tyrosine kinase inhibitor and BMS-754807, a small molecule IGFR tyrosine kinase inhibitor.

Special Session (Wed, 23 Sep, 13:30−14:30)
Using evidence-based cancer nursing practice

234 INVITED

Overcoming the barriers to making change in cancer services

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Understanding factors that hamper change in health services is the key to successful evidence implementation, clinical innovation and a thriving health care environment. Following a consideration of the latest evidence around organisational change, a series of case examples will be presented to demonstrate how innovations in practice settings were achieved, despite considerable barriers to their implementation.

Special Session (Wed, 23 Sep, 13:30−14:30)
Sentinel node staging and clinical implications in GI tract

235 INVITED

Any value in colorectal cancer ?

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The single most important parameter of prognosis in patients with localized colon cancer is the presence of nodal metastases at the time of surgical treatment. The 5 year survival rate for node negative patients (stage II) is 70−80% but only 45−50% for those with node positive tumors (stage III). Therefore, it is most important to accurately reflect the status of the regional lymph nodes.
This requires improvement of the surgical methods radicality as well as a more accurate determination of the indications for adjuvant chemotherapy administration.
Sentinel lymph node mapping (SLNM) and retrieval provides representative nodes to facilitate ultrastaging. The potential benefit of in vivo sentinel node biopsy (SNB) is the detection of aberrant changes and the possibility of detailed examination of high risk lymph nodes to improve assessment of lymph node metastases.
Factors of influence are a low number of lymph nodes resected due to inadequate surgical lymphadenectomy and/or inadequate pathological examination and the technique for the localization and definitions of the sentinel node. Ultrastaging by in-depth techniques improves detection of lymph node micrometastases and results in upstaging of 8−20%.
Good results of sentinel node harvesting in colorectal cancers have been shown by large studies. In a multicenter trial that included 500 patients SLNM showed patients' success, accuracy, sensitivity, and negative predictability values of 98%, 96%, 90%, and 93%, respectively [1].
Focused examination for SLNM provides an efficient detection of micrometastases with consequent results for upstaging and relation with patients' outcome. Future perspectives for early colon cancers may be treatment by local resection therapy only with a minimal invasive surgical sentinel node procedure.

References

[1] Saha S, Seghal R, Patel M et al (2006) A multicenter trial of sentinel lymph node mapping in colorectal cancer: prognostic implications for nodal staging and recurrence. Am J Surg 191: 305–310

236 INVITED

Sentinel node staging and clinical implication in GI-tract oesophageal/gastric cancer

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The different techniques of sentinel lymph node staging (radio colloid, inks, fluorescence markers, nano particles) will be discussed regarding clinical feasibility, sensitivity and specificity for upper GI-tract cancer. None of the techniques is ideal and sufficiently effective for oesophageal or gastric cancer. Tumor location, tumor size, tumor type and technical experience of the investigator are the most significant factors for applicability and reliable results. Therefore, the technique of sentinel lymph node mapping must be tailored according the clinical context and technical aspects. Improved sentinel lymph node navigation and biopsy together with a sophisticated histopathological work up of the sentinel lymph node (including immunohistochemistry) will influence (more and more) to an increasing degree clinical decisions in the future. Examples are the indication for neoadjuvant therapies, limited (minimal access) surgeries or for radical lymph node dissection in upper GI-tract cancer.

Special Session (Wed, 23 Sep, 13:30−14:30)
Defining optimal strategies for HPV vaccination

237 INVITED

Post-vaccination HPV surveillance

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Effective HPV surveillance programs will be an essential component of appropriately implemented HPV vaccination programs. To contribute to improving quality of laboratory services for effective surveillance and monitoring of HPV vaccination impact, WHO has initiated a global HPV LabNet. The LabNet facilitates implementation of standardized, state-of-the-art HPV laboratory methods by introducing international standards and proficiency testing in order to make results comparable across laboratories worldwide. The LabNet is also intended to form the basis for development of a global network for HPV surveillance by using standardized and harmonized laboratory methodologies in order to provide sound data to policy-makers.
Major components of HPV surveillance systems that are currently being explored in pilot projects include:

i. surveillance for and HPV typing of condyloma acuminata in designated sentinel STD clinics. As condyloma has a short incubation time, this will be the earliest clinical condition that will reflect wthere control of the spreadf of HPV has been achieved.
ii. surveillance for the prevalence of HPV vaccine types and non-vaccine types in sexually active youth groups. A possible system to do this is anonymised HPV testing concomitantly with the Chlamydia screening programs.
iii. surveillance for the prevalence of HPV vaccine types and non-vaccine types in organised cervical screening
iv. assessment of the proportion of HPV-associated neoplasias (CIN, VIN/VaIN, cervical cancer and other HPV-associated cancers) that is attributable to vaccine and non-vaccine types of HPV and whether these proportions change over time.

Special Session (Wed, 23 Sep, 13:30−14:30)
Oncology societies: why?

243 INVITED

Why young scientists within oncology should join ESTRO

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The aim of this talk is to present the many reasons why young scientists in the field of oncology should join ESTRO. The arguments can basically be sorted into two categories, the first relating to who choose radiotherapy (RT) as a speciality, the second to the role and membership advantages of ESTRO as the key European organisation in the field of RT.
Second only to surgical management, RT is the most important treatment modality for cancer in terms of the contribution to patient survival. Today, about 50% of all cancer patients receive RT. The RT profession is an interdisciplinary speciality in its own, embracing the four different disciplines of radiation oncology, biology, physics and technology. Development in each of these disciplines, as well as the successful integration of the achievements, is instrumental for the further improvement of cancer therapy by RT.
ESTRO was founded in 1980, and its membership base has grown steadily ever since, with currently more than 4200 members. Currently, 61% of ESTRO's members are radiation oncologists while 24% are physicists; 22% of the members are residing outside Europe. In addition to becoming part of a large scientific community to broaden your professional network, ESTRO membership gives access to ESTRO's monthly scientific journal, *Radiotherapy and Oncology*, its quarterly membership magazine as well as dedicated members pages on the ESTRO website (www.estro.org). Reflecting its membership base, ESTRO activities of both educational and scientific character are aiming at all four disciplines in the field of