

Conclusions: vWF:Rcof levels during CMT and basal levels of Fibrinogen might both predict response to treatment and TTP in advanced GC pts.

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POSTER

Long-term results of surgical treatment of recurrent gastric cancer

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Background: To improve the treatment effect of recurrent gastric cancer by using repeated surgical procedures.

Materials and Methods: 82 patients with recurrent gastric cancer operated because of antral zone cancer in general surgery and oncological hospitals have been made over 2000 to 2008. The patients aged from 24 until 76 years old. Men prevailed 65 (79.3%), women 17 (20.7%). Patients operated were divided into 2 groups: 1-st consisted of 33 (40.2%) patients operated in volume of distal subtotal resection by Billrot-I, 2-nd consisted of 49 (59.8%) patients operated in volume by Billrot-II. In 1-st group relapse-free time was 6.1±0.3 mth, in 2nd – 12.8±0.2 mth. Morphological structure of 29% tumour observations were presented high and moderate differentiated adenocarcinoma, in 71% – low-grade differentiated adenocarcinoma. In all 82 cases lymphodissection corresponded to volume D1, and just in 24 cases to volume D2. By growth form infiltrative form 44 (53.7%) was the most occurred, endophytic form was in 27 (32.9%) cases, and in exophytic form was in 11 (3.4%) cases. Tumour localized in antral zone in 14 (17.1%) patients, 39 (47.6%) in antral zone transiting on lower third gastric body, 29 (35.3%) in antral zone with transition on middle third gastric body. Of 82 patients only 36 (43.8%) ones were performed repeated operative procedures, 23 (63.8%) of them were made radical surgery. 12 (52.2%) of them were made combined surgery. If unresectable, considering stenosis of gastroenteroanastomosis 10 (27.8%) patients were made draining surgery. In 3 (8.3%) cases because of spread of tumour process explorative laparotomy was performed.

Results: Frequency of complications after recurrent cancer gastric surgery being 19.4%, lethality 8.3% (3 patients). The most highest respectability was 66.7% after gastric resection by Billrot-II, after resection by Billrot-I – 33.3%. After radical surgery the median of survival rate in groups was: in 1 group 14.2±0.7 mth, and in 2 group 22.3±0.6 mth.

Conclusions: Resectability by Billrot-I surgery was twice less than by Billrot-II. Relapse-free time is twice less than in Billrot-II. Experience showed that there is the need to develop the principles of early diagnostics to improve the radical surgery results for patient with recurrent gastric cancer.

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POSTER

Ways of optimization of principle splenectomy in extensive gastrectomy

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Background: to work out modern approaches to principal splenectomy performance in surgical treatment of gastric cancer.

Materials and Methods: there made comparative analysis of direct results of surgical treatment of 137 patents with gastric cancer over 2000–2007. Patients were divided in 2 groups: 1) patients subjected extensive gastrectomy in volume D2 with splenectomy and resection of tail part of pancreas (n=70), 2) subjected to extensive gastrectomy in volume D2 with preservation of pancreas (n=67). As known intensity and direction of metastasis in lymph nodes, identify the properties of initial tumor invasion, localization, form growth, histological structure. To identify the need of removal 10 groups of lymph nodes we studied the frequency of damage of these group lymph nodes depending on different prognostic factors.

Results: when analyzed 70 extensive gastrectomy metastasis damage of regional lymph nodes (N+) revealed in 68 (9.2%) cases. From them the metastasis of operated patients were in N1–100%, N2–91.4%. In morphological study of 10 groups of lymph nodes metastasis were revealed in 28.5%. Metastatic damage of pancreas reported in 2.8% cases. Metastasis analysis in lymph nodes of pancreas portal in the depending on tumor localization showed that in 45.0% (9/20) cases of metastasis noted in proximal part of stomach cancer, in 25.0% (5/20) cases in stomach tumor and in 30.0% (6/20) in total stomach affection. Metastasis in lymph nodes of pancreas portal was not observed in affection of antral zone of stomach. No metastases were in 10th group of lymph nodes in exophytic form growth. The more frequent metastatic process was revealed in diffuse type of stomach cancer and made 40.9% in ulcerate infiltrative form, 54.5% – diffuse infiltrative tumor growth. Metastases in 10th group of lymph nodes observed in low-grade differentiated tumors up to 86.4% cases.

Conclusion: the performance of principle splenectomy in extensive gastrectomy has been induced in the following cases. Cancer of proximal

part of stomach T3-T4, low differentiated structure, infiltrative growth, stomach cancer of total affection; infiltrative form of diffuse type structure stomach cancer, any localization.

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POSTER

A phase III study of CapeOx +/- lapatinib in HER2 positive locally-advanced/metastatic upper gastrointestinal adenocarcinoma: interim safety results

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Background: HER2 overexpression or amplification is associated with worse prognosis in locally advanced/metastatic adenocarcinoma of the upper gastrointestinal (UGI). Fluoropyrimidine plus platinum-based treatment is the backbone therapy for the treatment of this disease with a median survival rate of less than a year. LOGIC/TRIO-13 is a phase III global trial in HER2 positive UGI adenocarcinoma randomizing patients to capecitabine and oxaliplatin (CapeOx) with lapatinib or placebo (PBO) designed to evaluate safety and efficacy. A preplanned interim analysis of safety was conducted to evaluate tolerability of this novel regimen.

Methods: CapeOx was administered in a 3-week cycle. Oxaliplatin (130 mg/m²) was administered on day 1; capecitabine (850 mg/m²/BID) on day 1–14; and lapatinib (1250 mg) or PBO daily on day 1 onward. The safety analysis was performed after twenty randomized subjects completed 1 cycle of therapy.

Results: From September 2008 to February 2009, 22 subjects with metastatic gastric/GEJ/esophageal (n = 17/3/2, respectively) were randomized; median age 59 (range: 43–80; 17 males); ECOG PS 0 (n = 10), 1 (n = 11), 2 (n = 1); 21 pts comprise the safety population (1 pt withdrew prior to study therapy); of these, 2 subjects reported significant toxicities defined as severe adverse events. The most common treatment emergent adverse events (TEAE) included neuropathy (gr1, n = 8), diarrhea (g1–2, n = 9; gr3, n = 2 pts); nausea (g1–2, n = 8; g3, n = 3); vomiting (g1–2, n = 9); anorexia (g1–2, n = 4; gr3, n = 2). Additional g3 events included asthenia (n = 1); dehydration (n = 1); pulmonary embolism (n = 1), renal failure (g3–4, n = 2); No unexpected toxicities occurred.

Conclusion: Twenty-one subjects received at least 1 cycle of treatment. Only 2 had significant toxicity, similar to expected based on studies with CapeOx alone. No unusual toxicities were observed. The regimen CapeOx plus lapatinib/PBO appears well-tolerated in patients with HER2-positive UGI cancers.

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POSTER

Changes in body composition following Whipple's procedure in patients with pancreatic cancer

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Background: Pancreatic cancer (PC) is a devastating disease with surgical resection providing the only possible cure. The Whipple's Procedure (WP) is one of the most common resection procedures performed in PC patients. Recovery following a WP may be determined by the patient's nutritional status. The restoration of protein and fat losses should improve the patient's response to adjuvant therapy, which is mandatory when margins are involved. It is, therefore, important to investigate the effect(s) of margin involvement on long-term nutritional status through detailed and comprehensive body composition analysis.

Aims: The primary aim of this project, therefore, was to investigate and describe the detailed body composition (BC) changes that occur during the first six months after a WP for PC as well as determining the differences in BC of patients with Clear Margins (CM) and Unclear Margins (UCM) during this period.

Methods: 27 (14 males, 13 females) consecutive PC patients undergoing WP were recruited. Surgery resulted in 10 patients with UCM and 17 with CM. BC measurements were performed at base-line and then at 2, 5, 14, and 26 weeks post-operative time-points. BC measurements included Fat Mass (FM), Nitrogen Index (NI), Lean Body Mass (LBM), Total Body Water (TBW), Total Body Potassium (TBK) weight and Body Mass Index (BMI). Changes in BC within as well as between the groups were measured and compared statistically.

Results: There were significant differences between the groups in BMI (p = 0.048; p = 0.035), FM (p = 0.027; p = 0.044), and weight (p = 0.047; p = 0.041) at the base-line and two weeks post-operative time-points,