer receiving one cycle of induction chemotherapy (capecitabine, cisplatin) followed by concurrent chemoradiation

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**Background:** Previously, we performed phase II study of one cycle of induction chemotherapy with capecitabine and cisplatin followed by concurrent chemoradiotherapy (CRT) in patients (pts) with resectable esophageal cancer (ASCO 2005 abstract 4063). We expanded the study population and analyzed the long-term results and pattern of treatment failure.

**Material and Methods:** From March 2003 to December 2006, a total of 106 pts with stage II/III resectable esophageal squamous cell carcinoma were enrolled. Patients received one cycle of induction chemotherapy (cisplatin 60 mg/m<sup>2</sup>, D1, capecitabine 1000 mg/m<sup>2</sup> bid, D1–14) and followed by radiotherapy (46 Gy, 2 Gy/fraction) concurrent with weekly chemotherapy (cisplatin 30 mg/m<sup>2</sup>, D1, 8, 15, 22, capecitabine 800 mg/m<sup>2</sup> bid, 5 days/week) during the entire course of radiation. Surgery was performed 4–6 weeks after completion of radiation therapy.

**Results:** The median age including 98 men (93%) was 63 years (range, 45–74). One hundred two pts completed concurrent CRT. Overall clinical response in the intention-to-treat population after CRT was 93% (99 pts) including 48% (51 pts) of complete response (CR) rate. Seventy eight pts (74%) underwent surgical resection. Pathologic CR was achieved in