intermediate prognosis and 19 had poor prognosis. Creatinine clearance was normal in 95% of patients. Nineteen patients were randomized to bolus bleomycin and 22 patients were randomized to 72 hour CI. Recruitment was stopped due to slow accrual.
Eleven patients developed BIPT (27%) as defined by HRCT: in the bolus group, 5/19: in the CI group 6/22 (26.31% vs 27.27% respectively, p = 1). Among 11 patients with BIPT, alveolar damage was observed in 4 patients (36%), interstitial damage in 5 patients (45%) and both in 2 patients (18%). No significant differences were observed in terms of response rate and survival.

Type of toxicity	Bolus (n = 19)	Infusion (n = 22)	p-value	Global (n = 41)	%
Alveolar damage	2	2	0.89	4	36
Interstitial damage	2	3		5	45
Both	1	1		2	18

Conclusions: among patients with aGCT treated with BEP, bleomycin administered as a 72-hour CI did not decrease the incidence of BIPT when compared to bolus administration.

7175 POSTER

Bilateral testicular germ cell tumors – a single hospital experience

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Background: Testicular germ cell tumour (TGCT) is the most common solid tumour in young adults (15−35 years) accounting for only 1% of all neoplasm. Incidence TGCT is increasing and the improvement in survival may lead to an increased incidence of bilateral tumours. It is also known that previous TGCT is the main factor for developing contralateral germ cell testicular tumour with a RR of 500 to 1000. We examined the incidence, prognosis, clinical and histological characteristics, treatment and outcome of patients with bilateral testicular germ cell tumours based on a 15-years long experience from a single institution.
Material and Methods: We reviewed the charts from all patients treated for a testicular tumour germ cell at Hospital Vall d'Hebron in Barcelona, Spain. The information was retrospectively obtained from the patients' hospital. All the patients were evaluated with clinical history, physical exam, serum markers (aFP, LDH and βhCG), ultrasonographic evaluation of the testicles, computed tomography (CT) scans of the chest, abdomen and pelvis, surgery, location and histology of first and second tumour, treatment after of the surgery and followup.
Results: From 151 patients with testicular germ cell tumours, 8 (5.3%) developed bilateral tumours, seven (4.6%) were metachronous and one (0.7%) synchronous tumours. Median age at presentation of the first tumour was 26 years. Second tumours 100% were diagnosed through scrotal ultrasound. Two patients underwent testis sparing surgery for the second tumour. When comparing histologies, most of the cases (85%) had the same histology pattern(seminoma) than the initial tumour. With a median follow-up of 73 months after the first testicular tumour and 40 months from the second tumour all patients are alive without evidence relapse. All the patients are alive without evidence of disease.
Conclusions: Survival in patients with bilateral germ cell testicular tumours (BGCTT) is similar to the patients with unilateral germ cell testicular tumour. There is not standard therapy to treat BGCTT and each patient requires a tailored therapeutic treatment.

7176 POSTER

DNA repair genes transcripts quantification in low and high grade bladder tumours

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Background: Bladder cancer is the second most frequent urogenital neoplasia in men and is the eighth most prevalent malignancy in women. Smoking and exposure to aromatic amines are the most important causes. The prolonged exposure of bladder cells to various substances can result in accumulation of lesions in the genome. DNA repair systems play a significant role in protecting the integrity of the genome against cytotoxic and mutagenic agents and their normal expression must be tightly regulated to avoid cancer development. In this context, our goal is to quantify the transcripts of human DNA repair genes *APE1, XRCC1, POLB* and *POLK* by Real-Time PCR by comparing low- and high-grade bladder tumors samples.
Material and Methods: We analyzed bladder tumor samples from 33 patients, with mean age of 68 years, being 26 men and 7 women. The samples were divided in low-grade tumors (n = 17) and high-grade tumors (n = 16). After surgical resection, the molecular procedure included total RNA isolation by TRIZOL method followed by RNAse-free DNAse treatment. The cDNA synthesis was conducted (1 μg) by using random primers. The uniplex reactions of Real Time PCR employed the SyBr Green methodology. *GAPDH* was chosen as a calibrator gene (constitutive expression). The gene expression analyses were compared with an inflammation case (cystitis).
Results: Low- and high-grade bladder tumors exhibited differences in the profile of expression for transcripts analyzed. The *APE1* and *XRCC1* expression were about two-fold greater in high-grade tumors samples. Of particular note, *POLB* was overexpressed (greater than three-fold) in high-grade tumors. The overexpression of the DNA polymerase beta can lead to an increased mutation rate because of its very low replicative fidelity. In contrast, *POLK* was found to be underexpressed in high-grade tumors compared with low-grade tumors samples. DNA polymerase kappa has an important role in translesion synthesis and its replicative fidelity may be accurate according to the substrate.
Conclusions: Bladder cells become susceptible to many lesions that, if not repaired correctly, could lead to bladder cancer. DNA repair mechanisms are essential to keep genetic stability. We compared low- and high-grade bladder tumors samples and we found differences in the profile of expression for human DNA repair genes. This differential expression may differentially contribute to the stability or progression of bladder tumors.

7177 POSTER

Weekly paclitaxel and paraplatin as first line treatment in patients with recurrent or metastatic bladder carcinoma

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Background: Paclitaxel is one of the most active drugs in several solid tumors as breast, lung, ovary, and bladder. Weekly paclitaxel seems less toxic and more efficient compared with paclitaxel every three weeks (possibly because of the proapoptotic and antiangiogenic activity), the dose intensity is quiet higher with less toxicity. The purpose of this study is to evaluate the efficacy of weekly paclitaxel and paraplatin as a first line treatment in patients with recurrent or metastatic bladder cancer.
Patients and Methods: Thirty patients with recurrent or metastatic bladder carcinoma were enrolled; between April 2002 to August 2004. All patients had measurable disease, ECOG PS 0−2, adequate renal, liver, and bone marrow functions. Patients received no prior chemotherapy for recurrence or metastasis. Patients were treated with 6−8 cycles of weekly paclitaxel 90 mg/m^2 (one hour IV infusion) and paraplatin AUC 2 (IV infusion over half an hour) for three weeks followed by one week rest, response was assessed every 2 cycles, patients showed an objective response (CR, PR or SD) had continued to 8 cycles.
Results: All patients were evaluable for response, toxicity, and survival. The median age was 52 years (range 48−65), Male/Female 22/8. Twenty patients were transitional cell carcinoma and ten patients were squamous cell carcinoma. The main location of disease was local recurrence in 7 patients (23.3%), liver metastasis in 8 patients (26.7%), lung metastasis in 6 patients (20%), bone metastasis in 4 patients (13.3%), and nodes in 9 patients (30%). A total of 227 cycles were administered with a median of seven cycles per patient, with no dose reduction. The overall response rate was 66.7% (CR 20%, PR 46.7%), 6 patients had stable disease (20%) and 4 patients had PD. Median time to progression and median survival were 10.1±1.2 months and 14.5±1.1 months respectively.
Conclusion: Weekly paclitaxel and paraplatin is an active, feasible, and well tolerated regimen as first line chemotherapy for patients with recurrent or metastatic cancer bladder with overall response rate 66.7%.

7178 POSTER

Clinical effectiveness of neoadjuvant chemotherapy for invasive bladder cancer

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Background: Neoadjuvant chemotherapy (CT) improves survival in patients (pts) with invasive bladder cancer. Our purpose was to assess the