

Results: According to the two depression and anxiety scales used, a mild degree of anxiety and depression was diagnosed but with unimportant statistical difference ($p = ns$) between patients and healthy controls. Self-perceived HRQOL of patients appeared to be affected, with vitality ($p \leq 0.002$), physical ($p \leq 0.001$) and social functioning ($p \leq 0.003$) as the most impaired subscales of the SF-36. The deterioration in their HRQOL was mainly related to the post-diagnosis alteration of their socioeconomic status. As assessed by the multiple regression analyses, none of the disease history and medication-related variables were found to have any influence on the results of the SF-36 subtests.

Conclusion: Despite the fact that we studied a relatively small sample of patients with NHL, our results showed that their HRQOL was obviously affected, while their psychological health remained nearly unaffected.

Oral Presentations (Sat, 24 Sep, 11:15–13:00) Melanoma and Skin Cancer

9300

ORAL

Dramatic Efficacy of Neoadjuvant Therapy by the Association Cisplatin, Fluorouracil and Cetuximab in Locally Advanced Non Resectable Epidermoid Skin Carcinoma

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Background: No standard therapy is known for locally advanced non resectable cutaneous squamous cell carcinoma. Chemotherapy (platin $\pm$ fluorouracil) and radiotherapy are commonly used separately or in association mostly as palliative treatment. We report 7 patients with locally advanced unresectable skin carcinomas in whom the association of cisplatin, fluorouracil and cetuximab induced a tumour reduction allowing secondary complete surgical resection.

Materials and Methods: We have treated prospectively 7 patients from July 2008 to February 2009 addressed to our center for skin carcinomas no accessible to a surgery. The treatment had included a neoadjuvant chemotherapy (cisplatin, fluorouracil and cetuximab) followed by surgery if a regression tumoral was obtained. An adjuvant radiotherapy was proposed depending on histological results (positive surgical margins, angio or neurotropism). We present the results after a follow up of 3 years.

Results: All 7 patients had voluminous tumours located on the face (nose, ear, cheek). For 5 patients, tumours were recurring after one or several surgical resections. Two patients had a rapidly progressing non resectable inflammatory tumour when he was first diagnosed. All patients received 2 or 3 cycles of chemotherapy associating cisplatin 100 mg/m² J1, fluorouracil 1000 mg/m² J1–4, cetuximab J1–J8–J15 (J1=J21). Tolerance was manageable. All patients had a dramatic tumour response with rapid tumour regression allowing subsequent surgical resection. Histology showed a complete sterilisation without any active tumoral residue in 2 patients and complete resection (R0) in the remaining 5 patients. An adjuvant radiotherapy was proposed for 3 patients because histological signs of aggressiveness were observed at histology. A distant recurrence (pulmonary metastasis) was seen in a patient after 18 months. No local recurrence was seen after a median follow up of 31 months.

Conclusions: The association of cisplatin, fluorouracil and cetuximab is approved for treatment of metastatic head and neck carcinoma and but has not been yet evaluated in cutaneous squamous cell carcinoma. The dramatic tumour responses and the long term local control observed in our 7 patients, warrant evaluation of this association both in the neoadjuvant and in the metastatic settings for patients with non resectable skin squamous cell carcinomas.

9301

ORAL

Ultrasound (US) Guided Fine Needle Aspiration Cytology (FNAC) Predicts Sentinel Node (SN) Metastases and Improves the Nomogram for Melanoma Patients

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Background: Ultrasound (US) guided fine needle aspiration cytology (FNAC) prior to the surgical sentinel node (SN) procedure has recently

been proven to have an increased accuracy due to the introduction of new US morphology criteria. This study reports on a larger dataset, increased follow-up and analyzed US-FNAC versus the validated Memorial Sloan Kettering Cancer Center (MSKCC) Nomogram (Wong et al., 2005).

Material and Methods: Prior to SN-biopsy patients (pts) underwent lymphoscintigraphy followed by US-exam. US images were prospectively scored for predetermined morphologic criteria. FNAC was performed in all suspicious US. All pts underwent a SN biopsy. Sensitivity (sens), specificity (spec) and negative/positive predictive value (NPV and PPV) and Hazard Ratios (HR) were calculated for prognostic factors and correlated with survival. Multivariate analyses were performed and compared to the nomogram.

Results: Since 2001 over 1000 consecutive pts have been included into a prospective database. Median Breslow thickness was 1.6 mm, 56% were male, mean follow-up 33 months for all pts, 56 months for the first 400 pts., ulceration present in 24%. SN positivity rate was 20% (n = 202). Sens and spec. of US-FNAC was 106/196 (54%) and 768/779 (99%). PPV and NPV were 91% and 90%. Peripheral perfusion showed a sens of 69% and PPV of 56%. Balloon shaped lymph nodes had a sens of 25% and PPV of 94%. 5-ys overall survival (OS) was 55% for US-FNAC positive vs. 92% for US-FNAC neg compared to 65% vs. 93% for SN histological pos and neg pts. There was no increase in late relapses for the first 400 pts (194 at risk at 5 yrs). The MSKCC nomogram accurately predicted SN involvement in this external dataset. Multivariate analysis for OS demonstrated that both the MSKCC Nomogram (HR 3.2, (1.5–6.8) $P = 0.002$) and US-FNAC (HR 4.6 (2.6–8.2) $P < 0.001$) were independent prognostic factors for OS.

Conclusions: This large dataset has validated previous results on the accuracy of US-FNAC performed with new morphology criteria and the MSKCC-nomogram. US-FNAC and MSKCC are independent prognostic factors for OS. US-FNAC might be able to improve the accuracy of the nomogram, a follow-up study will address this.

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ORAL

Prognostic Significance of the Size, Site and Penetrative Depth of Sentinel Node Metastases in Melanoma Patients – an International Multicenter Study

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Background: Immediate additional completion lymph node dissection (CLND) is standard management for sentinel node (SN) positive melanoma patients. Approximately 80% of SN positive patients have no additional non SN (NSN) metastases in the CLND specimen. Prognosis of the group of SN positive patients is highly heterogeneous. Different parameters of sentinel node (SN) tumour burden are able to predict the heterogeneous outcome in SN positive melanoma patients. The aim of this study was to evaluate the predictive value of SN tumour burden parameters for NSN status and for melanoma specific survival (MSS).

Material and Methods: Size, site and the penetrative depth of SN tumour burden have been measured and classified according to the Rotterdam criteria (<0.1 mm, 0.1–1.0 mm, >1.0 mm largest diameter), the modified Dewar criteria (subcapsular, non-subcapsular located), the S-classification (≤ 0.3 mm, >0.3–1.0 mm, >1.0 mm penetrative depth) and the Rotterdam and Dewar combined (RDC) criteria in 1189 SN positive patients diagnosed between 1993 and 2008 at ten centers of the European Organisation for Research and Treatment of Cancer (EORTC) Melanoma Group (MG). CLND has been performed in 1117 (94%) patients. Mean and median Breslow thickness was 3.94 and 3.00 (interquartile range (IQR) 1.85–4.70) mm. Median follow-up was 35 (IQR 21–61) months.

Results: All four parameters for SN tumour burden were significant predictors for melanoma specific survival and for NSN status. When correcting for Breslow thickness, ulceration, age, gender and NSN status in multivariate analysis, the Cox hazard regression models for MSS with the S-classification and the Rotterdam criteria contained the greatest power. Patients with micrometastases <0.1 mm located subcapsularly had NSN positivity of 7% and a five-year MSS rate of 93%.