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PLENARY SESSION

*LBA-1. HCC. Sorafenib 400 mg po qd randomized to placebo. N=602, Child-Pough A. OS HR=0.69, MOS 10.7 mo vs 7.9 mo. TTP HR=0.58. Significant benefit.

2. APL. Postremission therapy with As2O3 x 2 cycles (each 0.15 mg/kg/d x 5/wkly x 5) after CR/PR as first consolidation after ATRA 45 mg/m2/d x 7 + DAUNO 50 mg/m2 x 4d + AraC 200 mg/m2 civi x 7d. All patients received a second consolidation afterwards with ATRA x 7d + DAUNO x 3d. Patients in CR 1 y ATRA maintenance +/- MTX-6MP . N=518 adults and 64 children, Intergroup Study. M F up 29 mo. CR adults 89%, CR children 89%, 3 yEFS As2O3 77% vs 53% standard RX; 3 yOS As2O3 86% and 77% standard. Conclude 2 cycles of As2O3 improve significantly EFS and OS!!!.

*3. RCC. Nephrectomized clear cell ca, mets patients. IFNa2a 9 MU tiw x 1 y + BV 10 mgh/kg q 2 wk vs IFN + Placebo. N=649. PFS 10 mo vs 5.4 mo (HR=0.6), OR 30.6% vs 12.4%.

4. SCLC. PCI vs non PCI after OR. N286. Symptomatic brain mets at 1 y 14.6% vs 40.4%; PFS HR=0.76; OS HR=0.68; 1 y OS 27.1% vs 13.3%.

LBA-5. CRC liver mets: FOLFOX-4 x 6 before surgery and 6 cycles after surgery vs surgery alone. N=364. Complete surgical excission 95.5% vs 89.4% (med days 115 vs 14 d), complications rate 2.6% vs 1.2%; postop deaths 1.3% vas 0.6%. M F up 37 mo. 3 y PFS HR=0.73

BREAST CANCER- LOCAL DISEASE

500. TMX hot flashes (present in 78% of cases) related to CYP2D6 expression correlated with recurrence better than hormone receptor status, stage and age or grade.

501. TMX hot flashes correlated with ER polymorphisms: ERa (ESR1) P vull (rs 2234693) and Xbal (rs 9340799) and also Erb (ESR2-02; rs 4986938): ESR1 CG homozygous more hot flashes than heterozygour CG. After therapy with TMX ESR1 Pvull CC and ESR2-02 GG had the higher hot flashes scores...

502. TMX CYP 2D6 *4/*4 compared to wt/*4 or wt/wt (6.8%, 21.1% of population homo and hetero). Cancer recurrence in *4/*4 is HR=1.86 compared to other groups. 5 yDFS AI 0.84 and TMX 0.81. In wt/wt TMX>AI. Genetic testing is mandatory.

503.TMX vs Fenretinide vs both vs placebo x 2 y in premenopausal patients. N=235. CYP2D6 *4-6 and SULT 1A1 *3: 65% wt, 31% heterozygous, 5% mutated CYP2D6. Mutation correlated with low levels of active TMX metabolites (endoxifen) 15.4 ug/mL vs mut 12.9 ug/mL.

505. PET-FDG after 1st cycle hemotherapy predicts pCR.

*508. BM micrometastases compared to SLN: SLN+ had BM+ 8/69 and BM- 61/69; SLN- had BM+ 16/182 and BM- 166/182. NO correlation between BM and SLN in T1 and T2; no correlation with ER/PR and HER2 status.

**511. Herceptin adjuvant therapy benefit correlated with HER2 expression by FISH+ (RR=0.47) and IHC+++ (RR=0.45) as well as for FISH- and IHC 0 to ++ (RR=0.36). It might not be definitive proof of activity in adjuvant therapy and differ from advanced and metastasic disease.

LBA 513. Cardiac toxicity associated with Herceptin + AC->T is 4.1% vs 0.8%. 5 y analysis data show an increased heart toxicity difference of 2.7%.

514. Lapatinib + Trastuzumab: No increase in heart toxicity.

516. Aqdjuvant therapy: N=1830. AC->TXL q 3 wk vs AT (DOX 50 mg/m2+ TXL 200 mg/m2 q 3 x 4)->TXL wkly (80 mg/m2)x 12. 5yOS 86% vs 89%.

**LBA 518. Conventional RT vs hypofractionated RT (START Trials) 40 Gy in 15 F in 3 wk comparable to standard!!.

524. TOPO2A gene amplification predicts OR to anthracycline.

*549. High dose chemotherapy in adjuvant >3 ly no. Standard therapy with 3 EPI+ 6 CMF vs HD sequential CPA 7 g/m2; MTX 8 g/m2; 2 x EPI 120 mg/m2 ; TTP + LPAM + SCT. Results: 12 y PFS 44% vs 52%, 12 y OS 51% vs 60%. N=398. Not p because 9% diference did not met the power of the study. Need metanalysis!.

554. AZD2171 (inhibitor VEGF 1, 2 & 3) + DOX neoadjuvant: Phase I study indicated Heart toxicity: one patient with EF decrease 65% to 50%, and another 65% to 40%. Study discontinued.

*557. Based on results of ATAC, BIG-1, IES and UK population studies DDFS were 12.8 y for Letrozolo and 12.66 y for Anastrazole, 12.5 y for TMX/Exemestane, and 12.3 y for TMX. Best cost/efficiency for Letrozole

565. Peripheral blood monitoring of metastases with Ficoll cell separation nad CK A45-B/B3 showed ionitial positivity for 31% and after adjuvanmt chemotherapy decreased to 9%. Feasible.

567. HER2- early breast cancer: Adjuvant AC q 2wk x 4 -> ABX 260 mg/m2x 4 + PEG GCSF d 2 + BV 10 mg/kg q 2 wk x 8 and then BV 15 mg/kg alone up to 1 y. N=44/75 planned. No LV dysfunction observed. Study contemplated troponin, renin and peripheral blood CK levels.

*573. Ki67 after neoadjuvant chemotherapy is a strong predictor of survival. RFS 36% vs 73%; OS 50% vs 85%. Ready to implement its use?.

*590. CYP2D64 phenotype studied in 84 patients with adjuvant TMX. Wt 57.1%, wt/*4 40.5% and *4/*4 in 2.4%. Relapse was 50% in *4 and 27% in wt. HR 2.8. Antidepressant inhibitors studied.

**591. Stratified Neoadjuvant therapy: First AC x 2 (resistant) or AC x 4 (sensitive) -> TXL + CBDCA + Herceptin (HER2 +) or TXL + CBDCA + BV (HER2 -). N=106 . Results: pCR 70% in HER2+ (both AC resistant and sensitive) & pCR 26% in HER2 - . No heart toxicity. Little effect of HR status or ionflammatory tumor (30% vs 24%).

*594. ABX dose dense adjuvant chemotherapy. AC + GCSF x 4 -> nab-TXL 260 mg/m2 q 2 wk x 4 + GCSF.Feasible 82%.

**596. Polymorphisms in drug metabolizing enzymes (CYP3A4*1B inactivating and GSTM1 activating) influenced DFS and OS in CAF and CAF+HD ChX arms. HR=1.2 to 8 for CYP and HR=0.6-0.8 for GST.

602. CYP19A1 polymorphism predicted response to letrozole, sensitivity 70% and specificity 76%.

603. MRI detected 16% primary occult ipsilateral tumors.

BREAST CANCER- METASTASIC DISEASE

1003. Axitinib (AG) + TXT q 3 wk> TXT in first line mets breast cancer. OR 45% vs 13%; TTP 9 mo vs 6.3 mo.

*1004. Pertuzumab (inhibitor of HER2 dimerization) loading 840 mg and 420 mg fixed dose iv q 3 wk + Herceptin 6 mg/kg q 3 wk after progression to Herceptin. OR 21%, NC 50%. Quite active.

**1005. Angloceltic IV trial: Wkly TXL 90 mg/m2 x 12 vs 175 mg/m2 q 3 wk (equivalent doses): OR 42% vs 27%; MTTP 23.9 wk vs 22 wk (no superiority)

**1006. Ixabepilone 40 mg/m2 iv 3h q 3 wk + XEL 1000 mg/m2 po bid x 14 vs XEL 1250 mg/m2 po bid. PFS 5.8 vs 4.2 mo; 12wkPFS 71% vs 55%; ORR 35% vs 14%. Potential option.

*1008. BIRG-007. TXT+Herceptin = TXT+ CBDCA+ Herceptin. OR 73%, OS 36.4 vs 36.5 mo, TTP 11 vs 10.4 mo. MOS>36 mo. No heart toxicity.

***1009. CAGB150002. Her2 - with chromosome 17 polysomy have high OR to TXL + Heerceptin. TXL OR 25%; TXL + Heerceptin OR 63% (Chromosome 17 polysomy>2.2 and FISH negative patients...(all FISH-HER2 negative). Represent approximatwely 20% of HER2 - cases (32/133). Important paper!!!

1011. Lapatinib + TXL vs Placebo + TXL. Blinded. ORR 30%, TTP 25 wk (N=580).

*1012. Lapatinib 750 mg po bid in HER2+ CNS mets after Herceptin: OR 7.7%, MTTP 16 wk in ORS. (N=238).

1013. XEL + BV first line ChX: OR 38.5% (CR 5.5%), NC 42.9%. On going TTP, PFS...

1028. Pertuzumab + Herceptin: 1/11 LV dysfunction, symptomatic quite early...

1029. Risk of cardiopathy with EPI 5% found after 806 mg/m2 (not 900 mg/m2) at 50 yo and 673 mg/m2 at 70 yo.

**1032. Wkly nab-TXL 100-150 mg/m2 q wk x 3 q 4 wk vs nab-TXL 300 mg/M2 q 3 wk vs TXT 100 mg/m2 q 3 wk. N=302. OR 58-62% vs 33% vs 36%, PFS 9.3 mo vs 7.3 not mature at the time of the report (33% events).

1033. Herceptin q wk + Gefitinib 250 mg/d. No more OR obsserved.

1034. Eribulin (analog of halichondrin B, inhibitor of microtubules in heavily pretreated patients. N=104. OR 14.7%, 6mo PFS 31%.

*1039. Liver resection of breast ca mets (Paris Group) in retrospective series of N=460 patients. RO obtained in 82%, 5yOS 41%, 10 y OS 22%. Factros: ChX progression, interval <12 mo, extrahepatic metastases and R2 resection.

*1045. L. Norton. New XEL schedule Phase I up to 2500 mg/m2 bid x 7 d q 2 wk. Well tolerated. Plan to combine with other agents. Hand and foot syndrome in only 2/13 patients...

1047. Alimta 500 mg/m2 + DOX 50 mg/m2 q 3 wk. OR 60.8% (first line mets diasease).

1051. GEM 1000 mg/m2 d 1 & 8 + XEL 1660 mg/m2 bid x 14 d, repeated q 3 wk. N=72. OR 54%, NC 21%, MTTP 12 mo

*1052. Oral NVB 80 mg/m2 + XEL 1 g/m2 bid x 14 d + Herceptin q 3 wk. N=34, HER2+ patients. First line mets dx. N=34. OR 71% (CR 13%).

*1056. Oral NVB + XEL in HER2-: OR 44% (CR 2%). Immature data.

*1065. Valproic acid 15 mg up to 160 mg/kg/d x 3 d prior to FEC (EPI 100 mg/m2). OR 4/8 and NC 2/8. Correlation of valproic acid with histone acetylation expression. Highly active: med number of previous lines of chemotherapy was 3!!!

1074. CBDCA AUC 4 + GEM in extensive previously treated disease. OR 31% + NC 31%, MTTP 4.9 mo, OS 13.2 mo.

**1075. CK expression by BM stroma cells (CK7, CK8, CK18 and CK19) impairs detection of metastasic breast cancer. Size alone allows a detection rate of only 2.6%...

1082. GEM + LOHP: OR 33% + NC 31%, MTTP 4 mo, MOS 10 mo.

1084. GEM + CDDP. OR 30%, MTTP 7 mo, MOS 11 mo.

CANCER PREVENTION

1500. Prostate cancer prevention. Weekly bicalutamide, 50 mg decreased hiogh grade PIN in >50% patients and lowered PSA (biopsy ngative) in 33%.

1501. Breast cancer. Celecoxib in high risk breast cancer (Gail >1.67, atypical hyperplasia, lobular in situ) 400 mg bid x 6 mo. IGFBP-1 levels decreased significantly.

1511. Thiazolidinedione (antidiabetic) protects H&N cancer HR 0.45- HR 0.57.

1512. Scattered radiotherapy is involved in contralateral beast cancer. HR 1.6 (important in breast conserving surgery for BRCA1-2 patents).

CNS TUMORS

2000. Cilangitide (inhibitor of avB3 & avB5 integrins) a pentapeptide + TMZ + RT. N=52 GBM. PFS 65.4 %. Outcome correlated with MGMT gene expression.

*2001. AZD2171 (Cedaranib, oral pan VEGFR-TKI)) in GBM. N=30. OR 56%, PFS 111 d, OS 226 d. 6 mo alive progression free 27%.

*Cilangitide single agent in recurrent GBM. N=81. Dose 2000 mg iv twice weekly til progression. 6 mo PFS 16%, MOS 6.5 mo (500 mg dose) & 9.9 mo (2000 mg dose).

** CPT 125 mg/m2-340 mg/m2 d 1, 8 , 22 and 29 + BV 10 mg/kg qod (Duke University). N=35 grade IV and 33 grade III, prior RT + TMZ. Results: 1 CNS hemorrhage, 8 thrombotic complications, 5 deaths. OR= 59% (38 PR + 2 CR). GBM: MPFS 23 wk, 6 mo PFS 43%, MOS 40 wk. AA: MPFS 42 wk, 6 mo PFS 61%, MOS 60 wk. Highly active.

2004. Vorinostat (HDAC inhibitor)200 mg bid x 14 d q 3 wk. 6 mo PFS 23%. Upregulation of E-Cadherin demonstrated in GBM.

2006. Nimotuzumab (h-R3 antiEGFRantibody). N=47 children 4-17 yo. OR 4 + NC 10/47. MOS 4.4 mo.

2013. RT do not affect OS in primary brain NHL if a CR is obtained with ChX.

**2014. CNS-NHL. Blood brain disruption + ia MTX. N=177. CR 57% + PR 23% (OR 80.2%). 67 alive NED. MOS 3.1 y, MPFS 1.6 y, 5 y PFS 40%. Avoid whole brain RT. Young patients (<60 yo) plateau at 8 y 40%.

2016. MB with Mets M1 fared poorly. < 3 yo 5 y EFS is 20-22%, and > 3 yo 5 y EFS 59%-42% (St Judes).

*2017. MB. Surgical debulking and then CSRT 36 Gy & boost posterior fossa and sites of bulky disease + Wkly VCR + daily CBDCA 45 mg/m2 dose x 30 (1-4 hr prior to RT) + GCSF; continuing after Ch-RT with CPA 2 g/m2 + VCR x 6. M F up 4.5 y. 4 y OS 81%, 4 y EFS 66%. Patients without anaplasia 4 y OS 89% and with anaplasia 65%. No differences for M staging.

2018. Adult MB. Low risk. N=35. Only RT. 5yPFS 80%, 5yOS 80% low risk and 69%/73% high risk.

2020. MD Anderson vaccine with EGFRvIII specific peptide q 2 wk x 3 after RT 60 Gy + TMZ 75 mg/m2/d & then cocncurrently with TMZ 200 mg/m2/ x 5 q mo. MOS 26.2 wks, on going without suppression of T-reg (increased from 5.2% to 12.2%).

**2021. Vaccine with 1-10x10e6 DC (lysate pulsed) + imiquimod (TLR7 agonist) + Standard ChX + RT. N=13. MPFS 18.1 mo, MOS 33.8 mo (Historical MPFS 6.9 mo, MOS 14.6 mo).

2025. AP12009 (TGFB antisense) in AA. N=39. AP12009 80 ug vs 20 ug vs conventional TMZ+PCV. Results: MOS 24.2 mo, vs 20.2 mo, vs 20 mo. Current survivals: 53%, vs 75%, vs 42% respectively.

2027. Gleevec 400 mg/d + Hydroxyurea 500 mg bid + Vatalanib (PTK787/ZK22584, VEGFR inhibitor) 500 mg bid. OR 29% in GBM.

2031. TMZ 150 mg/m2 d 1-7 and 15-21 > TMZ 50 mg/m2 qd q 4 wk.

*2036. (Duke University). Gliadel + O6BG (120 mg/m2 in 1 h iv followed by civi 30 mg/m2/d x 2 d nad then bolus again 120 mg/M2 in 1 h iv on d 3 and 5). N=47. 6 mo OS 80%, MST 47 wk. Increased efficacy.

*2045. RTA744 (anthracycline that crosses BBB). MTD 7.5 mg/m2/d qd x 3 q 3 wk. OR observed, on going N=20.

*2046. PNET. N=29 (13 recurred after ChX). Treatment with disruption of BBB and IA CBDCA +MTX. 69% relapsed and 40% survived 4 y and 30% survived 8.7 y (plateau). Good results.

*2053. Gleevec + Hydroxyurea in low grade glioma. N=27. NC (3-16 mo) 85%.

*2055. Gleevec 600 mg/d + Hydroxyurea 1000 mg/d in GBM. N=30. 1 y PFS 40%, 1 y OS 67%. Long term stabilization found in 3/6 > 2y in secondary and 2/24 in primary GBM.

*2056. Gleevec in patients with PDGFR expression and GBM. N=20. 65% stabilization. MPFS 7.8 mo and 6 mo PFS 52.2%.

*2057. Temsirolimus + Tarceva 150 mg/d. Excessive rash and mucositis lead to CCI-779 dose reduction (50 mg/wk changed to 15 mg/wk).

*2058. Sorafenib in high grade glioma (600 mg bid-800 mg bid according to EIAC intake). Well tolerated and on going...

2059. VNP40101M novel DNA alkyl inhibitor of AGT in pediatric glioma. Phase I, MRD 45 mg/m2/d qd x 5 d q 6 wk untreated and 30 mg/m2/d in heavily treated.

2060. TMZ HD (200 mg/m2 bid x 4) + HD TTPA + HD CBDCA + SCT /MB/PNET/GCT. N=27. CR survivors include 3 glioma, 3 PNET/MP, and 3 GCT. Now on going large scale study with TMZ 175 mg/m2/d x 5

*2062. RTA744, 7.5 mg/m2/d x 3 d q 3 wk. N=20. 1 CR + 1 PR +1 mR + several NC in Phase I Study. Promising Phase I.

*2063. SDX 102 (purine inhibitor useful in methyladenosine phosphorylase (MTAP) deficient tumors (33% out of 118 patients found to be MTAP deficient). Dose levels was MTD for EIASD+ 80 mg/m2/d and EIASD- not reached >125 mg/m2/d.

*2069. Long term > 3 survivors with GBM at MSKCC= 39. Recurrence 28, 11 continuously NED. RT necrosis in 6 after 2.7 y median time; 12 with subcortical dementia/leukoencephalopathy and 9 strokes.

*2070. BCNU wafers followed by RT + TMZ. HR=0.54. (N=85; 36 with BCNU and 49 wiyhout BCNU).

2071. BCNU & TMZ seuqntial series showed no differences. OS 22 mo, PFS 9 mo equal. Randomize?.

2073. PEG-LIPOSOMAL DOX. N=49 +/- TMZ. OR 53% (with NC included),; 6 mo PFS 27%; MDS 35 wk. OK.

DEVELOPMENTAL THERAPEUTICS- CHEMOTHERAPY

*2502. UGT1A1 selection of patients for CPT: 6/6 and 6/7 had good tolerance for CPT at 400-500 mg/m2. 7/7 do not tolerate dose escalation.Phase II in CRC started.

2504. Cr´C more important for S-1 (5FU) than m2 dosing. CYP2A6 genotype correlated also.

2507. Rythmic genes 801 in females and 800 in males. Only 90 common and about 71 had significant dife¡ferences. May be relevant for antisense and targeted therapies.

*2509. ERCC1 predecited OR to FOLFOX in CRC (HR4.2). Polymorphism in ERCC1, TS and XPD predict overall survival.

*2510. TS and UGT1A1 to define FOLFIRI dose. CPT 180 mg/m2 q 2 wk in poor risk and 280 mg/m2 when good risk.

**2511. Esophageal cancer. Polymorphism of ERCC1 8092 c/A, XPD Asp 312 Asn, XPD Lys 751 Gln increased OS from 15% to 37%. Combination of genes with variant alleles increased OS/DFS from 10% to 51%, after trimodality therapy. Very important paper.

2515. Ly 573636-Na induce apoptosis through a mitochondrial mechanism. DLT 420 ug/mL. Phase I.

2516. MGCD0103 bid po (HDAC inhibitor) Phase I. 53 mg/m2. Inhibition of HDAC proven.

2517. ZALYPSIS (PM00104) (Pharmamar) Phase I: MRD 3 mg/m2 iv 1 h q 3 wk. Hematological toxicity. MTD 3.6 mg/m2.

2518. SSR 244738 (G2 cell cycle inhibitor). Phase I: 1300 mg/m2 MRD.

*2527. GST-P1 Ile 215 Val correlated with neurotoxicity to TXT (30% vs 6.5%). HR=6.1

**2551. O13-5FU oral dose (3mg/kg and breath test of 13CO2 to assess dihydropyrimidine dehydrogenaseactivity. Cambridge Isotope Laboratories (Ma).

*2555. Desrazoxane, 1000 mg/m2 iv qd x 3 d starting < 6h for anthracycline extravasation prevented necrosis in 98% of the cases.

2558. Plitidepsin (formally Aplidine) is now obtained by synthesis. MRD 3 mg/m2. Combined with CBDCA AUC 5, MRD 2.4 mg/m2 d 1, 8, & 15 q 4 wk.

*2560. Eniluracil 5 mg should be given 12 h prior to 5FU to inhibit DPD but not the anabolic enzymes (uridine phosphatase and thymidine phosphatase) required for itas activaction. So far MTD not found > 80 mg/5FU dose. Interest in 5FU resistant cases due to increase in DPD.

*2561. Rebeccamycin (analogue RA, BECATERIN) inhibits topo II and I abnd have as as well DNA intercalating properties. Synergism with LOHP. RA 80 m g/m2 qd x 5 + LOHP 130 mg/m2 d 5 q 3 wks. OR found in liver cancer, esophagus, gallbladder.

DEVELOPMENTAL THERAPEUTICS- IMMUNOTHERAPY

3000. CP675206, antiCTLA4 MoAb in melanoma. OR at 10 mg/kg q 1 mo. Toxicity: Colitis requiring colectomy, pancreatitis, Graves ophtalmopathy, diarrhea, etc.

*3001. Ipilimumab 3 mg/kg x 4 (CTLA4 blockade) + GMCSF 250 mg/m2/d x 4. OR 3/6 PSA, with a dose response effect, observed. Expansion of T reg CD4+ and FoxP3+ cells induced.

3002. AMG 479 MOAb against IGF-1R. OR observed in nweuroendocrine tumors.

3004. Uvidem (DC loaded with 3 allogeneic tumor cell lysates: M44, 5K-MEL28, COLO829). N=33. 21/25 TAA specific CD8+ T cells. 6 patients had benefit: 1CR, 1PR, 4 NC, for 7.5+ to 22+ mo.

*3005. Stage III-IV melanoma, HLA A0201, vaccinated with tyrosinase DNA vaccine (YMDGTMSQV). N=18. At doses 100, 500 and 1500 mcg im q 3 wk. M F up 42 mo. Rersponses by tetramer and IFN gamma: 7 T cell response and 1 deatn; and 18 no T cell response and 5 deaths.

**3006. NHL treatment with autologous DC loaded with heat shock killed autologous tumor cells (UVC irradiation). DC loaded x 48 and TNF alfa incubation. Theraspy with 50x10e6 DC. N=18 with measurabel and relapsed NHL (median 2 lines of therapy, 4 prior HDChX-SCT). Vaccine 6 mo after last treatment. OR 6/18: 3 CR + 3 PR +8 NC +4 PD. In OR patients Elispot was + and there was a reduction in FoxP3+ T regs.

*3008. WT1 aa 126-134, 0.2 mg + GMCSF + Keyhole limpet H biwk x 4, then wkly x 4 or cont biwk. N=29 (23 AML, 2 RAEB) at the time of CR in high risk group. WT1 tetramer response increased from 28% to 80% at wk 10. Results: 1 CR + 13 SD (the CR and 3 SD occurred after PD!).

3020. Catumaxomab (trifuntional MOAb directed against EPCAM+ ovarian ascitis cancer cells and anti CD3 and anti FcyRI/III tried in 129 cases. Tumor cells disappeared from ascitis with leukocyte-immune cell migration and activation.

3024. Oregovomab + TXL + CBDCA in ovarian cancer. Concurrent treatment induced potent HAMA and Ab2 responses. CR was 80% and CA125 response very satisfactory, on going with N=40.

*3033 BK (polyoma) virus cystitis after Alemtuzumab. Dx hemorrhagic cystitis. Dx was doen by PCR and BK virus iodentification. Occurred in 4/20 patients. Median onset at 3 mo.

**3051. Dendritoma (Dc hybrid with tumor cells) q 6 wk, times 1 to 6 + low dose IL2 in melanoma metastasic. N=15: 3 NED + 4 NC + 2 mR + 6 PD. 12/18 survived >2y and 7 are alive (47%).

**3064. V gamma 9V62T (gammadelta) lymphocytes are very cytotoxic, stimulated with low doses IL2 and activated with chemical antigen analogs like BrHPP (IPH1101). Model in non human primates with IPH 1101 + Low dose Il2 side effects GI, flu-like, hypotension. In Phase I 6 NC, MDR 25 wk, OR at 4x10e9-8x10e9 cells. When IPH1101 + IL2 were given iv gammadelta lymph increased x 240 and in metastasic RCC 8/15 NC >35 wk and 6>51 wk. That is specific gammadelta immunotherapy. Now Phase II on going in RCC.

*3065. DC incubated with tumor cells in GBM given id. Clinical response 33%, MST 10 mo (specially when combined with Newcastle virus).

DEVELOPMENTAL THERAPEUTICS- MOLECULAR TEHRAPEUTICS

*3500. LBH589 (deacetylase inhibitor) induced apoptosis at anaomolar concentrations. Phase I: 20 mg tiwk po. Effect on HDA > 72 h in 50% of the patients. Responses: CTCL: 2 CR + 4 PR + 2 NC; 1 NC melanoma; 1 NC parotid; 1 NC mesothelioma and 15 PD. Toxicity: Diarrhea, platelet count, anorexia, fatigue.

3504. Sorefenib inhibits Dc but not sunitinib.

3505. IMC-A12 (MoAb IGF-1R), MTD not reached >15 mg/kg wkly x 4 q 6 wk,early signs of biological and clinicla effects (prostate, HCC, endometrial, male breast, bladder), 4/11 NC. Toxicity: Hyperglucemia, rash, pruritus, diarrhea, anemia, psoriasis).

**3510. PO Rapamycin Phase I. N=24. Sustained inhibition of phospho56K at 30 mg po q wk (50% decrease in concentration by day 4th and undetectable at day 8). NC in 46% patients.

**3512. Sorafenib 200 mg bid + Temsirolimus 25 mg iv Phase I. MTD. Full doses give mucocutaneous DLT. OR observed in thyroid, NHL, RCC...

**3513. RAD001C (mTOR inhibitor) Phase II in breast cancer: 1 CR + 2 PR + 2 NC/ 46. Fatigue, rash, anemias, mucositis, diarrhea, pneumonitis.

3520. AZD0530 first inhibitor of src. Phase I: 175 mg qd.

**3521. SU14813 (inhibitor of VEGFs, PDGFs, kit, FLT3 at nm concentrations). Phase I: 100 mg cont dose po qd. 1 CR RCC, 11 PR (2 RCC, 2 thymus, 2 NSCLC, 1 CRC, 4 others) and 14 NC (prolonged > 1 year).

*3525. ARQ197 (inhibitor of c-met). Phase I MRD 120 mg bid po. 2 PR + 19 NC/33 patients. Fatigue and GI symptoms.

3526. XL880 (c-met and VEGFR inhibition) Phase I: MRD 3.6 mg/kg po qdx5 q 2 wk. Hypertension, fatigue. 5 PR + 3 mR + 8 NC> 3mo / 40 patients. Started trials in gastric and H&N cancers.

**3542. Sorafenib 200 mg po bid + BV 5 mg/kg q 2 wk. 7/38 PR (6/14 ovarian and 1/3 RCC).

3543. Sunitinib 25 mg/qd x 14 q 6 wk + TXT 60 mg/m2 q 3 wk. NC 5/9 NSCLC, RCC.

*3546. Sunitinib in HCC. 46% showed >50% tumor necrosis without changes in tumor size. 1 PR + 39% NC/ 37 patients.

**3547. 5AZA 75 mg/m2 sq qd x 10 d + Valproic acid 75-100 mcg/ml (daily titration). NC 34% (16/47) (salivary gland, thymus, CRC, saroma, thyroid, & breast cancer). Toxicity: neutropenia, thrombopenia. Both hypomethylation and histone deacetylation were demonstrated.

**3548. BV 5 mg/kg q 2 wk + Everolimus 5 mg qd + Tarceva 75 mg qd. MTD mucopsitis, rash, nephrotic symdrome, bowel perforation, heart ischemia, vemous thrombosis. 1 PR RCC, 1 PR Osteosarcoma; 5/6 CRC with prograssion to BV had NC and had 1 mR.

3554. ZIO 101 (s dimethylarsino-glutathione, organic arsenic) Phase I: MTD 420 mg/m2/d qd x 5 d. DLT confusion and ataxia. NC 4/34, 1 PRR in a NCS mets from RCC, 1 mR hepatic mets from pancreas ca.

GASTROINTESTINAL - COLORECTAL

*4000. FOLFIRI + CETUXIMAB > FOLFIRI. N=1217. PFS 8.9 vs 8 mo, OR 46.9% vs 38.7%. More diarrhea. First line mets therapy.

4003. IRI + CETUX > IRI. PFS HR 0.69, OR 16.4 vs 4.2%. Better QOL.

*4004 Polymorphism of VEGF C936T, VEGFR2 (+4422, AC repeat & +1416 T/A) predicted recurrence risk in stage I & II CRC.

4006. LN as a predictor of survival in resected CRC. Median ly no required= 9.

**4015. 12 LN bench mark. NCCN centers achieves it in 89% while SEER data only 45% in colon, and more unfrequent in rectum (only 22%).

*4028. FOLFOX-4 or XELOX +/- BV improved PFS from 8 to 9.4 mo. Placebo controlled. N=1401.

4033. FOLFOX -4 +/- PTK/ZK (panVEGFR inhibitor) showed better PFS. HR=0.94.

*4038. CRC mets after standard ChX randomized to >Panitumumab vs best palliative care. PFS HR 0.67 . Skin toxicity grade 2-4 (N=463).

4041. Neoadjuvant BV+ 5FU + RT demonstrated downstaging in 12/22 rectal cancer.

4042. XE + LOHP * CETX in rectal cancer. Downstaging 35% T and 67% N. PCR 9%.

**4047. Validation of SLN mapping in Colon cancer (selected series, international, experienced surgeons). N=1216. Mapping successful 92.9%, accuracy 89.4%, sensitivity 78%, negative predictive value 82.8%, nodal+ 52.9%, upstaged patients (microcmetastasis) 18.3%, skip metastasis (false negative) 21.7%.

4057. After resection of liver metastasis HAI 5FUDR 0.2 mg/m2 + DXMTS d 1-14 wks 1 & 2 + XELOX iv. 2 y OS 88%, 48% recurrences. MOS 46 mo. Better than expected...

*4060. Neoadjuvant XELOX + BV for patients with resectable liver mets. XEL 3500 mg/m2/d d1-7 + LOHP 85 mg/m2 + BV 5 mg/kg q 2 wk x 6 (the 6th cycle no BV) and then 3 wk later surgery (5 wk without BV). N=54. Dose reduction 43%. OR 74% (11% pCR). Diosease control rate 94%.

*4067. LOHP + CPT combination 5 yOS 9% bench mark.

*4082. Panitumumab in low or negative EGFR, 6 mg/kg q 2 wk. N=91, resistant to ChX. PR 5-8%, NC 30%. MDR 22 wk, MPFS 8 wk.

4085. ZD6474 Zactima 100-300 mg qd + FOLFIRI. OR 20%.

4095. ZD 6474, Vandetanib, Zactima 100-300 mg qd + FOLFOX. OR 20%.

*4103. CPT 180 mg/m2+ Alimta 400 mg/m2. OR 14% + NC 41% (second line no prior CPT)

*4114. Statin use associated with 6% relapse rate CRC compared to 16% without it.

*4132. K-ras mutated no response or stabilization with CETX. All Ors occurred with wt k-ras (OR 8 + NC 11 / 26 patients).

GASTROINTESTINAL - NON COLORECTAL

**4500. Hereditary Diffusse gasteric cancer (HDGC) associated with breast lobular carcinoma, presetn mutated E-cadherin (CDH-1), penetrance 70-80%. Prophylactic total gastrectomy give good results.

*4503. RAD001 (Everolimus) + Sandostatin LAR in low grade neuroendocrine carcinoma (carcinoid 30, islet cell 30) all with prior octreotide. PR 17% + NC 75%. MPFS 59 wk. Chromo A responses 50%

*4504. Sorafenib 400 mg bid in neuroendocrine metastatic tumors. N=93. PR 19%. NC 17% - 32% (Carcinoid and islet cell).

**4505. MGMT (immunohistochemistry) absence in neuroendocrine tumors correlated with OR to TMZ. OR in islet cell 11/35 (31%) and 0/38 carcinoid. OR in 5/8 absent MGMT in pancreatic relapses. Absence of MGMT correlated with OR 80% vs 0% (MGMT+) and MPFS 19 mo vs 9.5 mo respectively.

*4508. GEM + BV = GEM + Placebo in pancreatic carcinoma (N=602).

*LBA4509. GEM 1000 mg/m2 wk x 6-8 + CETX 400->250/m2 wkly = GEM in pancreatic carcinoma. MST 6.5 vs 6 mo, HR 1.09, PFS HR 1.13. OR 12% vs 14%.

**4510. Preoperative CDDP + 5FU (and again postoperative when OR or N+) vs surgery in gastric and lower esophagus cancer. N=224. RO 84% vs 73%, 5yDFS 34% vs 21%, 5yOS 38% vs 24%.

**4511. T3-4 Nx CDDP + 5FU/FA vs same + RT 30 Gy in gastric cancer. N=126. RO 77% vs 85%, pCR 2.5% vs 17%. Mortality 2 vs 5 patients. MST 21.1 mo vs 32.8 mo; 3 y OS 27% vs 43%. Better combined modality.

**4512. Metanalysis of preoperative ChX+RT in 12 trials and N=2102. Demonstrated benefit compared to surgery in esophageal resectable cancer with a gain in 5 y DFS 4%. HR=0.82. No differences in postoperatrive death rate.

**LBA4513. S1= CDDP+CPT and > 5FU in advanced gastric cancer. MST 11.4 mo, 12.3 mo and 10.8 mo respectively; 1 y OS 48%, 52.5% and 44% respectively.

*4514. S1 < S1 + CDDP in gastric cancer. MST 335 vs 396 d; OR 31% vs 54%.

**4515. Metanalysis GEM + Other >GEM in pancreatic cancer. N=4465.

*4516. FOLFIRINOX > GEM pancreatic cancer.

**4525. Gastric cancer. CPT 80 mg/m2 d 1 & 15 + S1 80 mg/m2 d 1-21, q 6 wk vs S1 80 mg/m2 d 1-28. OR 41.5% vs 26.9%.

**4526. Gastric cancer. LOHP + 5FU/FA + Cetuximab 400 loading -> 250 mg/m2 wkly. N=57. OR 65%, 4 CR + 26 PR; TTP 7.6 mo, MOS 9.5 mo.

*4527. TXT + LOHP in adenoca gastroesophageal origin. OR 36% (CR 8.2% + PR 27.7%). MTTP 5.3 mo; MOS 9.8 mo.

*4528. Wkly TXT + CDDP + 5FU vs wekly TXT + XEL. OR 49% vs 26%. M Fup 51.8 mo: MPFS 5.9 vs 4.2 mo.; MOS 12.8 & 10.1 mo respectively. Improvement over 3 wkly schedule. TXT 80 mg/m2 d 1& 8, rest as usual.

4530. ChX + RT vs surgery in resectable esophageal cancer. N=91. Mfup 51.8 mo. MST 12.8 mo vs 15.8 mo. 2 yOS 37% vs 25%; 4 y OS 29% vs 23%. 66% deaths due to tumor. NO sigbnificant differences.

**4531. Gastroesophageal cancer. Comparisdon of ChX + Protracted RT (4.6 Gy/4.5 wk, F 2 Gy) vs split (2x 1 1wk 15 Gy/3 Gy F x 5). Pallitaive proceduresd wer stents and hospital stay/dysphagia. Eevnts 0.86 vs 1.86. Split was worse.

*4532. RT 50 Gy + ChX LOHP-5FU > RT + CDDP-5FU in inoperable esophageal carcinoma.

**4533. TXL+CDDP+RT vs CPT+CDDP+ RT in adenoca esophagus. N=90. PCR 15% vs 16%. Low pCR rate. Not better than CDDP-5FU-RT. 3 cycles given only to 49% and 47% respectively beacuse of high toxicity.

***4535. Mut p53 correlated with OR in esophageal carcinoma: wt p53 12/14 OR and 2 PD; mut p53 0/16 OR and 16 PD for CDDP+5FU. Wt p53 0 OR and 2 PD while mut p53 6/6 OR and 0 PD for TXT. Prospwective trial on going...

*4548. Fixed dose rate GEM 10 mg/m2/min + CDDP 20 mg/m2 + BV 10 mg/kg d 1 & 15 q 4 wk in pancreatic carcinoma. N=53. GEM dose reduction 20%. PR 22.6% + NC 49%; MTTP 6.2 mo; 1 y OS 40%. Promising.

*4550. S1 + GEM: OR 44% in pancreatic carcinoma (Japan series).

**4567. Bv +Tarceva in HCC. N=29. 1 CR + 5 PR + 14 NC (Benefit 74%). On going.

4568. Esophageal cancer. TXT + CDDP + 5FU x 2 then RT 39 Gy (F 1.8 Gy) + 5FU 300 mg/m2/d of RT + TXT 15 mg/m12 wkly x 4 and then operaton. PCR 31%; downstaging 81%; RO resection 100% (16/24 initial patients).

4570. HCC: BV. OR 12.5% + NC 54%.

*4574. HCC: XEL + LOHP + BV: OR 11% + NC 78%; MPFS 5.4 mo.

*4594. HCC: GEMOX + CETXMab . N=43. OR 23% + NC 42%. AFP 50% decrease 50%.

*4613. Gastric cancer. N=21. HER2+++ (FISH or IHC). HERceptin + CDDP: OR 35% + NC 17%.

GENITOURINARY CANCER

**5001. Celecoxib no effect on prostate cancer (400 mg bid prior to prostatectomy)

*5002. Neoadjuvant prostate cancer TXT 35 mg/m2 wkly x 6 q 8 wk + Buserelin. At the time of prostatectomy 2/26 pT0; t2= 53% and T3= 44% (no differences with preoperatory staging). PSA recurrence free survival 70% (M F up 42.7 mo). OK!.

*5003. PC. Adjuvant/concurrent TXT wkly 20 mg/m2 + RT and then TXT 60 mg/m2 x 3. N=50. At 1 y F up 44% CR and 2 distant metastases.

**5004. Johns Hopkins. All patients with PD to HX. TXT 75 g/m2 q 4 wk + Androgen gel 1% 5 g x 7 d prior + Leuprolide va TXT q 3 wk + 3 d Androgen + Leuprolide. Second cohort had better rersults: undetectable PSA at 6 mo 66% vs 37% and 12 mo 53% vs 0%. On going.

**5006. Total PSA measured 50-60 yo > 0.5 increase odds for prostate cancer.

**5014. EORTC adj HX + RT in locally advanced PC. Randomized 6 mo vs 2.5 y Hx. Long Hx favorable: 5 y PFS 81.8% vs 68.9% and 5 y PSA recurrence FAS 78.3% vs 58.9%. HR=1.93 and HR 2.29.

**5015. Intermittent HX (40% time off). No differences in MTTP 16.6 intermittent vs 11.5 mo for continuous HX and better MOS 57.4 mo vs 53.8 mo. QOL better for intermitent therapy.

*5019. Satraplatin 80 mg/m2/d x 5 q 5 wk + PDRN in Hx resistant (50% prior TXT), compared to placebo + PRDNS. Results: OR 7% vs 1%; PSA50 OR 25% vs 12%; pain OR 24% vs 14%. Tooxicity hematologic and diarrhea.

**5022. Germ cell. BLMH (Bleomycin gene) polymorphism A1450G (GG poor risk) conferred poor prognosis with 10/31 deaths (as compared with AG only 10/133). OR 4.97, additional factor on top of IGCCC score criteria.

**5026. RCC. Sorafenib dose escalation up to 1200-1600 mg/d showed a 52% OR fro high doses. Increrase in dose prolonged TTP 3 mo in 33% onf patients (N=46).

**5027. RCC Sunitinib AUC correlated with response in cytokine refractory RCC. A dose of 50 mg/d can give a 62%PR. Increase exposures is an intersting goal. Model pharmacokinetic constructed!.

**LBA5028. Postioperative RCC randomized sutdy to low dose IL2 1 MU bid x 2 & IM qd x 3 q 4 wk + IFN alfa 1.8 MU bi wk , repeated q 4 mo x 2y & q 6 mo x 3 y vs no therapy. Results were equal x 5 y. DFS 0.73 both groups and differed after 5 y. At 10 y PFS =.73 vs =.6; HR=0.84. Better for good Karnofski and low grade tumors.

*LBA 5030.Urinary bladder EORTC trial. TXL + CDDP + GEM > CDDP + GEM. RR=57.1% (CR 15%) vs 46.4% (CR 10%). MST 15.7 mo vs 12.8 mo.

*5031. RCC: Pazopanib (inhibitor of VEGFR 1-3, PDGFR a/b, ckit)800 mg/qd po. OR at wk 12 40% and NC 42%. N=161. Quite efective Glaxo Smith Kline.

**5032. RCC. Sorafenib resistant. AG-013736 (inhibitor of VEGF 1-3). 5 mg po bid. OR 14% + nc 36% (n=62). No OR after SUNITINIB (N=9).

**5033. RCC: Randomized to Temsirolimus 25 mg iv wkly +/- IFN 6 MU vs IFN 3 MU tiwk up to 18 mU. MOS improved for Temsirolimus in clear cell carcinoma 10.7 mo vs 8.2 mo and other histologies 11.6 mo vs 4.3 mo. MPFS also for clear cell carcinoma HR=0.76 and other HR=0.38. No differences in young or older patients.

**5034. RCC: Cci779, 25 mg iv wkly + BV 10 mg/kg qowk. N=12. 7 PR + 3 NC.

*5035. RCC resistant to BV. Sunitinib 50 mg qd. N=61. PR 23% + NC 57%. MDR 36 wk. PFS 30 wk.

5036. RCC. Sorefenib expanded trial. OR seen in papillary, chromophobe RCC (3.4% and 5.6%).

**5038. RCC. Sequential use of Sorafenib/Sunitinib AND Sunitinib/Sorefenib. PR 17.6% So 22.7% Su and also in second line. N=68. Only 6 patients resistant to both agents and 4 had a PR to both drugs.

5039. RCC. PTK/ZK (block VEGFR all)1000 mg qd + RAD001 (mTOR inhibitor)5 mg qd. N=27 all with prior BV. OR 15% + NC 62%; TTP 6 mo

5040. RCC. Continuous Sunitinib 37.5 mg qd (some down further to 24 mg qd) PR 19% + NC (6 mo)40%.

**5043. RCC. Sunitinib leukp`penia ANC <2.5 associated with better OR 64% vs 36% & TTP 20.6 mo vs 8 mo. Is it a marker of AUC/ dose response effect?.

**5044. IL6/VEGF levels predict survival in RCC.

**5054. Germ cell. Salvage HD CBDCA 700 mg/m2 x 3 + VP 750 mg/m2 x 3 + SCT, repeated x 2 after VeIP induiction in non seminoma (Einhorn). N=35. Second dose 93% NED. Mortality 10% afteer 2 lines. Advocate use in first line salvage therapy.

*5059. Sipuleucel (cellular immunethrapy for PC). In androgen sensitive PC, randomized to placebo. N=176. No differences.

***5063. Abiraterone (CYP17 inhibitor) in HR prostatic cancer. Dose increased to 1000 mg qd. OR 7/15 + NC 6/15. HR at least is hormenedriven in 60% of cases. Very good.

***5064. Phase I Abiraterone (oral inhibitor of 17 alfa hydroxylase and C17,20 Lysase (inhibitor of androgen synthesis in the adrenal). Doses up to 500 mg qd. PSA OR 7/14 (PSA response in 5/9 ketokonazol resistant patients). Cirtocsteroids not alwways required.

*5068. Itrofulven + PRDN > MTZ + PRDNS in TXT resistant prostatic cancer.

*5070. Gefitinib > Placebo in HRPC. MOS 26 wk vs 17 wk. HR 0.79.

**5071. PC with bone metastasis. Alpharadin (Ra223) alfa emitter bone targeting nucleid. Randomized sutdy of Ra223 50 Bq/kg biwk x 2 vs placebo. N=64. MTTP 26 s 8 wk. HR 2.11 for OS. NO hematological toxicity. 18 mo OS 45% vs 26%. MOS 65.3 wk vs 46.4 wk.

*5075. IL6 levels in PC correlated with NFkB activity and predict low response rate to TXT.

5079. Alimta 500 mg/m2 + GEM 1000 mg/m2 d 1 & 8 q 3 wk in urothelial bladder cancer. N=46, untreated. 1CR + 10 PR (OR 28%)+ 11 NC.

*5080. Sunitinib in bladder cancer. N=21. 2 PR + 8 NC, in 15 evaluable...

*5083. MDACC Small cell bladder cancer. IFX/DOX alternating with CDDP/VP. 5 yu OS 48%. Cystectomy after 4 cycles.

***5084. Relapsed CDDP refractory germ cell(80% recurred after HDChX): GEM 800 mg/m2 d 1 & 8 + LOHP 130 mg/m2 d 1 + TXL 80 mg/m2 d 1 & 8. N=41. 5% CR + 47% PR + 20% NC. Second surgery 22%. NED 22%.

*5086. Bokemeyer results 41 patients with late relapse with sequential VIP -> CBDCA 2.2 g/m2 + VP 1.8 g/m2 + CPA 6.4 g/m2. CR 10% + PR 39%. Residual resection 41% (pathology with tumor 47%, teratoma 24%, necrosis 25%). M F up 3 y. EFS 17%; PFS 20%, OS 32%. There is a place for it.

5089. CBDCA AUC 7 x 1 adjuuvant in seinoma stage I.

**5093. AZD 2171 in RCC 45 mg po qd. N=24. OR 38%. Benefit 75%.

*5094. Volociximab (alfa5beta antiintegrin MO Ab) in RCC. N=40. NC 80% (1 PR). MTTP 4 mo.

5097. RCC: Gefitinib + Sunitinib 30% OR + 42% NC

5099. RCC BV + Sunitinib. N=16. 4/13 PR + 7 NC.

5100. RCC: Sorafenib + IFN. N=100. OR 25.4% & benefit 66.7%.

*5103 RCC: IL2 + BV. N=16. 1 PR+ 13 NC/ 11 evaluable.

**5105. RCC: Meloxicam (COX2 inhibitor) 10 mg qd + IFN alfa 3-5 mU tiwk. N=21. CR 21% + PR 25% + NC 25%. MTTP 6 mo.

**5114. HRPC (NCI Bethesda): Thalidomide 200 mg qd + BV 15 mg/kg + TXT 75 mg/m2 (+enoxiparin + peg GCSF+ PRDNS 10 mg qd). N=39. PSA OR 87%; 1 CR + 9 PR/17 measurable disease (59%).

*5122. PC: TXT 20 mg/m2 wkly x 6 + Sa 37 mBq/kg wk 1 consolidation (after TXT 70 mg/m2 + EM 10 mg/kg/d x 5 x 4 induction ChX). N=43. PSA OR 72%; 7 moPFS 48%; 1y OS 71%. Feasible consolidation...

5147. PC. Neoadjuvant XEL + TXT. PSA OR 40% (N=15).

5151. PC: CBDCA + VP after TXT. OR 28%, pain response 45%. MPFS 9 wk, MOS 19 mo.

GYNECOLOGIC CANCER

**5503. Endometrial carcinoma I-IIIA high risk (high grade, deep invasion, DNA non diploid) Randomized to RT + ChX vs ChX (different options CDDP+DOX, TXL+CDDP+DOX). M F up 3.5 y. PFS HR 0.58 favoring RT arm (7% diference at 5 y PFSfrom 75% to 82%).

*5505. Ovarian cancer: 6 cycles TXL after a pCR (TXL-CBDCA) do not add to cure. MPFS 34.4 mo; 3 y OS 87% vs 79%.

*LBA5506. GEM similar to Caelyx in recurrent ovarian cancer.

*5507 Pertuzumab + GEM > GEM in platinum resistant ovarian/fallopian/primary peritneal carcinoma. N=130.

*5508. VEGF-Trap (VEGFR fused to Fc of IgG) 2-4 mg/kg q 2 wk randomized study. OR 11% in heavily pretreated ovarian cancer.

**5509. Long term adjuvant rsults in early stage high risk ovarian cancer. 10 y OS 8% gain (64% to 72%). 26% died of other causes...

**5513. Overexpression of BRCA1 IRIS gene in ovarian cancer families without BRCA mutation.

**5515. Ovarian cancer. Mannan-MUC1 fusion protein (DC-MFP, Loveland et al Clin Ca Res 2006;12:869) cultured DC(IL4-GMCSF) on d 5 and injected d 6 intradermally 5x10e6DC q 4 wk x 3 and then q 10 wk x 1 y. N=28. Results: 4/21 (19%) ca125 OR, 2 PR, 2 NC (88% tumors were MUC1+ on IHC).

*5516. AP23573 (mTor inhibitor) in endometrial cancer (previously treated). Benefit 9/27 (33%) with 2 PR.

*5521. Ovarian ca: CBDCA AUC 6 d 1 + TXL 60 mg/m2 d 1, d 8 and d 15, repeated q 3 wk x 6. N=40. All achieved a cCR. At second look 145 negative, 4 positive. PCR 78%. Completed therapy 82% (MGH, DFCI).

**5522. Ovarian cancer. Icodextrin 4% for CBDCA AUC up to 8 (DLT) have PK advantages.

**5525. Nalb-TXL 260 mg/m2 in 30 min q 3 wk in ovarian cancer. N=44. OR 50% (13 CR + 9 PR).

*5527. Ovarian ca. Epothilone ZK-EPO 16 mg/m2 in 3 h iv, in Platinum resistant N=63. Results: 4/13 initial patients had a PR...

**LBA5529. Canfosfamide (glutathione analog activated by glutathione S Transferase P1-1 + CBDCA in ovarian cancer resistant to 2 platinum lines. OR 31.6% (Randomized to lisomal DOX, OR 10%). MST not reached (Caelyx 11 mo).

**5548. TXT + GEM second line in cervix cancer resistant to CDDP +/- RT not prior TXns. N=26. OR: 1 CR + 6 PR/19 (26%).

*5549. LOHP + TXL in cervix cancer. OR 29%.

**5561. Pazopanib (GW786034, inhibitor of VEGFR 11-3, PDGFR a/b, cKit) 800 mg q d in Pt resistant ovarian cancer. N=17. Ca125 OR 7 (47%) NC 4 (27%).

**5566. Ovarian ca. Gefitinib 500 mg/d + CBDCA + TXL (2^{nd} line > 6 mo interval). N=68 /26 resistant and 42 sensitive) ORR 19.2% and 69.2% respectively. 2 MDS and 1 AML. OS 16 mo and 25 mo. MDR 6 mo and 7.5 mo.

**5568. ERCC1 negative ovarian cancer OR 63.5% vs ERCC1 positive 35.6%. ERCC-1 present in 37.7% of cases.

**5579. Relapsed ovarian cancer. Trabectedin 1.3 mg/m2- 1.5 mg/m2 or wkly 0.58 mg/m2. ORR 33% and 16% in platinum sesitive and platinum resistant cases respectively. MTTP 6.3 mo and 25 mo. Now in Phase III. Availability?.

*5580. Early ovarian cancer., size 10.7 cm and advanced ovarian cancer size 4.8 cm in a series of 110 operated cases (Univ Utah) indicating different biologies and early seeding for aggressive type.

HEAD AND NECK CANCER

**6000. HPV16, 33 & 35 observed in DNA analysis and correlated with a better OR to ChX (81.6% vs 53%) TO cHx+rt (84% VS 56%). Presentation in oral cavity, early stage, basaloid type and better KPS. M F up 39 mo. HR PFS 0.28; HR OS 0.21.

**6006. Wt p53 and BCCIP (BRCA2 and CDKN1A interacting protein essential for the activity of p53) correlated with OR to RT in ca. larynx stage I & II. 5 y loval control 68.7% vs 46.2% and 5 y OS 67.6% vs 34.6% when not present (either alone not sufficient) indicating a factor of rediosensitivity!.

*6008. AG013736 (inhibitor of VEGFR 1-3) 5 mg po bid in thyroid cancer. PR 13 + NC 30 /60. MPFSnot reached with a M f up 9 mo.

**6009. EGFR antisense DNA intratumoral in recurrent H & N cancer (Doses 60 to 1920 ug at 1 ug/uL). N=17. Results: 2 CR + 3 PR + 2 NC. MDR 4.5 mo, MST 5.4 mo. CR are alive NED > 23 mo.

**6012. H&N recurrent or metastasic. Cetuximab 400-250/wkly + Wkly TXL 80 mg/m2. N=46. CR 7 + PR 18 + NC 123 (Benefit 88%).

**6013. H&N recurr/mets. Tarceva + TXT + CDDP. N=50. CR 4 + PR 25 + NC 12. M F up 19 mo. MOS 11 mo.

*6014. TXT + CDDP + 5FU induction -> 54 Gy in 30 F + Concomitant boost 18 Gy in 12 F + CDDP 100 mg/M2 d 1 & 21 of RT in advanced H&N cancer (70% stage IV). M F up 27 mo. 2 y OS 72%, 2 y PFS 66%. Completed RT 50/76, 2 deaths, G4 toxicity 54%. Encouraging...

**6015. Cetuximab + TXL + CBDCA induction wklty after gastrostomy x 8 wks. Positive bx then had Cetuximab + TXL + CBDCA + RT 50 Gy. Negative bx had RT 68-72 Gy. Afterwards Cetuximab + TXL + CBDCA x 8 . If new bx was positive -> salvage surgery. N=74. (ECOG-E2303). First bx pT0=65%; after Chx+RT50 pT0=28/28 (100%). High pT0!.

*LBA6016. H&N. Seq CDDP-5FU x 2 ->RT 70 Gy ->CDDP-5FU x 2 vs RT 20 Gy/10 F alt CDDP-5FU wks 1, 4 7, %10. N=450. 8% in larynx preservationfor alt RT no differences in OS and PFS.

*6017. Thyroid ca. Motesanib (inhibitor of VEGF, PDGF, kit, RET) 125 mh qd. OR 12% + NC 24%. N=93.

6018. Medullary thiroid ca. Vandetanib (RET inhibitor, EGFR, VEGFR) 300 mg qd. N=30. PR 20% + NC 30&.

6019. Sorafenib in mets thyroid cancer. N=15. 5 PR+ 3 NC (papillary carcinoma).

6021. H&N ca. Erlotinib + BV. N=20. OR 14.6%, OS 7.3 mo, PFS 3.9 mo.

*6028. H&N ca. Gefitinib + RT + CBDCA + TXL. N=67. 2 y OS 83%, 2 y PFS 77%, CR 91%.

**6049. H&N racurrent ca. Alimta 500 mg/m2 + BV 15 mg/kg q 3 wk. N=14. 2 CR + 3 PR + 6 NC (45% benefit). NO grade IV toxicity.

*6071. NOC. GEMOX. N=23. PR 52% (half were NC). MDR 7 mo.

**6072. H&N advanced. TXT + CDDP + 5FU + Cetuximab induction. N=23. Primary site OR 71%, Nodes 83%. CR 20%.

HEALTH SCIENCES RESEARCH

**6506. Prostate Cancer therapy depends on specialty of the phyisician consulted. N85.088 SEER. When only urologist 45-70% are operated & older receive HX/expectant management; when uriologist + RT there is a shift to RT 80-85% and when urologist + Medical oncologist reduction of surgery with HX, RT or expectant management in 20-30%. Finally when all are consulted majority receive RT (70-80) and some other therapy...

LEUKEMIA, MYELODYSPLASIA AND TRANSPLANTATION (adult)

7001. Transplant Modality. Autologous < allogenic matched unrelated & mismatched unrelated < related. Cord blood similar to related in 5 y OS, 5 y PFS and 5 y Relapse but worst mortality. HR=1.7.

**7004. CML. Dasatinib 100 mg qd > other doses and schedules. N=662. CHR 90%; MCyR 59%, CCyR 42% and less side effects (keeping quite similar response rates).

**7005. CML. Dasatinib 100 mg qd in untreated CML. N=31. CHR 81%, MCyR 81%, CCyR 73%. At 6 mo CCyR 95%. On gonig. Not active in T315I.

*7006. CML. Bosutinib (SKI606) 600 mg qd demonstrated OR after Gleevec in Chronic phase CML across different mutation types...

*7007. CML. Nilotinib, 400 mg bid, in Gleevec resistant/intolerant CP-CML. N=316.. MCyR 52%, CCyR 34%; MDR>10 mo. Rare pleural efussion, pulmonary edema, need of CSFs or platelet transfusion. Not active in T315I.

**7008. CLL. Cr to Fludara/CPA/RITX. N=224. CR 72%+ 11% nPR + 12 PR. MTTP 80 mo for CR, 80 mo for nPR and 24 mo for PR. 5 y OS 90%, 81% and 37%. Appears to be the best fornt line therapy.

*7014. T-ALL. Low ERG and BAALC exprerssion identifies a subgroup of T-ALL with better 5 y RFS (81% vs 33%).

**7018. AML refractory/relapsed. Sorafenib. N=10. 6 had transient OR (all with FLT3-iTD mutation).
**7021. Elderly AML: Decitabine + Valproic acid. N=33. CR 24% + PR 27%. 2 mo mortality 15%. MST 12.6 mo, 2 y OS 25% (M F up 20 mo).

**7031. PV. TG101348 (inhibitor JAK2) inhibit CF from Polycythemia Vera stem cells and prevents JAK2 2V617F splenomegaly in mouse model.

*7037. T-cell NHL. Alemtuzumab, 30 mg tiwk + Pentostatin 4 mg/m2 wkly x 4 & altern wks x 6. Results: 10 CR + 2 PR (60%) (TPLL, ATL, PTCL, TALL, gdTLy, TLGL). CMV infections were frequent.

**7040. CML. Nilotinib, 600 mg bid, in blast crisis/Ph+ALL. N=120 BC & 41 Ph+ALL. CHR 21%, marrow OR 6% and return to chronic phase 8% in Blast crisis; and 24$CR in Ph+ALL. Significant clinical activity.

*7060. AML. CEO-701 (Lestaurtinib) inhibitor of FLT3 (32% of adult AML) demostrated in vitro 85% plasma inhibitory activity and 85% of these had a clinical response: 10/17 OR (5 CR + 3 CRp + 2 PR). Only 4/17 with chemo alone without CEO-701 had response (2 CR + 2 PR). Prediction of activity identified...!

LUNG CANCER

*7511. NSCLC. Vinflumina 320 mg/m2/m2 q 3 wk vs TXT 75 mg/m2. N=551 second line RX. PFS 2.3 vs 2.3 mo; OR 4.5 vs 5.5%; MOS 6.7 vs 7.2 mo Equivalent.

*LBA7514. NSCLC. CDDP 80 mg/m2 + GEM 1250 mg/m2 +BV > CDDP + GEM. PFS 6.7 mo vs 6.1 mo; OR 34% vs 20%; BV 7.5 mg/kg d 1 & 8 vs 15 similar results.

*LBA 7516. NSCLC. CBDCA + GEM + immediate TXT vs same + delayed TXT. No differences. OR 39.7%; MOS 9.1-11.9 mo

7517 NSCLC. Alimta + CBDCA = GEM + CBDCA

7523. SCLC: CPT + CBDCA > VP + CBDCA in ED SCLC. HR= 1.34 for OS and CR 18 vs 7% (N=210).

*7536. NSCLC: Tarceva as initial therapy, PS 2, CR 1% + PR 7% + NC 35% (N=82). PFS 2 mo; MST 5 mo. 1 y OS 22%. (Better than SWOG ChX, pretend Phase II selecting EGFR expressing tumors.

*7539. GEM `CDDP + Cetuximab > GEM + CDDP. N=131. PR 27.7% vs 18.2%; MPFS 5.09 vs 4.21 mo; MOS 11.9 vs 9.26 mo.

*7541. NSCLC. PTK/ZK (VEGF inhibitor) 1250 mg qd < 500 am & 750 pm. N=112. PR 2% + NC 59% vs cCR 7% + PR 7% + NC 32%. PFS 2.4 vs 3.7 and OS 7 mo vs 6.8 mo.

**7542. NSCLC: Sunitinib 37.5 mg qd x 4 wk q 6 wk. N=47: PR 12% + NC 17%. PFS 12.1 wk. Active, on going…

7546. NSCLC heavily pretreated (median prior ChX 2 lines). Eribulin (marine halichondrin B microtubule inhibitor). Phase II 4 mg/m2 d 1 & 8 q 4 wk. N=106. PR 9.7% (10.8% in pretreated) and MOS 9.6 mo.

**7547. NSCLC untreated window. Sorafenib 400 mg bid. OR 12%; MST 8.8 mo. Active…

**7551. BRCA1 levels correlated with ERCC1 and MZF1 and provided HR 11.7 for operated NSCLC. Independent factor with stage of disease. High BRCA1 low survival.

**7575. Everolimus (RAD-001)+ Gefitinib in smokers with NSCLC. N=25, 11 untreated and 14 previously treated. PR 4. MDR 3 to 16+ mo; 2/13 and 2/10 respectively. Very promising since this is a group with alow expected response to Gefitinib.

7586. CBDCA + TXL + Cetuximab q 3 wk vs q 4 wk. N=164. No differences. OR 18%. Benefit 50%. MPFS 4.2 mo; MOS 11.7 mo; 1 y OS 45.9%.

**7600. R Rosell. Methylation of 14.3.3 demonstrated prolonged OR to Erlotinib EGFR mutant NSCLC. OR to Erlotinib 86.5% with Methylation 14.3.3; TTP and MST not reached while unmethylated had a 10 mo TTP… On going.

7601. NSCLC. Alimta + CBDCA + BV. N=39. 1 CR + 20 PR (55%). Diverticulitis 11%(one perforation).

7611. NSCLC: Lapatinib. Futility at N=131.

**7618. NSCLC: Pharmacodynamic separation of Erlotinib & TXT. TXT 75 mg/m2 d 1 q 3 wk & Tarceva 150-200 mg d 2-16 q 3 wk. N=37 previously treated. OR 35% (1 CR + 11 PR). MTTP 5.6 mo; MST not reached. It is important to prove that TKI can inhibit OR to chemotherapy!

*7716. SCLC: Alimta in relapsed SCLC: OR 20%.

*7724. Chloretazine (VNP 40101 M, alkylating agent) 125 mg/m2/wk x 3 q 6 wk. OR 29% (6/21) in sensitive and 5% in resistant (1/20). 3/16 PR in CNS mets. Active in second line therapy.

LYMPHOMA AND PLASMA CELL DISORDERS

*8000. NHL relapsed to BMT. MGCD 0103 (HDAC small molecule) po 110 mg tiw x 4. N=18/35 NHL, 7 evaluable: 5 had tumor reduction 21%-70%. Mucositis, fatigue, N&V. On going.

*8001. MM: LPAM + PRDN + THAL > LPAM + PRDN in >75 yo. N=232. OR 88% vs 39%; MPFS 24 mo vs 19 mo.

*8002. Refractory MM: Caelyx 30 mg/m2 + Bortezomib 1.3 mg/m2 d 1, 4 8 % 11 q 3 wk > Bortezomib. TTP 9.3 vs 6.5 mo; OR 48% vs 43%; MDR 10.2 mo vs 7 mo.

*8003. Waldenstrom/MM: Carfilzomib (PX 171, proteasome inhibitor peptide) 11-15 mg/m2 qd x 5 q 2 wk. Phase I: 4 PR + 6 NC in MM and demonstrated proteasome inhibition >80%.

8004. Indolent NHL: CPA + FLUDARA > CVP

**8005. FL NHL: CHOP+ RTX -> Ibritumomab tiuxetan (Zevalin). After CHOP-R CR 44% (N=44) & after IT CR 89%.

***8006. High risk IPI and age 18-60 yo NHL randomized to CHOP-RTX vs HD ChX (Blood 2002, Rambaldi; ASH 2005, Ladette) N=240 and searly stop after 136. HDChX better: CR 85% vs 59%; Molecular CR 80% vs 44%; 3 y RFS without molecular response similar 76% vs 67% and 3 y PFS with molecular response 32% vs 25%. MR is a determinant and HD ChX required in high risk group.

**8007. MM. TRAF-3 mutation leads to inactivation (NFkB pathway). No differences for BMT results but different response to Bortezomib (89% low and 40% normal).

TRAF-3 mutation associated with t(4;14)(26%) and elevated Cyclin D1 (9%). Mechanism of Bortezomib?.

**8010. Front line NHL-B cell type: CHOP + Bortezomib. N=49 (GELA). OR: 40 CR 83% + 5 PR + 1 NC. M F up 1 y: OS 100%; EFS 83%. Severe neuropathy, recommend to avoid Vincas...

8011. DLBC-NHL: RITX maintenance after R-CHP or CHOP prolongs TTP but not OS…

8012. RITX after HD ChX-SCT in poor risk DLBCL: 4 yEFS 80% vs 71%. Prolongs remission status.

**LBA 8015. HD: 10 y results German HD BEACOPP > BEACOPP. N=1196 randomized. M F up 10 y: 10 y FFTF 82% vs 64/70%; 10 y OS 86% vs 75/80%; deaths due to HD 2.8% vs 11.5/8.1%; 2nd malignancies 6.8% vs 6.7/8.9%.

**8017. WM: Poor risk are FcgammaIIIA-158FF polymorphism, B2MG >3 mg/dL; serum IgM >6000 mg/dL. Rx: Thalidomide 200 mg hs po x 2 wk and then 400 mg hs po wk 2-5 and 13-16 + RITX 375 mg/wkly. N=20. OR 1 CR `15 PR `mR 2 (78%). No effect of B2NG, seurm IgM or Fc gamma IIIA polymorphism. M F up 42 mo. MTTP 38+ mo.

**8018. WM transformation to MDS/AML correlated with nucleoside analog treatment 10/173 (5.7%) (no nucleoside 0/153). Other Rx: CVP, CBCL, RITX, CHOP, Thalidomide, CPA, Alemtuzumab, etc).

***8020. B. Barlogie. Total therapy TT2 had MOS 8 y. Now results of TT3: Shorter induction with 2 cycles of Bortezomib + Thalidomide + DXMTS (VTD)/ PACE (CDDP+ADM+CPA+VP) prior to LPAM x 2; followed by 2 cyckes VTD/PACE consolidation and then VTD maintenance q mo x 1 and TD x 2 y. N=303. Tandem transplants 84% (66% TT2); TR Mortality 4-5%; CR 59% (TT2 44%); 24 mo EFS 83% (TT2 75%); 24 mo OS 86% (TT2 85%). High risk gene array 24 mo EFS 62% (TT2 only 27%) and 24 mo OS 74% (TT2 only 43%). Prognostic factors LDH HR=3.7, gene array HR=3.3, age>65 yo HR=2.2. Toxicity was lesser tremor, constipation, syncope and TE.

*LBA 8025. MM: Lenalidomide 25 mg/d po d 1-21 q 4 wk + HD DXMTS 40 mg qd x 4 d, d 1, 9 & 17 q 6 wk < Lenalidomide + Low dose DXMTS 40 mg d 1, 8, 15 & 22. N=445. 1 y OS 96% vs 86%.

*8026. CTCL: ONTAK 18 mg/kg/d vs placebo. N=144. OR 49% vs 15%; PFS 971d vs 124d.

*8027. Romidepsin (FK.228, HDAC inhibitor) 14 mg/m2 d 1, 8 & 15 q 4 wk. N=27. (3 CR + 7 PR).

**8029. Lymphomatoid granulomatosis (EBV+ + B calls + reactive T cells). Tyreatment with IFN alfa high dose CVR 60% > 5 y in early stage & EPOCH + RITX CR 66% in advanced stage > 4 y. Historical results MOS aproximately 1 y.

*8030. Mantle cell lymphoma. Lenalidomide 20-25 mg + RITX: OR 5/6 (3 CR). Patiwents had 1-4 previous lines of therapy including tHalidomide + RITX!.

**8031. DLBCL: CHOP + Bortezomib. N=40. CR 68%; 2 y PFS 72%. In high-intermediate & high risk IPI 2 y PFS 74%.

**8033. FL: Bexxar front line therapy. M F up 8 y. OR 95%, CR 75%. 10 y OS 86%, 8 y PFS 50%. MPFS for CR 9.2 y. (High risk IPI 8 y PFS 35%). No MDS /AML found. Bench mark results!.

*8034. Mantle cell LY: Bendamustine 90 mg/m2 d 1 & 2 + RITX 375 mg/m2 wkly x 4. OR 90%, CR 60%, MPFS >30 mo.

**8035. Untreated BL: Dose adjusted EPOCH + RITX x 6. CR 100%, EFS 93.3%, MF up 29 mo, PFS 100%. Toxicity grade IV in 47% WBC and 22% plataelet. Maintained efficacy.

*8039. Mantle cell ly. CD23- showed 4yEFS 21.6%, 4yOS 55.4%; CD23+ (14/54) showed more indolent course with 4yEFS 54.6% and 4yOS 75.7%.

*8049. MM: Bortezomib 1.3 mg/m2 wd 1, 4, 15 & 22 + LPAM 6 mg/mg/m2 x 5 + PRDNS 60 mg/m2 x 5d + Thal 50 mg d 1-35 q 7 wks x 6 cycles. Refractory and relapsed disease. VGPR 43%, PR 67%. 1 y PFS 61% and 1 y OS 84%.

**8050. Systemic amyloidosis. Bortezomib 1.6 mg/m2 wkly x 4 q 6. N=15 previously treated patients. CR 2 + PR 3 + NC>6mo 4. Toxicity grade 3-4 12% (fatigue, diarrhea, nausea, fever, dizziness, neuropathy)

***8055. NHL refractory/relapsed. Everolimus (RAD-001) 10 mg po qd x 28 d. N=12 previously treated median lines 3. Results: 5 PR + 1 CR in aggressive NHL; 5 PR in uncommon types (HD, TCL, Mavroglobulim¡nemia). Nodata on indolent NHL but results indicate high activity in a broad range of NHL.

**8062. MCL: HyperCVAD (CPA 300 mg/m2 in 3 h q 12 h x 6, d 1-3 + ADM 50 mg/m2 civi d 1-2 + VCR 2 mg d 3 + DXMTS 40 mg po d 1-4)q 3 h+ RITX 375 mg/m2 d 1 + Velcade 1.3 mg/m2 d 1 & 4; repeated q 3 wk x 6 + GCSF. N=15. 12/13 evaluable in CR (92%). Excellent.

MELANOMA

**8504. Peg ifnALFA2B 6 ug/kg wkly x 8 & then maintenance 3 ug/kg wkly sc x 5 vs placebo observation in Stage III melanoma (microscopic N1 and macroscopic N2). Only differences in 4yRFS 46% vs 39% and HR 0.82. Nodifferences seen in DMFS & OS.

*8506. MM on adjuvant IFN alfa. S100 at 52 wk >0.08 ug/L indicated a HR=7.1 for OS. Autoimmune antibodies also predicted HR for OS in patients receiving HD IFN alfa (antinuclear, antiperoxidase, anti.thyroglobulin, antimitichondrial and anticardiolipin).

**8508. Stage III-IV. N=1656. BCG + Placebo = BCG + Allogeneic meloma vaccine. Early termination: 5yOS 42.3% stage IV nad 63.4% stage III. (BCG q wk x 2, then q 2 wk x 3, then q mo x 1 y and then q 2 mo x 1 y and q 3mo x 1 y).

*8510. TXL + CBDCA +/- Sorafenib no inprovement as second line therapy of metastasic disease.

*8511. DTIC + Sorafenib > Sorafenib + CDDP. N=101. MPFS 21.1 wk vs 11 wk. HR=0.67.

**8515. Lymphadenectomy in unknown primary site melanoma associated with a better 5yOS 58% vs 40%.

*8523. Ipilimumab (antiCTLA-4) 15-20 mg/mg d 1 q 3 wk x 4. N=88. Results: 1 CR + 3 PR + 10 NC. All OR had autoimmunity (rash, pruritus, diarrhea, colitis). OR are late events, preceeded by NC for months...

**8537. DC vacines with mRNA electroporated DC expressing LAMP, MAGE A1, MAGE C2, MELAN-A/MART, Thyrosinase or gp100, given q 2 wk x 6 and then q 6-8 wk. Results: 2 regression + 1 NC. Subsequent therapy in 4 patients with progression

treated with IFNalfa 5x10e6 tiwk sc lead to ¾ skin depigmentation and 2 OR (1 CR and 1 PR) 9+ mo and 11+mo. IFN alfa induced an immune breakthrough...

*8544. Metanalysis of ChX + IFN/IL2 vs ChX: 25 trials, 2500 patients. OR HR=0.6. No differences in OS.

*8546. Uveal melanoma: Prognositc factors for survival: no involvement of ciliary body and diameter of <14 mm, 10 y OS 57.5%, and >1.4 mm 10 yOS 43% and ciliary body invasion 10yOS 42.3%.

PEDIATRIC CANCER

***9502. NB BM+ refractory: AntiGD2 MoAb 3F8 + GMCSF. N=63. CR rate 83%-78% in BM MIBG - or +. HAMA 19, prevented with HD CPA. Prolonged CR in 12 patients with a duration of 20+ to 146 mo. Place it as a consolidation?.

*9515. IFX less gonadal effects than CPA. M age 11.2 y; M dose IFX 54 g, CPA 5.6 g. FSH above limits in 47.5% fo CPA and 6% in IFX. All fathered children. N=159 (STS, NHL)

9567. CPT + TMZ in high risk relapsed NB. N=14. 7 PR (50%).

SARCOMA

*10000. Trabectedin sensitivity in myxoid-roud cell liposarcoma correlated with impaired transcription of fusion protein t(12;16)(q13;p11) and t(12;22)(q13;q12) (FUS/CHOP and EWS/CHOP...

*10001. Sorafenib in non GIST sarcoma;: Some effect in angiosarcoma and leimyosarcoma, no OR.

*10002. Angiosarcoma: Weekly TXL. N=30. Previously treated 47%. OR: PR 4/23 (14%) + NC 14 (56%).

*10003. Gleevec in chordoma. N=55. (44 evaluable). NC>6mo 84%, benefit 73%. MPFS 32 wk; 1 y PFS 38%.

*10005. Intermittent Gleevec after 3 y therapy of GIST correlated with increased progression rate compared to continuous dosing but reintroduction correlated with new Ors.

**10006. Sunitinib resistance in Imatyinib resistant GIST: Sunitinib actyive in kit-11 mutation and in ATP binding pocket resistant to Gleevec (V654A, T670I) but not in the kit activating loop (exon 17, codons 816,829,822 and 823. Also a novel mutation L783V is resistant to Sunitinib.

***10008. Adjuvant DOX 75 + IFX 5 g/m2 q 3 wk in resected STS (RT given in positive margin. N=351, EORTC. Randomized to observation only. No benefit in RFS or OS.

***10023. Nilotinib (kit, PDGFR, Abl/Bcr TKIs) after failure top Gleevec in GIST. N=53 (74% resistant to other second lines also: sunitinib, AMG 716, dasatinib and RAD-001) OR: 1 PR + 36 NC. Active.

*10024. IPI-504 (Hsp inhibitor) in Gleevec/Sutent GIST resistance. Observation of decreasesd FDG uptake and spikes during intermittent dosing. Now proceeding to continuous administration.

*10026. Potential cardiac adverse effects of Gleevec require diuretics, ACE inhibitors, betablockers and allow continued administration of Gleevec at similar or lower doses.

***10033. TXL activity in angiosarcoma. N=32. (non protocol patients collected from 10 centres in France). OR 62.5% (1CR + 19 PR). Scalp primary OR 75% and other sites 58%: PFS 7.6 mo.

**10038. Chordoma: Ading CDDP to Imatinib restores OR in chordoma. N=6. With previous OR/NC to Gleevec. Treatment: Gleevec 400 mg/d + CDDP 25 mg/m2 weekly. OR: 1 PR + 5 NC. PET indicated SUV 25% reduction.

**10040. Trabectedin in Ewing family tumors. N=20. 3 PR (10.3%) + 3 mR (10.3%) + 4 NC (13.7%); 6 moPFS 25%.

***10059. Perifosine (PisK inhibitor upstream of m-TOR). N=60 STS evaluable. OR: 3 PR + 27 NC (50% benefit). Low dose similar to high dose but less toxic. MRD 900 mg wkly or 100 mg qd.

***10067. Continuous infusion IFX 14 g/m2 civi + equal MESNA lasting both 7 days in resistant STS. N=45, all treated previously at conventional DOX+IFX. OR: 5 PR + 12 NC>6mo (37%); PFS at 6 mo 35%; MPFS 11 mo.

TUMOR BIOLOGY AND HUMAN GENETICS

*10502. K-Rras mutation predicts CETUXIMAB resistance in CRC: 12/22 responses without K-ras mutation and 0/37 when K-ras was mutated.

**10571. M-TOR elevated expression in breast, H&N, liver, kidney, NSCL, CRC and CNS tumors (AA & GBM)