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PLENARY

**1. Myeloma. Randomized LPAM-PRDN vs LPAM-PRDN-THALIDOMIDE (400 mg/d) vs LPAM-PRDN-ASCT (N= 191, 124 & 121).MPFS 17.2, 29.5 & 19 mo; MOS 30.3, not reached >56 mo & 38 mo. Constitutes new standard.

***2. AML (core binding factor t(8;21)(q22;q22) & inv (16)(p13;q22) carrying 50% relapses in 5 y. CALGB studies established in 61 patients with inv(16) and 49 with t(8;21)that kit mutation is related to poor prognosis in inv(16)(relapse rate 56 vs 29%, and specially when kit-17 mutation is present, then 80 vs 29%)and in t(8;21) (70 vs 36% and when kit 17 mutation present 75 vs 36%. Important because of the possibility of adding treatment with TKI in these cases?.

**3. RCC. Sunitinib vs IFNa in first line metastatic RCC. Sutent 50 mg qd x 4 wk q 6 wk and IFNa 9 MU tiw. N=750. MST 47.3 wk vs 24.9 wk; OR 24.8 vs 4.9%.

**4. RCC. Temsirolimus 25 mg iv wkly, vs IFNa 18 MU sc tiw vs Temsirolimus 25 + IFNa 6 MU sc tiw. in poor risk mets RCC (3/6 factors: <1y post dx; KPS60-70; Hb<normal; Ca>10 mg/dl; LDH >1.5N & > 1 mets site). N=626. OS: 10.9 vs 7.3 vs 8.4 mo.

***5. Breast cancer prevention: Chemoprevention STAR trial. TMX 20mg qd vs RLX 60mg qd x 5y. N=19747, Gail>1.66% at 5 y. RR:1.02. Uterus cancer decreased 40% with RLX.

6. Breast prevention: Ca 1 g + Vit D 400 IU D3 suppl for 7 y. N=36282 (Womens Health Initiative, in addition 57% were randomized to HRT vs Placebo). Results: No reduction in breast cancer.

BREAST CANCER

500. Serum HER2 measured by Elisa shows >20% decrease after herceptin correlated with benefit (56.5% OR and OS 898d vs 28.4% and 593d when <20% decrease).

*501. KOS 953 (17 AAG in cremophor) inhibitor of Hsp 90 (Hsp90 degrades Her2) 450 mg/m2, given 2 h iv after Herceptin. N=17 resistant to Herceptin: 1 PR + 3 mR+ 5 NC (MDR 5-12+ mo). On going Phase II study.

*502. Inflammatory breast cancer. Lapatinib (inhibitor erbB1 & 2 TKI) 1500 mg/d. N=17 relapsed /refractory . Overexpressors of ErbB1/B2 OR 8/11 (72%) while non expressors 0/6.

**503. Lapatinib 750 mg bid in N= 17 patients with CNS mets from breast cancer HER2+ on Herceptin. 2PR + 1 mR + 5 NC.

*504. Cytochrome P450 2D6 phenotype +4/+4 correspond to 6.8% of the population. Patients with inhibitors (paroxetine, fluoxetine, sertraline, cimetidine, amiodarone, doxepin and ticlopidine or haloperidol) have poor DFS on TMX (HR 2.5) due to reduction in plasma levels of endoxifen, active metabolite.

*508. Studied BRCA1/BRCA2 mutations in triple negative (ER,PR,HER2) breast cancer. According to family history and age/personal history there were 3-4 expected hereditary cancers and found 9 BRCA1 (39.1%) and 8.7% BRCA2... Much higher incidence than expected.

511. ATAC Anastrazole randomized trial demonstrated bone loss related to anastrazole therapy. TMX more weight gain also.

LBA 516. Herceptin+TXT+CBDCA vs HERCEPTIN+TXT nodifferences. N=226. TTP 11.1 mo vs 10.4. No benefit.

517. TXL+EPI similar to Xe+TXL (OR 41% in first line therapy).

LBA 519. Adjuvant N+ breast cancer. N=2887. Randomized Ax4+CMFx3 vs ACx4+CMFx3 vs Ax3+TXTx3_CMFx3 vs ATXTx4+CMFx3. M F up 62.2 mo. EFS HR 0.79 TXT vs no TXT (borderline significance), otherwise no differences.

LBA 520. Adjuvant N+ breast cancer. N=972. Randomized EPIx4+CMFx4 vs EPIx4+TXTx4+CMFx4. EFS HR 0.79, borderline significance.

LBA 525. Mets bresat cancer ER+ PR+. Atamestane+Toremifene vs Letrozol . N=865. No differences.

*LBA 527. Adjuvant TMXx2-3y_Exemestane x2 vs TMX x5. N=4740. DFS HR 0.73, no differences in OS.

LBA 528 Adjuvant postmenopausal TMX x 5 vs Letr x 5 vs TMX x 2+Let x3 vs Let x 2+TMX x 3.....

532. TOP2A amplification(12%) and deletion (11.1%) had better response to EPI (OR, DFS and OS).

533. TOP2A del/mut in trial of CMF vs CEF demonstrated benefit for EPI.

**534. UPA/PAI predict survival...

**LBA 537. Neoadjuvant AC+TXL wkly (80 mg/m2/wk x 12) vs AC wkly+ then TXL wkly (G Ellis, Proc ASCO 2000) (ADM wkly 24 mg/m2 + CPA 60 mg/m2 /d po x 15 weeks + GCSF 5 ug/kg/d x 6-7 wks). N=269. HR 1.98 for OR with less toxicity.

552. Letrozole 2.5 mg po qd suppresses better Estraduiol than Anastrazole 1 mg po qd.

**565. Mets ER+ breast cancer (resistant to TMX or with progression <12 mo after TMX adjuvant) Randomized Celecoxib 400 mg bid + Exemestane vs Placebo + Exemestane. N=157 (continued in spite other trials closed prematurely due to cardiotoxicity). PFS 8.4 vs 4.7 mo.

***569. Metanalysis of adjuvant breast cancer. CMF po vs CMF iv (HR 0.76 better for po). CMF po vs CAF/CEF HR 0.88 in favor of Anthracyclines. Combination od Anthracyclines_CMF po benefit combination (HR 0.70).

577. BAY43-9006 (antiVEGFR2, VEGFR3 & PDGFRB) inactive in mets breast cancer (benefit OR+NC 15%).

631. HER2 vaccine 500 ug x 5 in 14 wk. Ab response 14/15, and cytotoxic specific T cells were obtained. 2 OR in mets patients.

*636. Internet self reporting double blind trial: SOY ISOFLAVONE 160 mg qd vs PLACEBO for hot flashes. No differences. Served to identify triggers of hot flashes and allowed better symptom control.

*639. PIK3Ca mutation found in 27.9% mets breast cancer. Conferred resistance to Taxanes and may serve to define mTOR antagonists.

651 Ixabepilone 6 mg/m2 d 1-5 q 3 wk in TXN un treated breast cancer: OR 43% (23/43). MTTP 5.3 mo, MDR 5.4 mo. Median acetylated alfa tubulin was 0.2 in responders and 17.6 in non responders.

661. CPT 100 mg/m2 + GEM d 1&8 1000 mg/m2 q 3 wk. N=51. OR 27%, benefit 36%.

662. GIMATECAN 4 mg/m2 x 5 q wk x 2 repeated q 4 wk in Anthra-Taxan pretreated breast cancer. OR 27%. Active also in endometrial and NSCLC.

665. Tandem HD ChX vs Dose dense ChX. N=236, >9 ly no+. Retrospective analysis: Large benefit in young, poorly differentiated, > 2 cm, negative ER/PR, p53+ and bcl2-.

10503. Adjuvant ChX can be spared using tumor tissue determination of UPA/PAI in 30% of patients.

10555. Gammaknife for CNS breast metastases: 75 patients/162 lesions. MPFS 5.3 mo, MOS 8.1 mo, 2yPFS 9.6% and 2 yOS 18%.

10581. Hepatic artery chemotherapy with anthra and taxanes: 60% OR, MDR 5.4 mo, MOS 13 mo.

10626. Intra-arterial TXL for hepatic metastases 3/7 PR, MDR 5-9 mo.

CENTRAL NERVOUS SYSTEM

1500. Low grade glioma. Observation after complete surgery 5yPFS 50% & 5yOS 94%. Adjuvant RT 50 Gy/30F or RT+PVC x 6 no differences. Incomplete resection: 5y PFS 39% & 5 y OS 50-60%.

1505. Oligodendroglioma and low grade astrocytoma with t(1;19)(q10;p10),(which combine both del1p and 19q) is associated to prolonged survival: MOS 98 mo vs 52 mo, 5 yOS 79% vs 56%.

*1506. BV 10 mg/kg + CPT 125 mg/m2(340 mg/m2 when using anticonvulsants) in recurrent glioma: OR 63% (1 CR + 19 PR), MPFS 24 wk and MOS >6 mo. Very active.

*1507. Majority of GB express EGFR and loss of PTEN. RAD001 (everolimus) 30-50 mg/d + Gefitinib 250 mg/d, in heavily pretreated patients: OR 26% + NC 11%, MPFS 2.6 mo.

*1519. Recurrent glioma to RT + ChX (no TMZ) treated with TMZ 200 mg/m2 loading and then TMZ 90 mg/m2 bid x 5 + Celecoxib up to 400 mg bid q 4 wk. OR: 1 CR (5.6%) + 7 PR (39%) + 5 NC (27.8%), MDR 6 mo, MST 8 mo.

*1522. Nimotuzumab (hR3) antiEGFR, 150 mg/m2 wkly x 6, in 34 patients (5-17 yo) with high grade central glioma resistant or relapsed. OR 12/34 (30%). Pontine glioma OR 9/14.

*1526. Imatinib in high grade recurrent glioma expressing PDGFR alfa or PDGFR beta. OR: 2 CR + 6 PR + 12 NC + 14 PD. 6 mo PFS 32.4%.

1527. Gefitinib + RT no survival advantage.

*1528. Depocyte vs it MTX-AraC no differences in solid tumor carcinomatosis, Depocyte better in lymphomatous meningitis.

*1530. Depocyte vs MTX in solid tumor carcinomatosis, MTX intraventricular better than lumbar, otherwise no differences found. No differences for Depocyte intraventricular or lumbar.

*1549. I131 sodium iodide (NaI) intraventricular/intrathecal for leptomeningeal mets. Delivered doses up to 120 mCi, no toxicity found. Transient improvement of symptoms observed. Prolonged half life. Phase II on going at higher doses.

* 1559. Gimatecan Phase I study in malignant glioma MTD with anticonvulsants >15 mg/m2 (2 PR + 6 NC/18 patients) and without 6.1 mg/m2 q d x 5 q 4 wk (11 NC/25 patients). MD benefit 6 mo.

1561. TMZ in oligodendroglioma/oligoastrocytoma. N=50. CR 16% + PR 26% + mR 14% + NC 36% + PD 8%. MTTP 17 mo, PFS 6 mo, PFS 12 mo 29%. Myelotoxicity grade 3-4 22%.

*1564. Thalidomide up to 400 mg/d + CPT 125 mg/m2 wkly x 4 q 6 wk + Warfarin in recurrent AA without anticonvulsivants: 1 CR + 2 PR + 9 NC, 12 mo OS: 73%, 18 mo OS: 26%. Active.

**1568. Gliadel intracavitary improved MST from 20 to 28 wk. Adding O6 benzylguanine iv 120 mg/m2 in 1 hr followed by 30 mg/m2/d civi for 2 days and repeating bolus d 3 and 5 prolonging civi x 2 days after each bolus to maintain levels in CNS. N=24. MST 36 wk. Not more toxic. Study on going.

**11501. Peg lip DOX 20 mg/m2 + TMZ 150 mg/m2 x 5 q 4 wk. N=18. 1 PR and 12 NC. Phase III?

** Hydralazine well tolerated in association to neoadjuvant chemotherapy at doses up to 200 mg qid in normotensive patients. Demethylating effect proven in biopsies.

DEVELOPMENTAL THERAPEUTICS - CYTOTOXIC CHEMOTHERAPY

2004. Ixabepilone (Epopthilone B) MTD 40 mg/m2 10 min iv q 3 wk requires dose reduction to 30 mg/m2 in presence of liver impairment.

2005. Coadministration of ketokonazole requires Ixabepilone reduction dose of 50%.

2010. Erlotinib in CNS tumors (GB) with anticonvulsants require dose of 500 mg qd as equivalent of the usual 150 mg qd

**2042. TXL wkly 80 mg/m2 starting d0 x 6 + Peg lip DOX 12.5 mg/m2 starting d1 q 2 wk x 3, repeated q 8 wk was compared to same with DOX d0 and showed a TXL PK favorable for d0 (cmax 407 vs 261, AUC 3361 vs 869) and favorable as well for DOX (c max 6.8 vs 5.1, AUC 603 vs 341). In H&N cancer resistant to CDDP OR:37.5% (1 CR, MDR 5.5 mo, MOS 10 mo).

2046. Enzastaurion (PKC, PI3K/AKT & antiangiogenesis) 350-500 mg po bid. Combination to CDDP and GEM in solid tumors. NO PK interaction, at full doses.

2047. Enzastaurin + Alimta. No PK interaction at 500 mg qd.

*2065. ATN 224 (analogue of cooper chelating ammonium tetrathiomolybdate) loading 300 mg/d until cooper is reduced to 20% (in 21 days) and then titrate. Antiangiogenesis effect.

2070. Coramsine (plant alkaloid interacting with cell membrane glycoproteins). Phase I MTD 1 mg/kg/d in 2 h (2.25 mg/kg/d in 24 h is toxic) Hepatic toxicity without myelotoxicity. OR in renal, NSCLC, and unknown primary tumors.

12013. Tegafur 300 mg/m2/d + FA 90 mg/d x 8 wk either as a tid or bid dosing. AUC higher for bid.

DEVELOPMENTAL THERAPEUTICS - IMMUNETHERAPY

**2506. Denileukin diftitox (reduction of T reg cells) in advanced refractory ovarian cancer, 12 mcg/kg q mo. N=6. 2 mR + 2 NC + 2 TE + 1 PD. Reduction of CD4+CD25+ found. Trial continued.

2505. IL21, 30 ug/kg/d x 5/wk x 2 q 4 wk in 18 melanoma and 16 RCC. Fever asthenia, chills, rash. 1PR melanoma and 18 NC> 2mo. Enhanced proliferation od NK and T8 cells.

*2507. CP 870893 MoAb CD40 agonist. Phase I: MTD 0.2 mg/kg single dose. Melanoma: 4 PR/29 (27%).

2508. MDX-010 Ipilimumab (antiCTLA-4)0.5-3 mg/kg d 1 + GMCSF 250 mg/m2/d x 14 d. Prostate cancer: PSA reduction <50% 7/18. Dose response effect with increase in CD4+ and CD8+ T cells.

2509. SGN-70 MoAb targeting CD27-CD70 interaction, suppressses cell growth in Waldenstrom macroglobulinemia trough an interference in mast cell component.

*2510. Ipilimumab (antiCTLA-4)(MEDARA, Bloomsbury, NJ) in advanced melanoma. Phase II with Mart1-gp100-tyrosinase peptides + Montanide ISA51 subcutaneous x 12 + Ipilimumab 3 mg/kg iv q 8 wk x 1 year. Development of ANCA 7/8, ASCA 5/8, Elispot+ 10/11. N=25. 4 relapses, 2 operated NED, 2 trerated with biochemotherapy (1CR + 1 PR). All alive, one with disease. All patients were stage IIIc/IV resected. M Fup 10 mo. Immune breakthrough events 12/25 (48%) requiring steroids (skin, hypophysis, GI) and stop therapy in 2 patients. Interest in large randomized trial.

** 2521. Recchia et al. N=100. IL2 1.8 MU qd x 5/wkly x 2 q 3 x 1year + Cisretinoic acid 0.5 mg/kg po qd. M F up 42 mo. Patients with a CR/PR of NSCLC 28, H&N 15, RCC 13, gastric 11, ovary 10, breast 10, other 13. VEGF reduced from median 520 pg/mm3 to 148 pg/mm3. 5yRFS 30%, 5 y OS 38% (28% converted to CR). CR 5yRFS 73% and CR 5 y OS 94%.

2534. Y90 antiferritin (Ab rabbit)(median activity 13 mBq/kg) in 10 patients with refractory HL (8 post ASCT, 9 RT, median chemotherapy lines 3). OR: 1 CR + 6 PR + 1 NC + 1 PD. MDR 8 mo.

2535. Alemtuzumab in T cell HTLV1 ly/leuk. OR only in leukemia (1 CR + 3 PR) but 0/4 lymphoma.

2540. Catumaxomab (trifunctional Ab directed to EpCAM, CD3 & Fc amma R I/III + accesory cells) 5 mg + Dexamethasone 40 mg before treatment. N=24 NSCLC. 4/4 patients with Stage IIIB had 26-28 mo OS and i/4 stage IV patients has a 26-28 OS.

2544. Catumaxomab in peritoneal carcinomatosis from GI cancer. MST 12.2 mo (control group 9.7 mo).

DEVELOPMENTAL TEHRAPEUTICS - MOLECULAR THERAPEUTICS

*3003. Endometrial cancer treated with Temsirolimus (CCI 779) 25 mg wkly. OR 26% + NC 63%. OR irrespective of PTEN status, loss of mTOR or phosphorylated S6.

3004. Sorefenib 200 mg bid d 1-5 + BV 5 mg/kg q 2 wk. N=34. Increaased toxicity.

3005. Cetuximab standard dose + Eerlotinib 50 mg qd + BV 5 mg/kg q 2 wk was well tolerated. Prologed responses observed.

3006. Cetuximab + Gefitinib 250-500 mg qd tolerable. 5/9 OR in CRC.

3013. APO3L/TRAIL (dual apoptosis receptor agonisty DR4 & DR5). 15 mg/kg non toxic. 1 PR in chondrosarcoma and 17 (53%) stable disease.

3014. VM155 (survivin suppressor). Phase I: 4.8 mg/m2/d x 7 civi q 3 wk. OR: 2 NHL & 2 HRPC. DLT was renal failure. Toxicity: fever, arthralgia, nausea, vomiting diarrhea and fatigue.

3015. BIBF1120 (triple angiokinase inhibitor VEGFR, PDGFR, FGFR). MTD 400 mg qd. NC observed in RCC, sarcoma, porstate and CRC. Phase II at 150 mg bid.

3017. AZD 2171 (antiVEGFR) + Iressa: 27/70 NC + 2 OR (RCC & mesothelioma). Hypertension dose related.

3018. HKI-242 (inhibitor erbB1 & erbB2). Phase I: MTD 320 mg/d. 4 OR in HER2+ breast cancer (N=73). Diarrhea 84%, N&V, asthenia, anorexia, chills and rash.

3019. Dasatinib (SRC KI) alternative pathway to EGFR involving PI3K/PTEN/AKT. In vitro it is active when EGFR is mutated.

3026. Erlotinib can be given at full doses when renal dysfunction and at 75 mg/d when liver dysfunction is present.

*3030. AMG-706 multiKI (VEGF, PDGF, KIT) MTD 125 mg qd. 3 PR + 3 SD/7 patients (OR in medullary, papillary and follicular thyroid cancer). MDR > 1y. Phase II in Thyroid cancer on going.

*3031. Sorafenib 200 mg qd + BV 3 mg/kg (Phase II escalation of dose). N=18, on going. 4 PR + 4 mR in 14 evaluable patients. Toxicity: proteinuria, hypotension, stomatitis. Active and probably more toxic.

*3041. XL880 (selective KI for met, VEGF, PDGFRBeta, kit, FTL3, and Tie2). Phase I: 1.6 mg/kg qd x 5 q 2 wk. OR in RCC, carcinoid, melanoma. Only hypertension as side effect.

**3061. Ketokonazole increase Rapamycin AUC 429% at 1 mg Rapamycin and 544% at 2 mg Rapamycin.

**3063. Depsipeptide (histone deacetylase inhibitor) confirmatory trial in CTCL: 1 CR + 4 PR + 9 SD + 3 PD. Active.

***3068. Valproic acid 160 mg/kg po loading q 12 h x 6 doses + EPI 100 mg/m2 at 3rd dose: OR 19% + NC 43% in pretreated EPI refractory patients with breast, melanoma, lung, sarcoma, gyn and opther tumor types)(N=37).

3069. BI2536 (Polo like kinase I inhibitor, PLK-1 is a key regulator of cell cycle progresion). Phase I 250 mg. DLT neutropenia, infection, alopecia 20%, mucositis 12%, N&V, fatigue. OR: 1 PR in H&N cancer.

**3077. Alimta OR 27.6% and TTP 8.6 mo for 900 mg/m2 dose and only OR 10% and TTP 3 mo for 600 mg/m2 dose, in mesothelioma.

**3085. Cetuximab 400-500 mg/m2 q 2 wk for CRC, had no difference in efficacy or toxicity (skin) as compared with the wkly dose.(J Tabernero).

3088. Pazopanib (TKI VEGFR1,2 &3, PDGF alfa/beta, cKIT)250-500 mg qd or single dose 800 mg + Lapatinib (erbB1 and erbB2 TKI)750-1500 mg qd (normal dose ranges). NO OR observed but NC in 10/33 patients including RC, mesothelioma, GIST, GI adenocarcinoma, fibromatosis.

**3091. Sunitinib thyroid dysfunction 37% (TSH>5 ml IU/L) and 57% hypothyroidism. Required hormonotherapy.

3095. AMN107 (inhibitor of ABL/BCR in CML Gleevec resistant patients. Phase I: 50-1200 mg/d. MRD 400 mg bid.

3097. Everolimus 10 mg po qd + BV 10 mg/kg iv q 2 wks.

GASTROINTESTINAL - COLORECTAL CANCER

3507. Xaliproden (neurotropic drug) randomized trial associated to FOLFOX4 vs placebo + FOLFOX4. N=649. Neurotoxicity reduction 39% grade 3-4. No effect upon the OR.

*3508. FOLFOX4 + PTK787/ ZK222584 (TKI of VEGF) or placebo randomized double blind trial in N=855, previously treated CRC. OS improved 9.6 mo vs 7.5 mo, PFS 5.6 vs 3.8 mo. Elevated LDH predict better response. OR 18.5% vs 17.5%.

*3509. FOLFIRI vs FOLFOX with Cetuximab or without it. N=238, randomized trial. Advantage for Cetuximab for OR 49% vs 33%, otherwise no differences for PFS and MDR, OS.

***3510. TREE study: FOLFOX vs FOLFIRI vs XELOX plus/less BV. Addition improved OS 38% and 57% alive, MTTP 3-5 mo advantage. Important as first line therapy.

**3513. FOLFOXIRI vs FOLFIRI. N=244. OR 66% vs 41%. Resection after OR 14% vs 6% generasl and 36% vs 12% liver. M F up 15.2 mo. PFS 9.8 vs 6.9 mo.

***3521. Liver metastases survey: 2122 patients from 6 Hospitals (Bellvitge) in 30 y (300 patients/centre). 5 yOS 42%, 10 y OS 26%, MOS 46 mo. Preop chwemotherapy was of benefit only in >5 mets. Prognostic factors: >3 mets, bilateral mets and size of mets >5 cm.

3523. BEAT study. BV + ChX then elective surgery: delay 6-8 wks enough time.

**3524. Adjuvant ChX after liver metastasectomy: Pooled analysis of 2 incomplete (lack of accrual) trials with N=280 total patients showed a p 0.059 for PFS (2.2 y vs 1.55 y) and a trend for OS. Almost p!.

*3525. LOHP+XEL iv + FUDR ia x 6 adjuvant therapy after liver metastasectomy. 2 y OS 86%. 54/70 completed, 45 evaluable, 44% recurrences. MTTP 32 mo.

**3527. Randomized trial N=207, ultralow rectal cancer, less than 2 cm distance tumor-levator ani, average distance 0.8 cm, 72% T2, 60% N1 by US study. Randomization compared HD RT 45 Gy+ 18 Gy vs RT 45 Gy + 5FU civi. Conservation 83% & 86%. Interesphincteric resection 84%. No differences in pT0 (7% vs 12.5%). Mean inferior margin 1 cm, radial margin 4 mm. RO rate 90%. M F up 22 mo: 7 recurrences, 25 metastases/12 deaths. Intersphincteric resection preserving striated sphincter with sufficient lateral and inferior margins is possible.

*3530. Elevated LDH (30% of cases) is a marker of VEGFR activation and correlates with OR/RFS.

**3538. In ECOG E3200 trial reduction of BV to 5 mg/kg when given with chemotherapy did not influence PFS or OS benefit. Can it be given at a reduced dose?.

**3542. MSKCC guidelines give BV ay 0.5 mg/kg/min (5 mg/kg in 10 min, 10 mg/kg in 20 min and 15 mg/kg in 30 min). Safe and active.

*3547. Panitumomab in negative/very low EGFR IHC expression given in CRC resistant to 2-3 lines. OR 8% + NC 30%. Typical toxicity (nails, eye, skin, hair, chelitis, etc). Active
*3548. Panitumomab in >10% EGFR expressing tumors resistant to 2-3 lines. OR 8% + NC 21%. Toxicity 96%. Active.

***3571. Tomudex adjuvant therapy in cases of 5FU Mayo Clinic intolerance (angina 3% & GI/hematol toxicity): 42/1456 patients. 3 y RFS 83.8%, 3 y OS 83.6% (Stage III 88.6%). Results quite similar to 5FU series.

**3572 NK infiltration (CD57 in tissue array) predicted less recurrence rate in stage II-III rectal cancer.

***3585. Chronomodulated ChX for liver salvage for only liver mets: CPT 160 mg/m2 2am-8am peak 5 am on day 1 + LOHP 20 mg/m2/d 10am-10pm, peak 4 pm, d 2-5 + 5FU 600 mg/m2/d 10 pm-10am, peak 4 am, d 2-5. N=28 pretreated & resistant to same agents: OR 32%, NC 24%. Surgical rescue 12%. PFS 5 mo, MST 18.4 mo. 5 patients alive 2-51 mo.

**3593. Patupilone (Epotilone B) in CRC after <4 lines. MTD: 10 mg/m2 iv bolus q 3 wk. OR: 4PR + 13 NC/44. Toxicity: Diarrhea (70%) treated with loperamide, codeine and octreotide.

**3599. 5,10 methylene tetrahydrofolic acid (final drug of TS inhibition) 60 mg/m2 + 5FU 450 mg/m2 wkly x 6 q 8 wk. First line trherapy: OR 35% in 46 patients. Good active and mild therapy...

GASTROINTESTINAL - NON COLORECTAL CANCER

*4000. M Hidalgo model pancreas cancer xenograft with 30 lines model as a Phase I-II study. Identified MAPK and mTOR inhibitors active but EGFR and RAS inhibitor were inactive.

4003. Pancreas. GEM + LOHP or CDDP > GEM in PFS and OS.

**LBA 4004. Pancreas: GEM 30 min (1000 mg/m2 wkx 7 & then wkx3 q 4; MOS 4.9 mo), vs GEM FDR infusion (1500 mg/m2 in 150 min wkly x 3 q 4; MOS 6 mo) vs GEM 1000 mg/m2 + LOHP 100 mg/m2 q 2 wk (MOS 6.4 mo). HR 1.21, no differences observed. N=833, Mfup 5.8 mo.

4007. Total resection pancreatic tumor patients were randomized to pre/ post 5FU (PRE 3 wk 5FU 250 mg/m2 civi or GEM 1000 mg/M2 iv wkly x 3 & POST was 12 wks same dose) and interval RT 50 Gy (1.8 Gy/Fx/d + civi 5FU 250 mg/m2/d during RT). Results favored GEM: MOS 18.8 mo vs 16.7 mo & 3 yOS 31% vs 21%. No differences observed in body/tail tumor site but in head tumors were present.

*4008. ChX-RT (CDDP-civi %FU then GEM) vs ChX-RT GEM vs GEM alone. GEM alone better with a MST 14.3 vs 8.4 mo in spite of RT...

*4009. Anal canal. CDDP-5FU-RT vs MitoC-5FU-RT. Equal results, 5yOS 69%.

*4010. HCC. Lapatinib had 2PR + 8 NC/17 HCC patients and 0/17 OR + 5 NC in Biliaryb tract cancer.

**LBA 4015. Gastric cancer. D1 vs D2 +Paraortic ly no dissection. Not better. HR 1.03 (N=510). 5 yOS 69% vs 70%.

**LBA 4016. Gastric cancer. CDDP-5FU/FA vs LOHP-5FU/FA (N=220). MTTP 3.8 vs 5.7 mo; OR 27% vs 34%. Severe toxicity 18.6 vs 8.9%. Better with LOHP.

*LBA 4017. Gastric cancer. No benefit obtained when substituting in EPI combination CDP/5FU for LOHP/Xeloda. Randomized study with N=1002 arms ECF vs EOF vs ECX vs EOX. 1 yOS 39.4% to 43.9%.

***4020 Gastric cancer. CPT 65 mg/m2 d 1 & 8 + CDDP 30 mg/m2 d 1 & 8 + BV 15 mg/kg d 1. Results in N=47 untreated patients. OR 66.7% TTP 9.9 mo, MST 12.6 mo (Historical results were OR 30%, TTP 4.2 mo MST 7 mo).

*4021. Serum VEGF prognostic factor for gastric cancer.

*4028. Esophagus. TXL 200 mg/m2 + CBDCA AUC 6 d 1 & 22 + 5FU 225 mg/m2 civi d 1-42 + RT 45 Gy and then surgery 6-10 wk later. N=226, adeno 74%. Results: pCR 45% + PR 29% micro + PR 15% macro. M F up 75 mo, PFS 19 mo & OS 26 mo. 5 yOS 33%.

4029. Esophagus. Cetuximab 400-250 mg/m2 wkly x 6 + TXL 50 mg/m2 wkly + CBDCA AUC 2 wkly x 6 + RT 50.4 Gy. pCR 43% (CR 67%).

*4041. Pancreas. EM FDR 1000 mg/m2 at 10 mg/m2 /min + CDDP 20 mg/m2 + BV 10 mg/kg d 1 & 15 q 4 wks. N=35. OR 21.1% + NC 45.5% & Ca 19.9 50% response 62%. Promising.

**4042. Neuroendocrine tumors. Everolimus (RAD001) 5-10 mg po qd + Sandostatin LAR 30 mg q 4 wk. ChromoA 50% reduction: 9/18, OR 15% + NC 60%; 6 mo PFS 71%

*4043. Neuroendocrine tumors. Gefitinib 250 mg/d. N=96. 6 mo PFS 61% in carcinoid tumors and 31% in islet cell tumors; 1/40 OR in carcinoid and 3/31 in islet cell tumors (Twice better than expected, considered a positive trial)

**4044. Neuroendocrine. TMZ 150 mg/m2/d x 7 + BV 5 mg/kg qowk. N=34. OR 4 (14%) and NC 23 (79%).

**4058. Gastric cancer. Preop LOHP 40 mg/m2 + TXT 20 mg/m2 wkly x 5 + Xel 1000 mg/M2 bid d 1-7, 15-21, 29-35 + RT 45 Gy + Surgery d 28-56. N=19, 74% resected. OR 68% (pCR 8/14 -57%-). M F up 8 mo, 1y PFS 66%, 1y OS 79%.

4069. Patupilone in gastric cancer. OR 2 + NC 6 /22

4072. S1 in gastric cancer. OR 19.5% (N=31).

*4074. Gastric cancer. S1 70 mg/m2/d x 14 d + TXL 160 mg/m2 + CDDP 60 mg/m2 d14. N=20. OR 75%.

**4076. Gastric cancer. CPT 150 mg/m2 d 1 + LOHP 85 mg/m2 d 1 + AF 100 mg/m2 - 5FU 2000 mg/m2 48 h civi d 1 q 2 wk. N=48. OR 73.3% (2 CR + 31 PR) + NC 9%. MOS 14 mo. MTTP 8.9 mo.

*4078. Gastric cancer. S1 80 mg/m2 po qd x 21d + CDDP 50 mg/m2 d 8 neoadjuvant. All unresectable patients, resection was possible in 77.5%. OR 62.5%. MOS 23 mo. 4 y OS 31%.

4079. Gastric cancer. Xel 1000 mg/m2 bid x14d + LOHP 130 mg/m2 d 1. OR 63%. MPFS 5.8 mo, MOS 12 mo. Good tolereance.

*4082. Pasireotide (SOM 230) in carcinoid tumor resistant to octreotide LAR. Phase II. Symptom control 25%. Ornone + NC 9/11. Doses 600-1200 mg bid q 3d. Side effects: pain, nausea, weight loss, fatigue.

*4101. Pancreas cancer. GEM 40 mg/m2 biwk x 6 wks + RT 52.5 Gy in locally advanced tumors. MOS 15.1 mo, 2 y OS 19%. Given as a postoperative adjuvant therapy MOS 17.9 mo and 5 y OS 19%.

**4128. Appendix carcinomatosis (score before IPH 20). Sugarbaker procedure + Mito C 40 mg/90 min at 40-42*C. 3 y OS 69%, 3 y DFS 30%. Scores 0-1 postop had better results.

*14106. Sirolimus in HCC: 1 PR + 4 NC (median 7 mo) / 11 patients. On going...

GENITOURINARY CANCER

*4502. Cytokine (IFNa) resistant RCC. Lapatinib (dual EGFR and erbB2 inhibitor) 1250 mg bid. In patients with EGFR+ tumors results were better: MTTP 15.1 wk vs 10.9 wks and MOS 46 wk vs 37.9 wks. Active.

*4512. Stage I non seminoma germ cell tumor: 1 cycle PEB equal to retroperitoneal lymph nde dissection.

*4522. RCC: Sunitinib 50 mg qd x 4 wk q 6 wk after failure to BV. N=60. OR: 81% benefit and OR 13%.

*4523. RCC: BV 10 mg/kg q 2 wk + Erlotininb 150 mg qd vs BV + Placebo. N=104. M F up 9.8 mo. OR 13% & 14%. No differences.

*4524. RCC: Sorafenib vs Placebo. N=903. MOS 19.3 vs 15.9 mo, and censoring crossover data 19.3 vs 14.3 mo. HR=0.74.

*4525. RCC: Sorafenib 400 mgbid + IFN alfa 10 MU tiw. OR: 19%

*4528. RCC: PEG IFNalfa. OR 31%, MTTP 5 mo, MOS 31 mo. (91% prior nephrectomy).

**4530. RCC: RAD 001 10 mg qd x 28 d (mTOR swine threonine kinase inhibitor). N=25 prior therapy. Toxicity: mucositis, skin, neumonitis, hyperglycemia, thrombopenia, anemia, alter liver enzymes. OR: 7 PR + 11 NC (82%). TTP > 3 mo.

*4533. RCC. Lenalidomide 25 mg qd x 3 wk q 4 wk. N=40. OR: 1 CR + 2 PR. 52%had a TTP > 6 mo and 15%had a TTP >12 mo. MOS 14.8 mo.

4537. RCC. Sunitinib 37.5 mg + Gefitinib 250 mg. OR:5/11.

*4538. RCC. Sorafenib 400 mg bid + IFNalfa 2b 10 MU tiwk (58% dose reduction was required). OR 4% CR + 38% PR + 46% NC. Quite active.

4539. RCC. Lenalidomide Phase II 25 mg qd x 21 q 4 wk. OR 3/28 PR + 8 NC (39% benefit). TTP 4 mo.

**4560. Prostate ca. Premarin 1.25 mg tid (high dose). 32% PSA responses after antiandrogen failure. Low dose 1.25 mg qd no effect.

4565. Prostate ca. Addition of somatostatin to LHR + DXMTS prolongs TTP by 3 mo and MDR 3 mo.

4563. Celecoxib anticancer effect in prostate ca.

*4573. Prostate cancer. Rising PSA after definitive local therapy in prostatic cancer without metastases (scintigrphy or CT scan). Finasteride 5 mg qd + Flutamide 250 mg qd (peripheral androgenic blockade). OR: PSA decrease >50% in 97%. MT to nadir PSA 3.2 mo. M F up 59 mo. 22/101 have had progression. MOS> 5 y; MDFS >5 y.

*4591. Germ cell ca. POMB-ACE in poor risk germ cell cancer (AFP>10.000, BHCG>50.000, LDH>x10, non testes primary, non lung visceral mets) in a LA series: 2 y DFS 54%, 3 y OS 75%. Results better than standard therapy.

4603. RCC. Inhaled IL2, 36 MU qd x 5 q wk x 12 and one week rest, repeated x 3. OR 12.2%, NC 22.4%. Good tolerance: cough 20%, fatigue 4.4%.

*4613. Prostate cancer. Lu177-PSMA(J591) in androgen refractory prostatic cancer. Doses 65-70 mCi. Tumor targeting excellent. N=14, median age 73 yo. OR: 1 PR + 4 NC (14-23 wks duration).Toxicity grade 3-4 in 50%.

*4644. Prostate cancer. Second line Alimta. OR: 19% PSA response and 38% NC. MDR 5-12+ wks.

**14500. Prostate cancer. Xel 1 g/m2 qd x 2 wk + Celecoxib (Rofecoxib) 5 mg qd + Pioglitazone 60 mg qd in Study I and adding IFNa 4.5 MU sc tiwk in Study II. OR: None vs 48% (CR 13% + PR 35%). Decrease C Reactive Protein response parallel OR response. MPFS 4.7 mo to 11.5 mo. Control of tumor associated inflammation is important.

GYNECOLOGIC CANCER

**5000. Endometrial cancer. Lymphadenectomy improved OS in Stage II-IV (not in Stage I). SEER data with 12.333 patients. 5 Y Disease specific survival improvement: Stage II 90 vs 82%, Stage III 73 vs 61% and Stage IV 38 vs 28%.

5001. Uterine cancer. Whole abdominal RT < ChX IFX-MESNA + CDDP in carcinosarcoma uterus optimally debulked. 5 y RFS 51 vs 45%.

*5002. OC. GOG study CBDCA-TXL compared to same + 3rd agent (GEM, PegDOX, TOPO). No differences.

5005. OC. SWOG study of CR with randomized study of Pt-TXL with maintenance TXL monthly x 3 vs x 12. No differences (influenxce of cross over?).

5006. OC. BV 15 mg/kg q 3 wk: OR 16% (7/44)MDR 12 wk. Adverse events 41%: Perforation 5, obstruction 5, TEP 9%, wound healing 5%, hypertension, hypoxia, encephalopathy 1 each).

*5020. OC. TXL + CBDCA + BV in advanced Mullerian cancer at full doses. N=35. 13 finished treatment and only one progression. BV continues for 1 year.

**5025. OC. Letrozole Phase II in relapsed cancer. N=46, all ER+ tumors. OR Ca125: PR 16%, NC>12 wk 37. Radiological OR: PR 9% + NC 42%. PFS>6 mo 26%, PFS>2y 5%. Active.

**5026. OC. Exemestane in refractory cancer. N=24. SD>14 wk (median 23 wk) 36% (8/22). ER+ 11%, PR+ 32%.

5030. OC. TOPO = TOPO + VP = TOPO + GEM

**5031. Yondelis, 1.3 mg/m2 3 h iv q 3 wk vs 1.5 mg/m2 24 h iv in Pt-sensitive-recurrent cancer. N=107. OR 29% (8% CR + 21% PR) + NC 52% and 11% CR + 17% PR + 45% NC respectively.

***5077 OC. CBDCA AUC 2 + TXL 80 mg/m2 d 1, 8 & 15 q 4 wk. OR: 26 CR (78.8%) + 7 PR (21.8%). M F up 15 mo 20/33 alive free of disease. Too early for DFS and OS. Neuropathy 5.4% only.

HEAD AND NECK CANCER

5501. Age is an adverse factor for novel simultaneuous ChX-RT benefit. >71 yo do not gain, probably because of increased death risk events.

5506. Neoadjuvant TXT+CDDP+5FU>CDDP+5FU in hypopharynx & larynx cancer organ preservation trial.

**5516. Neoadjuvant PFT-->RT vs PF-->RT. M Fup 32 mo. MPFS 11 vs 8.2 mo; MOS 18.6 vs 14.2 mo. Probably the actual golden standard.

*5529. Thyroid cancer. AG-013736 (TKI VEGFR1,2 & 3, PDGFRb, kit) AXITINIB 5 mg po bid. N=32. PR 6+ and MPFS not reached 63% remain on study. Active after ChX and I131.

5532. Ixabepilone 14% OR in H&N mets/recurrent (<2 prior regimes)

**5533. Thyroid ca. ZD6474, 300 mg po qd, in hereditary medullary thyroid cancer. N=16. Results: 3 PR + 10 NC. Calcitonin-50% decrease 12/15 patients, CEA response 6/15. Promising...

5534. Thyroid cancer. BAY 43-9006 (TKI RAF, VEGFR) in mets papillary thyroid. N=58. OR 3PR + 7 mR

*5563. H&N cancer. Hyperfractionated RT 1.2 Gy bid + ia CDDP 150 mg/m2 at 60 Gy in Stage III-IV. N=49. CR 86% + PR 14% in primary. CR 78%+ PR 19% in lymph

nodes. 3y DFS 55%, 3yOS 45%. Locoregional failure 30%. MTT recurrence 8 mo (47% recurred).

*5580. Thyroid cancer. Combretastatin-A4 in anaplastic thyroid cancer N=18. No OR, 6 NC. MPFS 7.4 wks.

LEUKEMIA- MYELODYSPLASIA- & ADULT TRANSPLANTATION

6500. MGCD-0103 (HISTONE DEACETYLASE INHIBITOR) n=20. Mtd <80 MG/M2. Cr 3 (2 aml AND 1 mds). Mild toxicity.

6501. Decitabine in MDS. OR 17%, complete cytogentic response 35% (elimination of neoplastic clone).

*6502. Induction chemotherapy protocols active in MDS with CR 60%. Required for cure with alloSCT (47% OS at 10 y), while no cures are obtained if only alloSCT is given.

***6503. APL. ATRA 45 mg/m2 qd + As2O3 0.15 mg/kg qd iv start d10 + Mylotarg 9 mg/m2 d 1 or IDA 12 mg/m2 d 1-4. After obatining a CR As2O3 d 1-5 wkly x4 and 4 wks off & ATRA qd x 2 wk and 2 wks off. CR 91%, 1 y OS 88%, PCR-CR 94-100%.

6507. CML. Dasatinib (BMS 35485)70 mg bid po (inactive in T315I) > Imatinib in patients resistant to Imatinib 600 mg qd.

***6509. CML. K562/GMCSF tumor vaccine in patients with Major Cytogenetic Response (<35% Ph+cells) on imatinib. N=19. Only 1 PD, rest improved response including achievement of complete molecular remissions 9/15.

*6510. Myelofibrosis. Lenalinomide 10 mg po qd in Myelofibrosis. CR 7% + PR 12% + Improvement 27%. MDR >31 wk.

*6511. CLL. Campath > Chlorambucil in B-CLL.N=217. Toxicity: 34% vs 19%; OR 82% CR 22% vs 54% and 2%.

**6512. AML. Cloretazine (alkylating agent targeting O6 guanine DNA) in elderly AML. Induction therapy 600 mg/m2 30-60 min iv infusion and repeat according to OR; consolidation with 400 mg/m2. N=105. Fav/intermed/unfav cytogenetics 62%, 33% & 2 patients. CR 50%, death rate 20%. 8/22 CR remain alive DFS >337d. 1y LFS 27% and 1 y OS 22%. Single agent data, good results...

*6513.AML. Clofarabine 30 mg/m2 qd x 5 q 4 wk, in >65 y o unfav or cytogenetic poor risk AML. N=66. OR 36%, 23%CR in unfav cytogenetics and 56% in > 70 y o. Better than AraC...

**6514. CML. Vaccination with B3A2 or B2A2 breakpoint peptides + Montanide ISA51 + GMCSF subcutaneously. Evaluable 11/20. 3/5 converted to RQ-PCR negative and the rest reduced 1 log. 10/11 were ELISA IFNgamma negative and 8/8 converted to positive. Promising.

*6515. AML. Decitabine low dose 15-20 mg/m2 iv 1 hjr infusion x 10 d + Valproic acid 15-20 mg/kg d 5-21 q 4 wk. N=5. 10 with demethylation had a response. Clinical benefit 10/15: 6 PR + 4 improvement. Phase II on going.

***6516. Flavopiridol PK derived schedule in CLL: Bolus 30 mg/m2 followed by 4 h infusion 30-50 mg/m2 increasing the maintenance postloading after the second course. It is important to prevent the tumor lysis syndrome with vigourous

measures. OR 40-53%. Best reported single agent in CLL with del 17p13 high risk group.

**6517. Lenolidomide in relapsed CLL, 25 mg qd x 21 q 4 wk. OR 68% (13/19), 3 CR + 10 PR. Tumor flare 79%, neutropenia 69%.

**6527. AMN 107 in Imatinib refractory CML. OR 69-72%, all mutation types rersponded included M351T. New mutations frequently arose but continued to respond to AMN107.

**6528. Dasatinib active in accelerated phase and blstic crisis CML. N=101. Major hematologic response 42%, complete response 31%, major cytogenetic response 58%.

**6531. AMN107 active in accelerated phase CML. Hematological response 64%, complete response 45%, major cytogenetic response 6/22.

**6532. Imatinib in polycythemia vera: 9 CR + 10 PR/21 patients.

**6545. AlloSCT in CML with Imatinib failure. 7/10 alive in Complete Molecular Response (median 17 mo). Important rescue treatment.

**6557. AML-MDS. Tipifarnib 200-300 mg bid x 14 d + IDA 12 mg/m2 d 1-3 + AraC 1.5 g/m2 24 h civi d 1-4, q 3-4 wks. OR 67% CR + 9% CRp + 6% PR. OR in diploid 86%, in del -5, -7 =83%, in t(8;21) 50%, and other 60%. Flt3 mut 60%, unmutated 86%. Toxicity diarrhea and hyperbilirubinemia. Very active...

*6574. MDS. Azacitidine 75 mg/m2/d subcutaneously x 7 d q 4 wk. Or alternative schedule 5 d and 2 d rest. OR with transfusion independence 40-60%.

**6600. Alemtuzumab in Fludara resistant/refractory B-CLL given at low doses: 20 mg 1st wk subcut, 30 mg biwk 2nd and 3rd and then 30 mg wkly (wk 4, 6, 8, 10, 12, 16, 10, 24, 28, 34,& 40). Continuous therapy with Septrin / Acyclovir. OR 93%, CR 34%, unconfirmed CR 6% and PR 53%. Quite good...

6602. RITX+GM-CSF in elderly CLL: OR:7%CR+11%nPR+43%PR.

**13101. AML cell lines treated with As2O3 increase mTOR pathway and it is inhibited by Rapamycin.

LYMPHOMA AND PLASMA CELL DISORDERS

**7500. CTCL. Vorinostat (SAHA) 400 mg qd til progression. N=74 with median 3 lines prior ChX. OR 29.5%, MTTP 148 d. Side effects: diarrhea 49%, fatigue 46%, N 43%, anorexia 26%.

7501. LBH589 (histone deacetylase inhibitor) in CTCL. N=11: OR: 2 CR + 3 PR + 2 NC. Active.

**7502. FL/ML. RITX maintenance 4 wkly at 3 & 9 mo after RITX 375 mg/m2 d 0 + FCM (Fludara 25 mg/m2 d1-3 + CPA 200 mg/m2 d 1-3 + MTZ 8 mg/m2 d 1. N=195 randomized study. 3 y OS 82% vs 55%, MPFS not reached vs 17 mo. Quite good.

**7503. ML. RITX+CHOP x 4 followed by Bexxar (90Y-RITX) improved CR from 14% to 45% and OR from 72% to 84%.

7504. MM. Bortezomib single agent without DXMTS CR 10% + PR 28%.

*7505. Zoledronic > Pamidronate in MM survival. 2 y OS 76% vs 63%.

***7507. B Cheson IWG revised response in lymphoma. PET+ is required since OR shows PET-.

**7508. FL randomized trial. CHOP-IFN vs CHOP-IFN-RITX showing durable benefit at 42 mo EFS 62% vs 81% and 42 mo OS 84% vs 91%.

**7509. Kaminsky. FLIP no impact when frontline Bexxar is used in FL.

*7510. Indolent lymphoma transformation risk is 3% anually and it is reduced to 1.5% when anthracyclines are used in combination chemotherapy.

**7511. HYPER CVAD +/- RITX induction prior to ASCT improved 3 y OS 97% vs 68% (Nebraska data).

***7512. ML relapsed. Bortezomib 1.3 mg/m2 d 1, 4, 8, & 11 q 3 wk. N=154, prior HyperCVAD >95%, prior RITX >95%, 14% prior SCT). OR 35%, MDR 9.2 mo, MTTP 5.5 mo. Move to first line therapy...

***7516. HL Stanford 3 large series. 1st 1974-80 MOPP like N=193, 7% AML/MDS and 10 y EFS 65%. 2nd ABVD & similar, 4% AML/MDS and 10 y DFS/EFS 70%; and 3rd STANFORD V and similar N=291, 0.3% AML/MDS, 10 yEFS 88%. Quite remarkable (alkyl and RT was reduced all along).

**7517. MM. Thalidomide + DXMTS > DXMTS. N=470. MTTP 17.4 mo vs 6.4 mo. Toxicity DVT more also 15.4% vs 4.3%.

*7518. Lenalidomide + LPAM + PRDNS in MM. N=50., after one course OR 50% and mR 50%.

***7519. B Barlogie. Bortezomib added in front line therapy in MM, later consolidated with tandem transplant gave CR + near CR at 18 mo = 80%. At 1 y 91% alive and 89% event free. Quite remarkable CR rate...

***7520. Refractory MM. Thalidomide 100 vs Thalidomide 400 (all with DXMTS): similar results found...

*7521/7522. Lenalidomide + DXMTS > DXMTS in relapsed MM.

**7523. Lymphoplasmacytic lymphoma % Waldenstrom maxcroglobulinemia. Alentuzumab test dose 3, 10 % 30 mg followed by 30 mg tiwk x 12. OR 24/25 (decrease M40.5%. MF up 8.5 mo, 11/19 free of progression.

***7524. Lenalidomide in AL amyloidoses with organ involvement OR 75%.

**7528. Indolent MCL. Bendamustine 90 mg/m2 d 2 & 3 + RITX 375 mg/m2 q 4 x 6 (begin d -7 and finish 1 mo after last ChX). OR 87% (CR 33%).

***7532. MCL. Temsirolimus low dose 25 mg iv wkly x 24 (at 250 mg/dose OR was 38%; JCO 23;5347-56, 2005). OR 41% (1 CR + 18 PR) in patients with t(11;14) refractory, MTTP 5.5 mo, MDR 6.5 mo. Median monthly dose 80 mg. Active and ready for combination chemotherapy...

***7533. Zevalin in MCL is better upfron consolidation with a CR 81% as compared with only 33% used as a bottom line treatment.

**7534. AntiTNF CD40 (SGN-40) in NHL, 3 mg/kg. 2PR/16 patients.

**7542. Arginine butyrate 1 mg/kg/d, sensitizes EBV+ cells to Gancyclovir. OR: 5 CR + 5 PR/15 (lymphoproliferative, NHL, HIV lymphoma, HL and others EBV+ refractory lymphomas).

*7543. Bortezomib in Waldenstrom: OR: 41% decrease 50% in M and 80% decrease 25% in M. Try combination therapy...

7545. Clarythromycin 500 mg bid + Lenalidomide 25 mg qd d 1-21 + DXMTS 40 mg po once wkly q 4 wks in naive myeloma. OR 95%, 43% decrease >90% in M. Thromboembolism prevented with ASA 100 mg qd.

7556. Viagra (Sindenafil citrate) in Waldenstron increasing dose up to 75 mg qd wkly x 4, decreased M 63%.

**7559. Ocular MALT. Doxycycline 100 mg bid qd x 3 wk in Chlamydia psitacci ocular MALT. PCR+ OR 64% & PCR- OR 38%. Conjunctival lymphoma OR 43% and ocular lymphoma OR 54%. 2 y FFS 66%. N=27, multicentric trial.

**7560. MCL. Bexxar (Tositumab) followed by CHOP OR:83% (CR 46% + PR 38%). After CHOP OR 86% (CR 67%). MEFS 1.4 y. MRD after Bexxar PCR- 46% but subsequently none of the patients became negative.

*7562. Refractory/relapsed B cell NHL. N=46. RITX + GEM 1000 mg/m2 d 2 + LOHP 100 mg/m2 d 2 q 2 wk. LOR 10 CR + 13 CR unconfirmed + 15% PR (83%). After 8 cycles CR 78%. 2 y PFS 53%, 2 y OS 66%.

***7583. HL. Stanford V in HIV+ HL. N=59. CR 72% (IPI >3, very unfavora, M F-up 1.5 y).

*7609. Cp751,871 (anti IGF1R) Phase I in myeloma, combined to DXMTS. Doses up to 10 mg/kg d 1 q 4 wk. OR: 1 CR + 2 PR. Active.

17505. MCL. Cladribine 5 mg/m2 d 1-5 q 4 wk + RITX. N=29. OR: 50% CR + 18% PR. Underestimated, only 2 cycles allowed. M F up 10.7 mo. 89.7% alive. Elderly patients, very active.

17510. DLBCL high risk untreated. Gallium citrate 200 mg/m2 d 1-7 + RITX + DXMTS 40 mg/m2 d 1-4. CR 27% + PR 27% (22/37). Very good...

LUNG CANCER

*7000. NSCLC. ZD6474 (VEGF, EGF & RET TKI), 300 mg qd, vs Gefitinib . N=168 Randomized study. NC 45% vs 34%. Better results.. PFS 11 wk vs 8.1 wk and cross over also favored ZD.

**7001. NSCLC. Sunitinib (TKI VEGFR, EGFR, KIT, FLT3, RET) 50mg qd po x 4 wk q 6 wk. N=64. OR 9.5% (PR 6) & NC 19% (12). Asthenia and fatigue 68% grade 1-2.

**7002. NSCLC. Sorafenib (TKI RAF, MEK, ERK), 400 mg bid qd continuously. MR 29% + NC 50%. MPFS for benefit patients 23.7 wk. MOS 29 wk. Diarrhea 50%, hand-foot 37%, nausea 25%, fatigue 27%.

**7003. Bronchioloalveolar carcinoma. EGFR mutation, increased EGFR copies, Kras mutation predict OR to Erlotinib (OR 30-70%) but not OS 17-20 mo in all groups.

**7004. University of Colorado. Matrix assisted laser desorption ionization (MALDI-TOF) MS of serum samples identified patients responding to Iressa.

*7007. Stage IB NSCLC. Adjuvant chemotherapy do not improve cure rate (CALGB 9633).

**7008. Adjuvant Platinum based chemotherapy in NSCLC metanalysis of 4584 patients: Benefit 4.2% cure rate at 5 y.

*7010. NSCLC. ERCC1 negativity predict benefit for adjuvant CDDP in resected NSCLC. HR=0.64.

**7011. CDP > CBDCA metanalysis for first line chemotherapy. HR=1.37 for OR and HR=0.93 for OS (this later non significant).

7016. NSCLC. ZD6474 + TXT vs TXT in N=127. Non randomized study. Better PFS. Randomized Phase III in second line ongoing.

***7020. NSCLC. Erlotinib, 150 mg qd in EGFR mutation/deletion. Spanish Rosell group study. 37/297 patients (35% had EGFR mutation in TK domain: 25 deletion in exon 19 (100% response rate) & 11 L858R (75% OR). Total OR 90%, MDR >8 mo. All alive.

7020. Gefitinib in 20 patients with NSCLC. Mutation EGFR 4/19 (21%): 2 PR + 2 mR. The rest had 3/15 OR (20%).

*7023. NSCLC selection of patients for Iressa 250 mg qd. EGFR FISH/AKT+ and/or never smoker, otional adeno or BAC. N=39. OR 54% (1 CR + 14 PR) MTTP 6.45 mo.

**7028. Proteomic analysis MALDI-MS in tumor predict Squamous cell 93.9% and lymph node metastases 49%, confirming previous data.

**7029. U Veronesi et al. CT diagnosis of lung cancer. N=500 high risk, >50 yo and 80% with 20 pack/year volunteers. First year results lung cancer detection 1% (65% Stage I, 9% stage 2, 22% stage 3, 4% stage 4), 87% radical resection.

7060. SCLCV. Amrubicin 45 mg/m2 d 1-3. OR 52% sensitive (N=44) and 50% refractory (N=15) to prior CDDP.

7061. SCLC. Alimta. 2 PR + 2 SD. N=43. Inactive.

7064. ZD6474 in Japanese NSCLC. OR 11% + NC 51%. Rash and diarrhea.

***7074. From Japan. Response to Iressa and then resistance. Initially 14 patients with exon 19 deletion and L858R. At the time of resistance half of the cases developed new mutation T790M.

**7076. MSKCC. N=18. Patients responding to Iressa/Tarceva on resistance 46% had T790M.

*7079. Thymoma. Premetrexed, 500 mg/m2 q 3wk + Vit B12 + FA. N=27. OR: 2 CR + 2 PR (All pretreated).

7104. NSCLC. Phase I Patupilone. MRD 10 mg/m2 q 3 wk. OR: 5 PR + 16 SD + 26 PD. Phase II on going with 53 patients.

7106. NSCLC. E7389 (analog of halichondrin B marine sponge antitubulin) 1.4 mg/m2 d 1, 8, 15 q 4 wk. N=72. Toxicity: hematological, N&V, neuropathy, respiratory. OR 6.4%, NC 35%. 12 wk PFS 57%.

**7128. NSCLC. GEM, 1500 mg/m2 in 30 min + Premetrexed, 500 mg/m2 vit B1&AF in 10 min q 2 wk. N=53. OR: 1 CR + 14 PR (28% OR) + 24 NC (Benefit 73.6%). MST 7.8 mo. Active. New third agent addition?.

**7129.NSCLC. Neoadjuvant therapy with GEM 1500 mg/m2 d 1, 15, 29 & 43 + Premetrexed 500 mg/m2 same days. OR CR3%+PR34%+NC55%. Acceptable.

7133. TXT similar to Premetrexed in 2nd line NSCLC.

****7229. PDT with Laserphyrin, 40 mg/m2 used with laser diode 100 mJ/cm2(on sale in Japan from June 2004) in T0-in situ & T1N0M0 centrally located NSCLC. CR 84.8% (N=224) + PR 15.2% (N=40) out of 264 lesions. Therapy of choice. Los skin photosensitivity.

***17035. NSCLC. N=68, advanced IIIB/IV NSCLC. Elevated C Reactive Protein correlated with MOS and should be integrated into staging and therapy...

**17045. NSCLC. Combined CETUXIMAB + Iressa. 4/8 NC. Continued.

MELANOMA

**8003. Adjuvant Biochemotherapy Randomized trial. N=138, M F up 49.3 mo. CDDP 20 mg/m2 x 5 + VBL 1.5 mg/m2 x 5 + DTIC 800 mg/m2 d 1 + IFN 5 M U/m2 x 5 + IL2 9 MU/m2 civi qd x 5 q 3 wks vs IFN HD 20 MU/m2 qd x 5 x 4 and then 10 mU/m2 sq xtiwk x 48 wk. Results: 2y RFS 68% vs 66%; 5yRFS 59% vs 58%; 2 y OS 77% vs 87%; 5y OS 61% vs 65%. No differences.

*8009. Sorafenib 400 mg bid po contin + TMZ (Randomized continuous 75 mg/m2 x 6-8 wk vs 150 mg/m2 x 5 q 4 wk). OR 24% vs 20%. NC 30-50%.

**8010. TXL 10 mg/m2 in 96 h civi wkly + Celecoxib 400 mg/ po bid x 6 wk. 6/20 NC 17+ to 60 wks. MTTP 6 wk. MOS 6 mo (1-29). Most were resistant to 2-3 prior therapy lines.

8012.Sorafenib 400 mg bid + DTIC 1000 mg/m2 q 3 wk. N=30. PR 16.7% + NC 43%. MPFS 3.6 mo.

*8016. Lomegnatib (analog of O6 Methylguanine used to deplete O6 Alkylguanine alkyltransferase) po x 5-10 days. MTD not reached. Effect on DTIC very potent, grade 3-4 hematological at 50% of the dose. On going.

8017. TMZ 200 mg/m2 d 1-5 + PEG IFNalfa 100 ug sc d 1, 8, 15 %21 q 4 wk. OR 18.1%. MTTP 2.8 mo. MOS 9 mo.

**8018. Ocular melanoma. Randomized trial. GEM 1000 mg/m2 + TREOSULFAN 3.5 g/m2 vs TREOSULFAN alone in mets uvweal melanoma. OR: 1 PR + 7 NC (benefit 33%) vs 3 NC (13%).

**8032. Ticilimumab (AntiCTLA4 MoAb) Phase I: 1º5 mg/kg safe and tolerable, q 3 wk.

***8036. Ticilimumab: 5 OR/18 patients!!!

***8045. ADI-PEG 20 (Pegilated arginine deiminase) to deplete arginine. PHASE II: 160 iu/m2 escalated to 320 iu/m2 (if arginine was still detected). OR: 4 PR (24%) + 2 mR (12%) + 2 mixed R (12%). MDR 9 mo (4+ to 16 mo). No toxicity. ASS (arginino succinate synthetase correlated with OR with no responses if present).

***8047. Electrochemotherapy (Cliniporator, IGEA, Italy) pulses (N=8) of 100 us using 1000-1300 V/cm + Bleo iv 15 mg/m2 or intratumoral Bleo/CDDP. CR 73%. No side effects.

*LBA18000. Fotemustine 100 mg/m2 d 1 + DTIC 900 mg/m2 d 2 +/- IFNalfa 5 MU ti wk q 3 wk vs DTIC +/- IFN alfa. N=270 randomized. CR 19 + PR 24 (OR 32%), MST 9.4 mo.

***18010. ONTAK 12 ug/kg had OR in mets (skin, liver) melanoma and depleted T reg 2/4.

PATIENT CARE

9012. Neuroblastoma. TMZ. OR 5/25, MDR 6 mo.

SARCOMA

**9500.GIST.. After Gleevec OR then surgery. N=113. Median time Gleevec before surgery 11 mo for OR, 14 mo for P (?) and 7 mo for neoadjuvant therapy. M F up postop 16 mo. RO obtained in 72% PR, 86% neoadjuvant & 26% in P group. Mortality 1.7%. MPFS 16 mo in OR. Recommend randomized trial for early vs delayed surgery.

*9501.GHIST after surgery of mets disease- adjuvant Gleevec. N=96. MD of Gleevec 13 mo. MPFS 25 mo. 2y OS 80.7%.

9502. GIST. Sunitinib after Gleevec resistance correlate with gene data: kit exon 11 (36%)worst results, kit exon 9 (42%), PDGFRA (25%), no KIT/PDGFRA (56%). Secondary kit mutation of exon 17 & 18 resistant to Sunitinib (9% vs 65% in exon 13 and 14).

9503. STS. Sirolimus 4-8 mg qd. N=20. 2 clinical improvement + 3 minor radiological improvement.

9504. STS. Temsirolimus (CCI779). N=41. 1 PR in fibrosarcoma. Inactive.

*9505. STS/Bone Sarcoma. AP23573 (mTOR inhibitor). Phase II. N=216.. OR 28% benefit (5 PR). 20/76 PET improvement. Benefit obatined in bone, leio, lipo and other types.

9511. ET743 (Trabectedin) high response rate in mixoid liposarcoma.

**9573. GIST Gleevec resistant. Sunitinib 50 mg qd vs placebo N=312. TTP 27.3 vs 6.4 wk. OS also significant. PR 6.8% durable in 17.4% (N=36) vs PR 0 abd 22 wk MOS. Fatigue discoloration, N&V, diarrhea.

9514. STS. GEM+TXT> GEM. N=122. OR 16% vs 10%, PFS 6.2 mo vs 2.6 mo. OS 18 mo vs 11.2 mo.

*9515. Aggressive fibromatosis. N=51. Imatinib. MTTF 6.8 mo. 80% had OR or ND>4 mo.
9516. Aggressive fibromatosis. N=40. Imatinib: 1 CR + 17 NC. Prolonged stabilisations.

9517. Synovial sarcoma. Imatinib. 13% with HER1 expression had prolonged NC (18% NC).

9550. Dermatofibrosarcoma protuberans. Neoadjuvant Imatinib. Median reduction of tumro 21.9% and 3/6 PR.

***9556. BV + Caelyx. N=12. Toxciity was greater than expected.

9561. DFSP. Imatinib 9/13 evaluable. 7 PR + 1 NC.

**9564. Nelfinavir (HAART) causes lipodistrphia in HIV patients. In vitro caused inhibition of cell proliferation and apoptosis in sensitive liposarcoma cells...

9568. STS. Trabectedin 1.1 mg/m2 + Caelyx 30 mg/m2 in Phase II...

9570. TMZ 75 mg /m2/d x 6 wk repeated q 9 wk in gynecologic sarcoma. N=32. MTTP 3.3 mo. 3 CR + 3 PR + 6 SD (OR 19%).

9576. Aromatase inhibitors in uterine sarcoma ER+. N=8: 2 CR + 2 PR + 2 NC, 2yDFS 60%. MST not reached >2 y.