Proffered Papers

Gastro intestinal tract tumours

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Radiochemotherapy in locally advanced anal carcinoma (LAAC). Results of the 22953 EORTC phase II trial

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Background: EORTC 22861 phase III trial demonstrated that XRT-CT significantly increased local control (LC) and colostomy-free survival (CFS) in patients with LAAC in comparison to XRT alone. (J Clin Oncol 1997; 15:2040). XRT consisted of 45 Gy pelvic dose over 5 w and, after a gap of 6 w, a boost dose of 15-20 Gy. CT was given during the first XRT sequence: 5-FU: 750 mg/m2 d1-d5 and d29-d33 and MMC 15 mg/m2 d1.

Purpose: the 22953 was undertaken: i) to assess the feasibility to reduce the gap from 6 w to 2 w; ii) to deliver MMC at the beginning of each XRT sequence and 5-FU continuously during both sequences. Protocol scheme: first sequence: 36 Gy over 4 weeks, 5-FU infusion 200 mg/m2/d1-d26, MMC 10 mg/m2/d1. Gap duration 16 days. Then 23.4 Gy over 17 days, 5-FU 200 mg/m2/d1-d17, MMC 10 mg/m2/d1.

Patients/tumours: 43 pts, med age 60 y. ECOG status: 0: 28 pts; 1: 16 pts; T2≥ 4 cm - T4 N0: 22 pts; T3-4 N1-3: 17 pts; med Fup 2 y (9-44 months).

Results: toxicity: no grade 4 - 5. Diarrhoea gr 3: 12% and 3% during the 1th and 2st sequences. Gr 3 perineal skin 14% and 13% respectively. Compliance to treatment 97%. Gap duration 18 d (14-25), CR 8 w after XRT: 90.6%.

Comparative analysis of 22861 and 22953: no difference in patient/tumour characteristics. The 2 y estimated rates for 22861 and 22953 are respectively: 76% and 79.5% for LC; 72% and 81.2% for CFS; 68% and 84% for severe toxicity-free survival and 85% and 94% for overall survival.

Conclusion: 22953 scheme is feasible. Comparison with 22861 scheme looks promising with less late toxicity.

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Gastric cancer time trends in a Northern Portugal population

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Background: Gastric cancer clinicopathological features have changed in most Western countries: intestinal type gastric adenocarcinoma incidence has decreased; proximal gastric adenocarcinoma and esophageal adenocarcinoma prevalences have rise.

Aim: To define time trends concerning esophageal and gastric cancer histology, location, staging, and survival in a Northern Portugal population.

Methods: Hospital database analysis.

Results: Between January 1986 and December 1998, 673 patients with esophageal cancer and 2677 with a gastric cancer (GC) were observed in our Institution. Esophageal adenocarcinoma (EA) frequency (8-13%, p>0,05) and EA/scamous cell tumor ratio did not changed through the 13 years of the study. Ninety percent of gastric tumors were adenocarcinomas - 23% located to cardia, 31% to corpus, and 45% to antrum. TNM staging: IA - 8%, IB-2%, II-7%, IIIA-26%, IIIB-13%, IV-44%. No differences with statistical significance were found considering GA location or TNM staging during the last 13 years. Five-years survival rate was 38% (65% for IA tumors vs 25% for IIIB or IV (p=0,02)). Age (50 years as best cutoff), TNM staging and tumor location were considered as independent factors for survival.

Conclusions: Our results represent data concerning only patients observed in our institution - the Oncology Hospital of North of Portugal. Anyhow, gastric cancer features in Portugal may be different from that observed in other countries as we still have more distal gastric tumors, and cardia GC or EA did not rise in frequency.

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Toxicity and efficacy of concurrent gemcitabine and radiotherapy for locally advanced pancreatic cancer

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Background: Gemcitabine and radiotherapy are a potent combination. A clinical assessment of the therapeutic ratio for locally advanced pancreatic cancer patients has not yet been reported.

Aim of Study: To assess the toxicity, survival, and pattern of failure of locally advanced pancreatic cancer patients treated with concurrent gemcitabine-based chemoradiation.

Patients and Methods: Between the dates of 12/96 and 8/2000 51 patients with locally advanced unresectable adenocarcinoma of the pancreas were treated with concurrent gemcitabine and radiotherapy at MDACC. Patients received 250-500mg/m2 of gemcitabine weekly x7 over 30 minutes and 30-33Gy in 10-11 fractions over two weeks to the primary tumor and regional lymphatics. Severe toxicity was defined as admission > 5 days, mucosal ulceration, > 3 dose deletions of gemcitabine or toxicity resulting in surgical intervention or that resulted in death.

Results: Six patients underwent pancreaticoduodenectomy after therapy. After review of the imaging, only 4 of these patients had minimal arterial involvement, one was incorrectly staged, and one had initial inflammatory change on CT that resolved. Overall, 37 of 51 patients had objective evidence of local progression. The actuarial rate of local progression rate at 9 months was 70%. Tumors >10 cm2 had worse local control, distant control, and overall survival. The 9 month distant metastasis rate was 52%. The median survival was 11 months. Twelve of 51 (24%) patients suffered severe acute toxicity, and 17 of 51 (33%) patients were admitted for supportive care.

Conclusion: Concurrent gemcitabine and radiotherapy is an extremely toxic combination. Our results do not suggest a prolongation of median survival for patients with localized pancreatic cancer treated with this therapy. It is possible that gemcitabine-based chemoradiation contributes to the margin-negative resectability of a small number of patients with minimal arterial involvement, but this benefit is obscured by the frequent toxicity encountered in most patients. Locally advanced pancreatic cancer patients should continue to be enrolled on prospective studies investigating novel combinations of cytotoxic and/or biologic agents with concurrent radiotherapy.