During a period of 4−6 weeks after CRT, clinical response rate (cRR) was evaluated by control examinations and patients were sent to the Institute of digestive disease at department for surgery if their tumor were achieved complete or partial regression.
Results: All patients finished radiotherapy course. In 22 pts (47.38%) chemotherapy was interrupted due to toxicity: in 10 pts after 2 cycles of chemotherapy and in 12 pts after 3 cycles. Toxicity grade 1 and 2 had 24 pts (52.17%) Grade 3 and 4 toxicity was noted: cardiotoxicity in 3 pts, leucopenia gr 4 in 5 pts, neutropenia gr 3 in 6 pts, neutropenia gr 4 in 8 pts. cRR was achieved in 27/46 patients (58.7%): complete response in 3 pts (6.52%), partial response in 24 pts (52.17%), stabile disease in 13 pts (28.26%) and early progression in 6 pts (13.04%).
According to histopathological assessment by Mandard, complete tumor regression TRG1 was noted in 5 pts (41.67%), partial tumor regression TRG2 in 1 pt (8.46%), TRG3 in 3 pts (25%), minimal tumor regression TRG4 in 3 pts (25%).
Conclusion: Our preliminary results show promising treatment results on neoadjuvant CRT with Cisplatin and LV5FU2. We have to enroll more patients, to reach statistical power of more than 80%. Determination of EGFR and other potential predictive factors are ongoing.

6568 POSTER

Role of sequential chemoradiotherapy based on ECF as adjuvant treatment in resected gastric cancer patients

R.E. Pacios Blanco[1], B. Ríos Pozo[1], I. Castillo Pérez[1], J.M. Jurado[1], R. Guerrero[1], J.L. García-Puche[1]. *[1]Hospital Clinico San Cecilio, Oncology Department, Granada, Spain*

Background: Surgery has been established as standard treatment in locally advanced resectable gastric cancer patients. Due to the high number of local and distant relapses, consolidation treatment with radiotherapy and/or chemotherapy is necessary in an attempt to eradicate microscopic disease. We conducted an evaluation of safety and efficacy of adjuvant treatment with chemotherapy based on ECF and sequential radiotherapy.
Methods: A retrospective analysis was performed on 35 advanced gastric cancer patients treated between September 2001 and April 2007. At the time of diagnosis, the stages were distributed as follows: 6 E-II; 15 E-IIIa; 7 E-IIIb; 7 E-IV. All patients were histologically proved gastric adenocarcinoma. Treatment pattern began with surgery in all patients, 24 total gastrectomy and 11 subtotal gastrectomy, always accompanied by lymphadenectomy. Then chemotherapy based on six postoperative cycles of intravenous epirubicin (50 mg per square meter of body-surface area) and cisplatin (60 mg per square meter) on day 1; and a continuous intravenous infusion of fluorouracil (200 mg per square meter per day) for 21 days. Finally all patients received external radiotherapy administered on gastric region and adjacent lymph nodes as follows: 45 Gy, 1.8 Gy/fraction, 5 fraction/week, 3D planning.
Results: Of the 35 patients assigned to this protocol, 33 completed treatment (94.3%). With a median follow-up of 2 years, the overall-survival rate was 56%, and relapse-free survival rate was 51%. Toxicity due to chemotherapy was gastrointestinal and hematological predominated; one patient did not finish treatment due to severe neutropenia (G III-IV). In terms of radiotherapy, two patients left treatment because of poor gastrointestinal tolerance. One patient suffered delay in treatment due to postoperative complications.
Conclusions: Adjuvant chemotherapy based on ECF and sequential radiotherapy in resected gastric cancer patients has evidenced an important impact in terms of local control and overall survival. This pattern was effective and well tolerated in terms of acute and chronic toxicity. However, these findings require further prospective investigation.

6569 POSTER

Role of FDG-PET/CT in predicting pathological response and survival in locally advanced esophageal cancer patients (p) treated with neoadjuvant chemoradiotherapy

P. Celiz[1], M. Galan[2], J.J. Robles[3], J.J. Sanchez[4], C. Gamez[3], J.M. Liberal[2], A.P. Caresia[3], M. Caro[5], L. Farran[2], A. Font[6]. *[1]Catalan Institute of Oncology Hospital Universitari Germans Trias i Pujol, Oncology Service, Badalona (Barcelona), Spain; [2]Catalan Institute of Oncology Hospital Duran i Reynals, Oncology Service, Hospitalet Barcelona, Spain; [3]Hospital Universitari de Bellvitge, Radiology Service, Hospitalet Barcelona, Spain; [4]Autonomous University of Madrid, Statistics, Madrid, Spain; [5]Catalan Institute of Oncology Hospital Germans Trias i Pujol, Radiotherapy Service, Badalona Barcelona, Spain; [6]Catalan Institute of Oncology Hospital Germans Trias i Pujol, Oncology Service, Badalona Barcelona, Spain*

Background: Preoperative chemoradiotherapy is considered standard treatment in locally advanced esophageal cancer p. However, only p with significant histopathological response obtain a benefit from this multimodal therapy. At present, there are no reliable parameters to predict response from preoperative chemotherapy. The aim of this study was to evaluate the role of FDG-PET/CT for the assessment of pathological response and survival in p treated with neoadjuvant chemoradiotherapy.
Material and Methods: From June 2005 to October 2008, 29 p with stage II-IVa esophageal cancer were treated with concurrent chemotherapy (cisplatin, fluorouracil) plus radiotherapy (median dose, 45 Gy) followed by esophagectomy. FDG-PET/CT was performed in 26 p (89%) at baseline and 4−6 weeks (median, 29 days) after completing chemoradiotherapy. p were classified in 3 groups based on the decrease of metabolic tumor length (TL) and maximum standardized uptake value (SUV): Group 1: non-significant response or progression (TL & SUV decrease <50%); Group 2: partial response (TL & SUV decrease >50%) and Group 3: complete response.
Results: 20 p had squamous cell carcinoma and 9 had adenocarcinoma. Pretreatment clinical stage was II in 10 p, III in 17 p and IVa in 2 p. Esophagectomy was performed in 25 p (86%). 11 p (44%) had a major histopathological response (pT0−2N0M0). Median follow-up was 17 months (m) (range, 4−33). FDG-PET/CT response in 25 evaluable p: Group 1, 8 p (32%); Group 2, 11 p (44%); Group 3, 6 p (24%). FDG-PET/CT results did not correlate with histopathological response (P = 0.62). Median survival was 15 m in Group 1, 19.5 m in Group 2, and 25.5 m in Group 3 (P = 0.28).
Conclusion: Although, no relation was observed between histopathological response and FDG-PET/CT response, longer survival was attained by p with FDG-PET/CT response. Further investigation with a larger number of p and a longer follow-up is warranted to clarify the role of FDG-PET/CT as a predictive marker of pathologic response and survival in esophageal cancer p treated with neaoadjuvant chemoradiotherapy.

6570 POSTER

The effect of peripheral blood values before treatment on prognosis of patients with locally advanced gastric cancer

M. Aliustaoglu[1], A. Bilici[2], B.B.O. Ustaalioglu[2], V. Konya[3], M. Gucun[3], M. Seker[2], M. Gumus[2]. *[1]Haydarpasa Numune Education and Research Hospital, Department of Medical Oncology, Istanbul, Turkey; [2]Dr. Lutfi Kirdar Kartal Education and Research Hospital, Department of Medical Oncology, Istanbul, Turkey; [3]Haydarpasa Numune Education and Research Hospital, Department of Internal Medicine, Istanbul, Turkey*

Background: Gastric cancer (GC) is one of the leading cause of cancer death in the world. It is estimated that approximately 21500 new cases and 10880 deaths related with GC may occur in the United States in 2008. The chance of cure is 20−30% with surgery in Western countries. In Turkey, GC is the most common type of gastrointestinal tract tumors. Only 20−30% of patients are diagnosed at early stage. 5-years survival rate is 50% in stage I, 29% in stage II, 13% in stage III and 3% in stage IV. It suggested that hematological parameters including leukocytes may use as diagnostic and prognostic factors in various cancer types. We aimed to investigate the prognostic significance of neutrophil, lymphocyte, platelet, MPV, platelet-lymphocyte ratio (PLR) and neutrophil-lymphocyte ratio (NLR) in patients with locally advanced gastric cancer (LAGC).
Material and Methods: One hundred sixty-eight patients with LAGC who had been followed-up between 2004 and 2008 were included in present study. The results of hematological (platelet, lymphocyte, neutrophil and MPV) and biochemical (uric acid and LDH) parameters were evaluated before treatment. NLR was divided into two groups as 2.56⩽ and <2.57 and PLR was also divided into two groups as <160 and >160. Platelet counts and lymphocyte counts were also divided into two groups; <300.000/mm3 and >300.000/mm3, and <1500/mm3 and >1500/mm3, respectively. Results were evaluated with Kaplan-Meier and Long-rank tests.
Results: The mean age of patients at diagnosis was 60.1±12.1 and 114 of patients (67.8%) were male. For 168 patients, 48-months overall survival (OS) rate was 45.2% and the median OS was 39 months (range;33−44). In patients whose PLR was less than 160 (n = 54), the median OS was 45 months (range;38−52) and also for cases whose PRL was greater than 160 (n = 114), the median OS was 27 months (range; 22−32) (p = 0.006). While for fifty patients whose lymphocyte counts were less than 1500, the median OS was 27 months (range;21−33), in cases with high lymphocyte counts (>1500) (n = 118), it was 41 months (range;35−48) (p = 0.03). The median OS was 41 (range;34−48) and 30 (range;23−37) months in two platelets groups, respectively (p = 0.24). However, in the patients whose NLR was less than 2.56 (n = 107), median OS was better than with cases whose NLR was greater than 2.56 (42 vs. 27 months).
Conclusions: Routine peripheral blood counts could be useful prognostic factor in LAGC. Our results need to be confirmed by study including larger sample size in future.