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3RD INTERNATIONAL GASTROINTESTINAL CANCER CONFERENCE

December 13 - 15, 2013
Antalya, Turkey



ABSTRACT BOOK



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Oral Presentations

SURVIVAL FACTORS IN ELDERLY PANCREAS CANCER PATIENTS, SINGLE CENTER EXPERIENCE

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The patients' median age was 71 (range, 65–94) years. The numbers of male and female patients were 41 (58.6%) and 29 (41.4%), respectively. A total of 40 (57.1%) patients in this group had metastatic disease upon admission, and the liver was the primary metastatic site, diagnosed in 31 (44.3%) patients. The Eastern Cooperative Oncology Group (ECOG) status at the time of diagnosis was 0-2 and ECOG 3-4 in 51 (72.9%) and 19 (27.1%) patients respectively. Locally advanced and resectable, locally advanced unresectable and metastatic stage were seen in 5(7.1%), 25(35.7%) and 40(57.1%) patients respectively. Adjuvant treatments were operation, chemoradiotherapy, and chemotherapy or combinations in total 5 (7.1%). Coronary artery disease was common comorbidity, occurring in 12 (17.1%) patients. First line chemotherapy (gemcitabine or gemcitabine plus platin) and second line chemotherapy (oxaliplatin based) were received by 38(54.3%) and 6(8.6%) of patients respectively. Partial response and stable disease (clinical benefit rate) of first line chemotherapy were 9(12.9%) and 14(20.0%) respectively. Only short duration of stable disease was achieved with second line therapy. Dose intensity was reduced by 20 to 30% either by dose reduction in 7 (10.0%) or by delaying in 14 (20%) patients. The median overall survival (OS) and follow up time were 5.5 (0-64) months and 5.5(0-52) months respectively. Only one patient was alive but others were all dead at the end of study. Five months and 10 months survival rates were 50% and 25% respectively. Only three patients were alive after one year. Median OS was differed in locally advanced-resectable, locally advanced-unresectable and metastatic stages respectively (21.1 months vs 8.0 months vs 2.0 months, $p=0.001$). Overall survival was better in better ECOG performance status (ECOG 0-2) than worse ECOG performance status on diagnosis (7.0 months vs. 2.0 months, $p=0.000$). Age, sex, dose intensity, tumor localisation, adjuvant treatment, initial symptoms such as weight loss, hypertension, diabetes or smoking status had no effect on OS. Chemotherapy had correlated with better OS in metastatic patients (5.0 months vs 1.0 months, $p=0.018$) but this effect did not significant in locally advanced pancreas cancer patients (8.0 months vs 6.0 months, $p=0.197$). Multivariate analysis showed that only the ECOG performance status was an independent predictor of survival $HR=2,730$, $P=0.006$.

Survival was rarely increased with any type of chemotherapy in elderly pancreas cancer patients, performance status remained the most important prognostic factor.

Keywords: Pancreas cancers in elderly, survival

SERUM CEA AS A PROGNOSTIC FACTOR IN PATIENTS WITH METASTATIC GASTRIC CANCER PRIOR TO FIRST-LINE CHEMOTHERAPY

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Background: Carcinoembryonic antigen (CEA) is widely used in the follow-up of gastrointestinal cancer patients. Our aim was to evaluate CEA as a prognostic factor in recurrent/metastatic gastric cancer patients receiving first-line chemotherapy.

Methods: We evaluated 114 recurrent/metastatic gastric cancer patients who had first-line docetaxel/cisplatin/5-fluorourasil (DCF) between May 2007 and June 2013 at our center, retrospectively. Serum CEA was measured prior to first-line chemotherapy and cut-off value for CEA was 5 ng/mL.

Results: Male-to-female ratio was 3/1 with a median age of 55. Median follow-up was 11 months. Half of the patients had higher CEA levels (>5ng/mL). The characteristics of the patients with normal CEA levels were similar to the others with higher levels in terms of sex, age, grade and ECOG performance status. The patients in both groups had median six cycles of DCF. The patients with normal CEA levels had an OS benefit (18.9 vs 10.0 months, $p=0.003$). Median progression free survival (PFS) was 7.4 months for them whereas it was 6.5 months for the others, however the difference was not significant ($p=0.08$).

Conclusion: Basal high serum CEA levels prior to first-line chemotherapy (DCF) seems to be an independent negative prognostic factor in gastric cancer

Keywords: Basal high serum CEA levels, gastric cancer

THE EFFECT OF GASTRECTOMY ON OVERALL SURVIVAL IN METASTATIC GASTRIC CANCER PATIENTS

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Background/Aims: In cases of incurable gastric cancer with distant metastases, surgical treatment has usually consisted merely of palliation. Palliative resection may be prohibited by the potential disadvantages of surgical stress.

Material/Methods: This analysis included patients with gastric cancer diagnosed from March 2007 to July 2012 in our clinic. Gastric cancer patients were divided into 2 groups according to the primary tumor operation; patients whose primary tumor was operated were enrolled as Group 1 (n=96), patients who were metastatic at the time of the diagnosis and whose primary tumor was not operated were included as Group 2 (n=95). Resection of primary tumor was done curatively in early gastric cancer patients or palliatively in metastatic gastric cancer patients. All of the patients were treated with Docetaxel-Cisplatin-5-Fluorouracil (DCF) regimen in the first line of metastatic period. Kaplan-Meier survival analysis was carried out for disease-free survival (DFS) and overall survival (OS). The log-rank test was used to examine the statistical significance of the differences observed between the groups. Two-sided P values of <0.05 were considered statistically significant.

Results: A total of 191 patients were included in this study. Median age of patients was 55 and 54 in group 1 and 2, respectively. In both groups sex ratio was similar. In group 1, one third of patients were treated with adjuvant treatment. All of the patients were treated with DCF regimen in the first line of metastatic period. Median chemotherapy cycles were 6 in both groups. (In group 1; min; 2 max; 10, in group 2; min; 2 max; 8). Median follow-up was 11 months in metastatic period. In patients Group 1, OS rate was 82.0%, whereas OS rate was 42.0% in 10 months evaluation. Estimated OS was significantly higher in Group 1 patients (17.9 vs 8.5 months, p<0.0001).

Conclusions: Metastatic gastric cancer patients have poor prognosis and short OS.; Accepted primary treatment of metastatic gastric cancer patients is palliative chemotherapy according to the international guidelines. But the role of operation of primary tumor on OS was not known exactly. In our study we showed that metastatic gastric cancer patients whose primary tumor was operated have longer OS compared to metastatic gastric cancer patients who had no operation history of primary tumor. Significantly 10 months improvement of OS in metastatic gastric cancer patients whose primary tumor was operated show that in patients with good performance and limited metastases, surgery may be considered.

Keywords: Metastatic Gastric Cancer, Gastrectomy

EFFECT ON SURVIVAL OF PALLIATIVE RESECTION IN ADVANCED GASTRIC CANCER

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Purpose: Palliative resection remains debatable and has been considered irrelevant to the outcome. However, its role is widely accepted for palliation of symptoms and some series reported survival benefits. The aim was to determine whether surgical removal of the primary tumor provides better survival in advanced gastric cancer.

Methods: Retrospective study including 66 patients with advanced gastric cancer operated at Samsun Education and Research Hospital between January 2008 to October 2012. Patient's follow up lasted until death or until cut-off date of October 31, 2013. Median follow-up time was $92,5 \pm 169,1$ (min:3-max:730) days. Patients are classified group 1 and 2 according to the primary tumor were removed or not. Patients and tumor characteristics, American Society of Anesthesiologists (ASA) score, postoperative chemoradiotherapy application, hospital stay day, hospital mortality, first 30 day mortality and overall mortality were compared. Removal of the primary tumor are examined as the factors that were affecting overall survival.

Results: Two groups were similar in respect to age, gender, histology type, ASA score, postoperative chemoradiotherapy application, hospital mortality and first 30 day mortality. The mean hospital stay of the resection and nonresection group patients was $6,5 \pm 4,6$ (min:2-max:25) and $14,1 \pm 7,7$ (min:3-max:37) days, respectively ($p = 0.017$). The mean survival of the resection and nonresection groups were 101 ± 17 and 218 ± 33 days ($p = 0.006$), respectively. After adjustment for other covariates, resection was associated with a trend toward improvement in overall survival ($p = 0.06$; relative risk RR: 0.77; 95% confidence interval (CI): 0.17–0.66).

Conclusions: Palliative resections in advanced gastric cancer definitely improved short-term survival, without significantly increasing postoperative mortality.

Keywords: palliative resection, gastric cancer

CLINIC AND PATHOLOGIC IMPORTANCE OF S100A4 EXPRESSION IN COLON CANCER

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This study has been carried out to determine the clinical and pathological importance of S100A4 which has previously shown as a marker for invasion and metastasis at colorectal carcinoma cases.

Slides of archived formalin fixed paraffin embedded tissue blocks of primary tumor were obtained for 111 patients with colon cancer and S100A4 expression was evaluated on the basis of immunohistochemistry staining scores (IHCSS). By means of IHCSS, relationships between, age and, gender of the patient, localization and diameter of the tumor, type of operation, presence of perineural and vascular invasion, T Stage, N stage, M stage, grade of tumor, percent of metastatic lymph node, survival and mortality were comparatively elucidated.

The study reveals that differences were not statistically significant at those comparisons realised between IHCSS and variables including gender and age of the patient, type of operation and diameter of the tumor. The correlation between IHCSS and the parameters which increase the tumor aggressivity such as perineural invasion, perivascular invasion, lymph node's invasion and metastasis, was statistically significant.

In conclusion, the results of the study reveals that S100A4 overexpression, which contribute to the metastasis and invasion, may be an indicator of poor prognosis. Indeed, it may be possible to utilize S100A4 expression in the determination of strategies for the treatment of colorectal cancers. Further advanced research is required to reflect the issue into clinical practice.

Keywords: Colon cancer, S100A4

PROGNOSTIC SIGNIFICANCE OF P53 IN GASTRIC CANCER: A META-ANALYSIS

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Background: Gastric cancer is one of the frequently seen cancers in the world and it is the second most common reason of death due to cancer. The prognostic role of expression of p53 detected by immunohistochemistry in gastric cancer remains controversial. This meta-analysis aimed to explore any association between overexpression and survival outcomes.

Methods: We systematically searched for studies investigating the relationships between expression of p53 detected by immunohistochemistry and prognosis of gastric cancer patients. Study quality was assessed using the Newcastle-Ottawa Scale. After careful review, survival data were extracted from eligible studies. A meta-analysis was performed to generate combined hazard ratios for overall survival and disease-free survival.

Results: A total of 4,330 patients from 21 studies were included in the analysis. Our results showed that tissue p53 overexpression in patients with gastric cancer was associated with poor prognosis in terms of OS (HR, 1,610; 95% CI, 1,394 -5,235; $p < 0,001$) (Figure 1). Pooled hazard ratio for DFS showed that p53 positivity or negativity were not statistically significant (HR, 1,219; 95% CI, 0,782-1,899; $p:0,382$).

Conclusion: The present meta-analysis indicated overexpression of p53 detected by immunohistochemistry to be associated with a poor prognosis in patients with gastric cancer.

Keywords: p53, prognosis

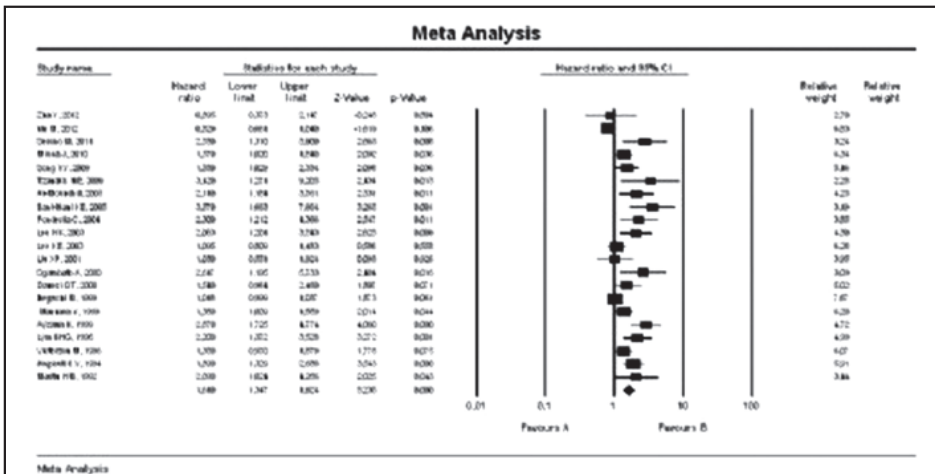


Figure 1. Random-effects Model of Hazard Ratio (95% confidence interval) of OS associated with p53 positive (Favours B) versus p53 negative (Favours A)

RADIOTHERAPY IN LOCALLY ADVANCED PANCREATIC CANCER

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Background: The prognosis of pancreatic cancer is one of the worst malignancies. In randomized clinical trials done in recent times, the answer is researched for adjuvant chemotherapy, adjuvant chemoradiotherapy or only for surgical questions. Patients having radiotherapy in our clinic are evaluated in this study.

Materials-Methods: The pancreatic cancer patients who were pursued in the Akdeniz University School of Medicine, Department of Radiation Oncology between the years 2000-2008, whose diagnoses are histopathologically validated and whose staging studies are made with imaging methods, are evaluated retrospectively.

Results: A total number of 32 patients were taken to the study. The tumor diameter is determined as lower than 4 cm for 17 (53.1%) of the patients (Group A) and higher than 4 cm for 15 of the patients (Group B). The mean survival of patients is determined as 17.3 months (%95 confidence interval 10.2-24.4) in average. The overall survival all of patients is determined as 12.5% for 2 years, 9.4% for 3 years and 6.3% for one year. The fact that there is whether or not lymph node involvement is found to be related with survival ($p: 0.009$). A significant relationship between Group A and B in terms of survival is determined ($p: 0.029$) (Figure 1).

Conclusion: While treatment is considered in patients who are planned to receive radiotherapy because of pancreatic cancer, the tumor diameter and the lymph node status should be taken into account as prognostic factors.

Keywords: Pancreatic cancer, radiotherapy

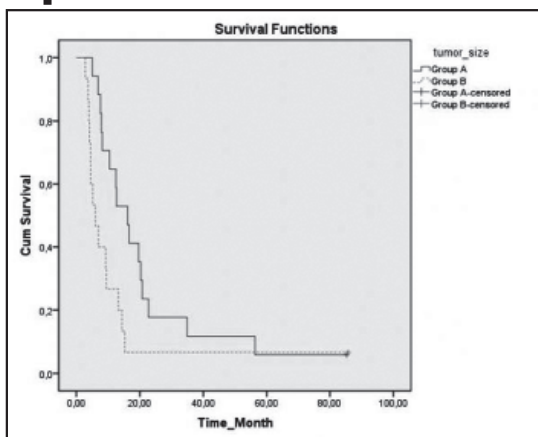


Figure 1: Overall survival according to tm size

RELATION OF EXPRESSION OF AKAP 12 WITH APOPTOTIC MARKERS IN COLORECTAL CANCER

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Purpose: AKAP12 inhibits oncogenic proliferation, invasion, chemotaxis and neovascularization. Bcl-2 and p53 are two important apoptotic markers that play a role in apoptotic processes. It was showed that AKAP12 ceases the cell cycle and induces apoptosis in cells of fibrosarcoma. In our study we searched the relationship of AKAP12 with apoptotic markers bcl-2 and p53. **Methods:** Patients histopathologically who were diagnosed with colon adenocarcinoma and tracked at our clinic were studied. Expressions of AKAP12, p53 and bcl-2 were observed with immunohistochemistry method.

Results: A total of 45, 17 (37.8%) female and 28 (62.2%) male patients were enrolled in this study. When 1(+) was considered as negative and 2(+) and 3(+) as positive; AKAP12 expression was found negative in 8 (17.8%) and positive in 37 (82.2%) of the patients. Bcl-2 was found positive in 13.3% of the patients. P53 was found positive in 55.6% of the patients. AKAP12 expression had no significant relation with bcl-2 and p53 expression (p:0.939, p:0.079).

Conclusion: Development and progression of cancer is a complex process. There are many biological markers such as oncogenes, regulators of cell cycle, DNA repair genes that play a role in the beginning, progression, invasion and development of metastasis. Apoptosis also plays an important role in carcinogenesis. Determination of pathways of apoptosis may suggest new cancer therapy targets. We think that AKAP12 is one of these targets.

Keywords: Colon cancer, Apoptosis

ESOPHAGEAL CANCER, GASTRIC CANCER AND THE USE OF PESTICIDES IN THE SOUTHWESTERN OF TURKEY

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Aim: Esophageal and gastric cancer are bad prognosis and rapidly progressing diseases and there are many common risk factors defined for these diseases. It has been demonstrated that the pesticide usage is a risk factor for many cancer types. In this study, the relation between the esophageal cancer and gastric cancer, and the amount of pesticides used in agriculture has been researched.

Methods: In the study, between the years of 1998-2010 data from the data bank of T.R. Ministry of Health Provincial Health Directorate Cancer Records Center was used. Patients who were diagnosed with gastric and esophageal histopathologically between these years were included. Data the amount of the annual pesticide usage was obtained from Provincial Agriculture Directorate between 1998 and 2010. Statistical analysis was performed by using Spearman test.

Results: Thousand eight hundred and ninety-six patients were involved in the study, 1233 were male (65%) and 663 were female (35%). Two hundred thirty of the patients had esophageal cancer (12.1%) and 1666 of them had gastric cancer (87.9%). There wasn't any statistically significant relation determined between pesticide amount used and esophageal cancer (p: 0.87).

Conclusion: In our study, the relation between the amount of pesticide used and the incidence of esophageal and gastric cancer was examined. Since the time between pesticide usage and cancer development was not known, this comparison was made. In this study there wasn't any relationship between pesticide usage and esophageal, gastric cancer.

Keywords: Esophageal cancer, gastric cancer

COMPARISON OF DIFFUSION WEIGHTED MR IMAGING WITH MULTIDETECTOR CT IMAGING IN THE DIAGNOSIS AND STAGING OF GASTRIC TUMOURS

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Purpose: To investigate the efficacy of abdominal diffusion weighted imaging (DWI) in the diagnosis and staging of gastric cancer

Materials and Methods: A total of 40 patients with gastric cancer were included. Axial T2 weighted imaging and DWI (b 600 and b 1000 s/mm²) protocols were used. At the same time we got multidetector computerized tomography (MDCT) studies and measured the signal density of DWI images. For the differential diagnosis of inflammation and tumors in the normal tissues we calculated ADC (Apparent diffusion coefficient) values. DWI and CT images were evaluated according to TNM staging system in terms of gastric wall invasion of the primary tumor (tumor stage), regional (local) lymph node involvement (nodal stage) and presence of metastasis (metastatic stage) by a radiologist. All radiological staging were later evaluated according to the surgical and pathological findings.

Results: No meaningful difference was detected between DWI and CT imaging in advanced gastric cancer. However DWI detects peritoneal involvement, liver metastases and lymph node involvement without any contrast media use in a short time (appr 60 sec) better than CT.

Conclusion: DWI can be routinely used preoperatively for the staging of gastric cancer because it is clinically effective, fast and no radiation and contrast media used

EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA IN TURKEY: OUTCOME OF MULTICENTER STUDY

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Objective: Hepatocellular cancer (HCC) is one of the important health problems in Turkey. HCC is very common and highly lethal. The aim of this study was to determine clinical, demographic features and risk factors of HCC in Turkey.

Method: Nine hundred and sixty-three patient with HCC from 13 city in Turkey are included in this study.

Result: In (205) %21 of the 963 patients are women, 758 (%79) of the 963 patients are men. The median age of patients are 61 years. The etiologic risk factors for HCC were hepatitis B; 555 patients %57.6 (453(%59,8) of 555 patients men, 102 (%49,8) of 555 are women), the incidence of hepatitis B among men than women. Hepatitis C; 159 patients %16.5 (113 (%14,9) of 159 patients men, 46 (%22,4) of 159 women), the incidence of hepatitis C among women than men. Chronic alcohol abuse (more than ten years) 137 patients %14,2 (127(%16,8) of 137 patients men, 10 (%4,9) of 137 women), the incidence of alcohol abuse among men than women. Child – Pugh score with advanced disease stage are showed parallel. Advanced-stage diseases with a high level of AFP are showed parallel.

Conclusions: According to our findings the viral etiology (hepatitis B and hepatitis C infections) in Turkish population is found to be an important factor in HCC development. Furthermore alcohol abuse are third risk factor for HCC. The Child- Pugh classification and AFP levels were determined to be important prognostic factors in HCC patient.

Keywords: hepatocellular carcinoma, turkey

MISDIAGNOSIS OF TAILGUT CYST PRESENTING AS RECURRENT PERIANAL FISTULA: A CASE REPORT

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Presacral cysts include a wide variety of pathologic entities including congenital, neoplastic, inflammatory, neurogenic, and osseous lesions. Tailgut cysts are uncommon lesions that usually occur within the presacral area. The relative rarity and complaints of anorectal disease associated with these lesions often lead to misdiagnosis or unnecessary procedures before the correct diagnosis is made. We present a case with a presacral cysts.

The patient is 24-year-old male who presented with anal discharge and pain. He had previously undergone operation at an outside institution for recurrent perianal fistula one year ago. The patient was referred to our facility for further workup for possible anal abscess and recurrent anal fistula. Flexible lower endoscopy was negative. At the time of the endoscopy, the patient was asymptomatic and physical exam demonstrated no evidence of recurrent fistula or abscess except scar on the perianal region. CT and MRI of the pelvis showed inflammatory changes in the presacral area with a possible cyst (Figure). In the operating room the patient was positioned in the prone jack-knife position. The dissection was started through an elliptical posterior incision surrounding the fistula tract. After coccyx was resected by orthopedist, a cyst was completely excised by keeping digital evaluation of the anus. Pathology of the lesion showed the presence without a well-organized muscle coat or myenteric plexus, consistent with a tailgut cyst.

Tailgut cysts are relatively rare lesions. Tailgut cysts and other presacral masses should be included in the differential for patients with recurrent abscess in the presacral space or fistula within the anal canal. Varieties of surgical approaches are available depending on the location of the lesion.

Keywords: Tail cyst, perianal fistula

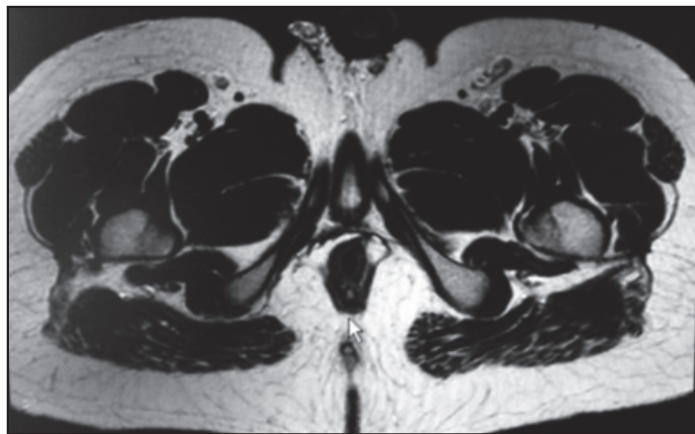


Figure 1. MRI showing presacral cyst

IMPACT OF PRESENCE AND DEGREE OF PRETREATMENT WEIGHT LOSS IN LOCALLY ADVANCED PANCREATIC CARCINOMA PATIENTS TREATED WITH DEFINITIVE CONCURRENT CHEMORADIO THERAPY

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Background: Patients with locally advanced pancreas cancer (LA-PC) commonly suffer from weight loss (WL) because of depleted energy stores resulting from increased catabolism triggered by tumor-related nausea, vomiting, abdominal pain, early satiety, malnutrition, and depression. In the present study, we retrospectively assessed the impact of pretreatment weight loss on survival outcomes of such patients treated with definitive concurrent chemoradiotherapy (C-CRT).

Methods: Data of 71 technically unresectable LA-PC patients were analyzed. All patients received 50.4 Gy (1.8 Gy/fr) radiotherapy and 1-2 courses of cisplatin (N=24), 5-fluorouracil (N=22), gemcitabine (N=11), and cisplatin-based doublet chemotherapy (N=14) concurrent with radiotherapy. Of these, 57 received additional 2 to 4 courses of adjuvant cisplatin-based doublet chemotherapy. Records of pretreatment weight measure values 6 months prior to and during hospital admission were utilized to calculate WL and %WL. Patients were grouped into 4 groups according to percentage of WL; Group 1: No; Group 2: <5%; Group 3: 5 to 10%, and >10%, respectively. Additionally, receiver operating characteristic (ROC) analysis was performed to identify a potential cut-off value for %WL. Primary endpoint was overall survival.

Results: Mean age was 58, 53 (74.6%) patients were male, 36 (50.7%) had involved lymph nodes. Forty-five (63.4%) patients had weight loss to some degree compared to 6 months prior to hospital admission (<5%:14.1%; 5 to 10%: 23.9%; >10%: 25.4%). At 17.3 months of follow-up, median OS was 14.4 months for whole study population. Median survival times for Groups 1 to 4 were 20.3, 13.2, 9.4, and 5.4 months ($p<0.001$), respectively. ROC analysis revealed cut-off value at 3.1% WL point. Dichotomizing patients according to this value revealed a superior survival estimate for patients with WL below this cut-off value (18.7 vs.10.3 months; $p<0.001$).

Conclusions: Despite the disadvantages inherent to any retrospective study, our results demonstrated a significant correlation between both the presence and degree of WL prior to initiation of C-CRT and survival outcomes in patients with LA-PC, impacting the importance of efforts spent on prevention of WL in this extremely aggressive tumor type.

Keywords: locally advanced pancreatic carcinoma, pretreatment weight loss

FAMILY HISTORY AND HNPCC FREQUENCY WITH AMSTERDAM CRITERIA IN COLORECTAL CANCER PATIENTS

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Background: Hereditary non-poliposis coli (HNPCC) is around 5% of all colon cancer cases. There is no data of HNPCC frequency in Turkish population. It is an autosomal dominant disease with high penetration. Colon cancer is seen in young age in patients with HNPCC mutation. Ovarian, pancreatic, gastric, small intestine, breast, uterine and genitourinary cancers were also seen in HNPCC II (Lynch II) syndrome). It is occurred due to microsatellite instability via the mismatch repair gene mutations. Amsterdam and Bethesda criteria are used for the clinical suspicion of HNPCC. Amsterdam criteria are accepted as positive when the patient meets all of the below criteria:

1. Three or more colon cancer patients in the family (at least two are first degree relatives).
2. Two consequent generations must be effected.
3. At least one colon cancer in the family must be diagnosed before the age of 50.
4. FAP must be excluded

Method: Colon cancer patients being followed at Izmir Tepecik Research and Training Hospital Department of Medical Oncology and Ege University Tulay Aktas Oncology Hospital Department of Medical Oncology were met by the same physician and the questionnaire were fulfilled face to face with patients. Questions about colon cancer were asked for each 1st, 2nd and 3rd degree relatives. This study was held between March 2012 and September 2012. Statistical analyses were done with SPSS 15.0 for Windows.

Results: 200 patients were included. Demographic features are summarized in Table 1. Mean age of the patients was 61 ± 9.9 (30-89) and mean diagnosis age was 58.7 ± 9.7 (30-87). All but 2 patients (%98) had siblings, 188 (%94) had child or children, 184 (%92) of the patients' mothers and 174 (%87) of the patients' fathers had siblings. Medical history regarding colon cancer of the patients' relatives were summarized in Table 2. Total number of 1st, 2nd and 3rd degree relatives whose medical history was taken was 3703.

Thirtyone patients were diagnosed colorectal cancer under the age 50. Eight of the 1st, one of the 2nd and none of the 3rd degree relatives were diagnosed colorectal cancer under the age 50. Colorectal cancer history of the relatives were summarized in Table 3. Six of those 200 patients (%3) fulfilled the Amsterdam Criteria regarding HNPCC. Genetic counselling was planned for these six patients. Colonoscopic screening was recommended for 80 relatives regarding these six patients.

Discussion: The HNPCC frequency is not known in our country. The frequency of HNPCC was found less compared to western literature (3% vs 5%) according to Amsterdam Criteria in this small population study. Large epidemiologic nationwide studies are warranted for the frequency of HNPCC in our country. Paying attention to the inquiry of the colorectal cancer patients about family history will help the diagnosis of HNPCC and colorectal screening and early diagnosis of family members.

Keywords: Colorectal Cancer Patients

EVALUATION OF THE FREQUENCY OF C-MET AND HER-2 EXPRESSIONS IN GASTRIC CARCINOMA AND THEIR ASSOCIATION WITH CLINICOPATHOLOGICAL FACTORS

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Background: Met and HER-2 protoonkogenes encoding a receptor tyrosin kinase c-Met and HER-2. We aimed to determine the frequency of c-Met and HER-2 overexpression in gastric cancer and investigated their association with clinicopathological factors.

Methods: Patients with stage 1-4 disease were analyzed. Overexpressions of c-Met and HER-2 were carried out with immunohistochemistry.

Results: A total of 143 patients, 97 male 46 female were enrolled. C-Met score was 3(+) in 31.5%, 2(+) in 27.3% and 1(+) in 10.5% of the patients. There was no statistically significant difference in age, sex, tumor location, differentiation, Lauren classification, TNM staging, presence of distant metastasis, depth of tumor invasion (T), lymphovascular invasion, and survival between c-Met subgroups. HER-2 was 3(+) in 9.1%, 2(+) in 9.8%, and 1(+) in 16.1% of the patients. HER-2 overexpression was associated with better differentiation, intestinal subtype and advanced stage. C-Met overexpression was 84.6% in HER-2 3+, 64.3% in HER-2 2+, 69.6% HER-2 1+ and 51.6% in HER-2 negative patients. There was no statistically significant difference in survival between the c-Met overexpression positive and negative stage 3 and 4 patients. The median survival was 11.6 ± 6.3 months in HER-2 overexpression positive stage 4 group and 11.9 ± 6.8 months in HER-2 overexpression negative stage 4 group. There was no statistically significant differences in survival between the two groups.

Conclusions: There is an association between c-Met and HER-2 overexpression. C-Met was not associated with any negative prognostic factors in gastric cancer.

Keywords: gastric carcinoma

RANDOMIZED, DOUBLE-BLINDED PLACEBO-CONTROLLED PHASE 2 TRIAL OF NIMOTUZUMAB PLUS GEMCITABINE COMPARED WITH GEMCITABINE ALONE IN PATIENTS (PTS) WITH ADVANCED PANCREATIC CANCER (PC).

Dirk Strumberg, Beate Schultheis, Matthias Philip Ebert, A. Kerkhoff, Ralf Dieter Hofheinz, Dirk M. Behringer, Wolfgang E. Schmidt, Erdem Goker, Sara De Dosso, Michael Kneba, Suayib Yalcin, Friedrich Overkamp, Frank Schlegel, M. Dommach, Robert Rohrberg, Tilman Steinmetz, Dirk Reuter, Ferdinand Bach

Aim: Chemotherapy significantly improves survival in metastatic PC. There are a few combination regimens however, gemcitabine (gem) remains the mainstay of palliative treatment, with modest impact on survival and disease progression. This study was aimed to investigate the effect of adding Nimotuzumab (nimo), an anti-EGFR monoclonal antibody, to first-line gemcitabine, in PC.

Patients and Methods: Pts with previously untreated, unresectable, locally- advanced or metastatic PC were randomly assigned to receive gem: 1000 mg/m²/ 30-min iv once weekly (d1, 8, 15; q28) and nimo: fixed dose of 400 mg once weekly as a 30-min infusion, or placebo, until progression or unacceptable toxicity. Primary endpoint was overall survival (OS) in the intention-to-treat (ITT) population. Secondary endpoints included PFS, safety, objective response rate (ORR), and QoL.

Results: Between 9/2007- 10/2011 a total of 192 pts were randomized (average age 63.6; 60% male; 69% ECOG PS 0), and 186 were evaluable at the ITT analysis. One-year OS was 19.5 % with gem+placebo and 34.4% with gem+nimo (HR=0.69; p=0.034). Median OS and PFS were 6.0 mo in the gem+placebo group, vs. 8.7 mo in gem+nimo (HR=0.83; p=0.21), and 3.7 vs. 5.4 mo, respectively (HR=0.73; p=0.06). One-year PFS was 9.5 % for gem+placebo, compared with 21.5% for gem+nimo (HR=0.71; p=0.05). Significantly, in pts ≥ 62 years (60% of the population), median OS and PFS were 5.2 mo in the gem+placebo group vs. 8.8 mo in gem+nimo (HR=0.66; p=0.034), and 3.2 in gem+placebo vs. 5.5 mo in gem+nimo group, respectively (HR=0.55; p=0.0096). Nimo was safe and well tolerated, without any grade 3/4 toxicities. Thirteen % of pts experienced grade 1/2 skin toxicity.

Conclusions: This study clearly showed that nimo in combination with gem is safe and well tolerated. The 1-year survival rate is significantly improved. Especially pts ≥ 62 years seem to benefit in overall survival, possibly due to a more aggressive biology in younger pts.

Poster Presentations

PROGNOSTIC SIGNIFICANCE OF BIOELECTRICAL IMPEDANCE ANALYSIS IN PATIENTS WITH METASTATIC GASTROINTESTINAL CANCERS

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Introduction: Dual energy X-ray absorbsimetry (DEXA) measurement is the gold standard for the measuring method of the body fat and liquid distribution, but this method is expensive and invasive in clinical practice. In this reason, the most useful method for the measure and calculate drugs dosage and patients follow up is body mass index and weight. But measurement of body weight may have many problems in patients with overweight, cachexia, or patients who have hyper metabolism with chronic diseases. Recently bioelectrical impedance analyses (BIA) become a popular method to detect and measure patient's metabolism and weight in clinical practice. However, importance of this method in oncology practice has not clarified yet.

Material-Methods: Sixty nine patients with metastatic GI cancer and 33 healthy controls were analyzed with TANITA-TBF 300 BIA machine. Measured parameters were total fat percentage (FP), lean body ratio (LBR), total body water (TBW), body mass index (BMI), basal rate metabolism (BRM) and metabolic age (MA).

Results: The study group had significantly higher FP (25,9% vs 20%, $p=0.02$), and metabolic age (60 vs 33, $p<0.001$), but significantly lower TBW (54% vs 58%, $p=0.003$), BRM (1431 kcal vs 1606 kcal, $p=0.001$), LBR (73% vs 79%, $p=0.009$), BMI (23.4 vs 25.2, $p=0.01$), hemoglobin (11.5gr/dl vs 12.7 gr/dl, $p=0.001$) and albumin (3.6 mg/dl vs 4.2 mg/dl, $p<0.001$) than the control group. 37 out of 69 patients in study group diagnosed metastatic colorectal cancer (mCRC), while the remaining 32 patient diagnosed metastatic gastric cancer (mGC). Median survival is 19 months (5-33 months) in mCRC and 15 months (3-32 months) in mGC. According to multiple lineer analysis, FP and metabolism age were associated with survival ($R^2 = 66\%$, p -value 0.001 and 0.002, respectively) in mCRC; serum albumin and FP were associated with survival in mGC ($R^2 = 60\%$, p -value 0.001 and 0,004, respectively).

Discussion: BIA analysis is a practical and useful measurement method in clinical practice. In addition to weight it provides the information about body proportion, fat, muscle, water distributions. However, we do not know about the BIA benefits in cancer patients. Metastatic cancer patient especially GI cancer patients have many co-morbidities and metabolic changes during the disease and treatments process. In our study, the percentage of fat was associated with survival in metastatic gastric and colorectal cancer. Low fat ratio in these groups has a poor prognostic factor in patients with GI cancer; also hypoalbuminemia is a poor prognostic factor in mGC and metabolic age in mCRC.

Keywords: Bioelectrical impedance analysis, Overall survival

ADVANCED NEUROENDOCRINE CARCINOMA OF THE STOMACH: A CASE REPORT

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Gastric neuroendocrine carcinomas are very rare and reported to have poor prognosis. There is no standart treatment for advanced cases due to the rarity of the disease. We report a case of sporadic late stage gastric neuroendocrine carcinoma. A 76 -year-old man was referred to our hospital with epigastric pain and hematemesis. Endoscopic examination revealed a 3 cm in diameter mass lesion located in the antrum. Initial biopsy of the lesion was reported as undifferentiated carcinoma. However subsequent immunohistochemical analysis revealed the tumor was positive for synaptophysin and chromogranin A, and the Ki-67 labeling index was 60- 70%. The diagnosis of neuroendocrine carcinoma was made according to the WHO 2010 criteria. Staging with PET CT scan revealed multiple metastatic lesions in the liver. The patient was given capecitabine and cisplatin combination chemotherapy which the patient tolerated very well. After 6 cycles of treatmens follow up PET CT scan revealed complete response. At twelve months the patient remains without any sign of recurrent disease.Cisplatin capecitabine combination chemotherapy may be a viable option in advanced neuroendocrine gastric cancers.

Keywords: gastric, neuroendocrine

LONG TERM OUTCOMES OF ADJUVANT CHEMOTHERAPY INCLUDING OXALIPLATIN WITH SEQUENTIAL CHEMORADIO THERAPY IN OPERATED RECTAL CARCINOMA

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Aim: Our aim was to evaluate the efficacy of adjuvant oxaliplatin with 5-fluorouracil (5-FU), and folinic acid in operated stage III rectal carcinoma. Patients and Methods: 105 resected stage III rectal carcinoma patients between December 2004 and December 2009 in our center were evaluated retrospectively. The patients had adjuvant 4 courses of modified FOLFOX4 (mFOLFOX-4; oxaliplatin 85 mg/m² 1st day, folinic acid 200 mg/m² 1st day, 5-FU 400 mg/m² iv bolus 1st day, 5-FU 1600 mg/m² 46 hours continuous infusion) regimen followed by infusional 5-FU (200mg/m²/day) concomitant with radiotherapy (50,4 Gy) and four additional mFOLFOX4 courses. None of them had neoadjuvant treatment since they were referred to us postoperatively.

Results: Male/female ratio was 1,9 (69/36) with a median age of 55 (23-76). Low anterior resection rate was 61%. Most (47,4%) of the patients had grade 2 adenocarcinoma. Grade 3-4 toxicities were as follows: neutropenia (11,4%), febrile neutropenia (1,9%), anemia (1%), diarrhea (7,7%) and neuropathy (2,9%). Median follow-up was 26 (6-63) months. Estimated 5-year overall survival was 64,5% and 5-year disease free survival was 53,3%.

Conclusion: Adding oxaliplatin to 5-FU and folinic acid (mFOLFOX-4) as adjuvant setting with sequential chemoradiotherapy in operated stage III rectal carcinoma is safe and effective.

Keywords: rectal carcinoma

CHARACTERISTICS OF HBSAG SEROPOSITIVE NON-HEPATOCELLULAR CARCINOMA CANCER PATIENTS

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POSTER

Background: Hepatitis is still a problem for developing countries. Viral hepatitis is a major cause of hepatocellular carcinoma (HCC). However, its role in other malignancies is not so clear. Our aim was to evaluate the characteristics of HBsAg seropositive non-HCC cancer patients.

Material-Patients: Seropositivity was evaluated with enzyme-linked immunosorbent assay (ELISA). Ninety-eight HBsAg positive non-HCC cancer patients between April 2010 and October 2012 in our center were evaluated retrospectively. Seventeen patients had borderline seropositivity and their control evaluations revealed seronegativity. So, 81 patients were evaluated.

Results: Male/female ratio was 2,3 (57/24) with a median age of 58 (28-80). Most of them had gastrointestinal cancers (55,5%) with a predominance of colorectal cancer (20,9%) and gastric cancer (18,5%). HBV-DNA viral load was evaluated in 81 patients and HBV-DNA was positive in 24%. Median HBV-DNA level was 1022 copy/ml (21-1010024488). Antiviral therapy rates were 57,9% for the patients with higher HBV-DNA levels and 25,9% for all HBsAg positive ones. Seventy-eight percent of the patients had chemotherapy whereas 3,8% of them had chemotherapy with rituximab for CD20 positive non-Hodgkin lymphoma.

Conclusion: HBsAg positive non-HCC cancer patients have male predominance in the fifth decade and most of them had colorectal or gastric cancers.

Keywords: hepatitis

ANTI-PROLIFERATIVE ACTIVITY OF NEW COORDINATION COMPOUND CONTAINING $\text{Au}^{\text{I}}(\text{CN})_2$ IN HT29 CANCER CELL LINE

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Background: Cancer is the second leading cause of death after diseases of cardiovascular system in the world. Coordination compounds have been used in medicine for treatment of various diseases including cancer. The present study was designed to determine antiproliferative and apoptotic effect for newly synthesized cyano-bridged $\{\text{Au}^{\text{I}}(\text{CN})_2\}$ coordination compound, coded as AK8b ($\text{CdC}_{14}\text{H}_{32}\text{N}_6\text{O}_4\text{Au}$), against on HT29 (Human colorectal adenocarcinoma cells) cancer cell line.

Materials-Methods: The new coordination compound containing $\text{Au}^{\text{I}}(\text{CN})_2$ was synthesized using “brick-mortar” method [1]. The antiproliferative and cytotoxic activities of AK8b on HT29 cancer cell line were determined using BrdU Cell Proliferation Assay (BCPA) and lactate dehydrogenase assay (LDH assay) respectively. The mechanism of action of the AK8b was clarified using DNA laddering assay and migration assay.

Results: According to BCPA and LDH test results, AK8b was significantly antiproliferative and cytotoxic on the tumor cell lines compared to control anticancer drug, 5-fluorouracil (5-FU). The LDH test results revealed that AK8b was significantly cytotoxic than 5-FU, suggesting that AK8b may be detrimental to the cell membrane. The compound AK8b caused laddering of genomic DNA, indicating that it may act through inducing apoptosis on the cells.

Conclusion: The results of the study revealed that the AK8b is a promising potent antiproliferative agent for HT29 cancer cell line by inducing apoptosis.

Keywords: Coordination Complexes, Anticancer Activity

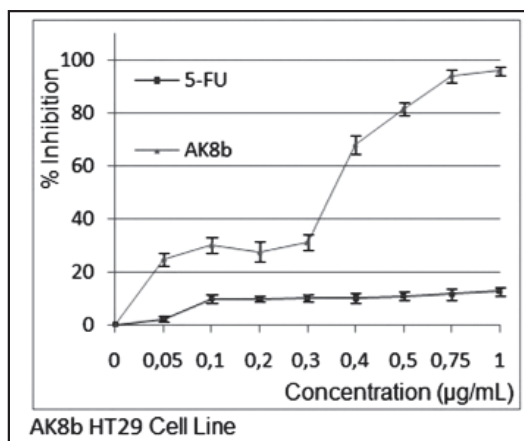


Figure 1. BrdU Cell Proliferation Assay

A NEW COORDINATION COMPOUND CONTAINING $\text{Au}^{\text{I}}(\text{CN})_2$, DISPLAYS APOPTOTIC EFFECT ON HT29 CANCER CELL LINE *IN VITRO* AND *IN VIVO*

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Background: Definitive treatment for cancer is not possible, however, the discovery of novel anti-proliferative agents is needed. Coordination compounds have provides exciting the development of metal-based therapeutics. We have been exploring the antiproliferative and apoptotic effect of newly synthesized cyano-bridged $\{\text{Au}^{\text{I}}(\text{CN})_2\}$ coordination compound, coded as AK9a ($\text{NiC}_8\text{H}_{16}\text{N}_4\text{O}_2\text{Au}$), against on HT29 (Human colorectal adenocarcinoma cells)cancer cell line.

Materials-Methods: The new coordination compound containing $\text{Au}^{\text{I}}(\text{CN})_2$ was synthesized using “brick-mortar” method [1]. In vivo cytotoxicity of AK9a was evaluated by lactate dehydrogenase assay (LDH assay) against on cancer cell lines. The antiproliferative activity of AK9a was assessed against cancer cell lines using BrdU Cell Proliferation Assay (BCPA), 5-fluorouracil (5-FU) was used as a reference standard. DNA laddering assay and migration assay were used to determine whether these compounds induce cell apoptosis.

Results: According to BCPA and LDH test results, this coordination compound was inhibited the cell viability of cancer cells compared to positive control anticancer drug, 5-fluorouracil (5-FU). Remarkably, the LDH test results disclosed that AK9a was significantly cytotoxic than 5-FU, suggesting that this compound may affect by lose membrane integrity of cell as a result of apoptosis. Furthermore, the compound AK9a caused laddering of genomic DNA, indicating that it may act through inducing apoptosis on the cells.

Conclusion: Our preliminary data strongly indicate that these compound are a potential therapeutic agent for cancer cell lines.

Keywords: Coordination Complexes, Anticancer Activity

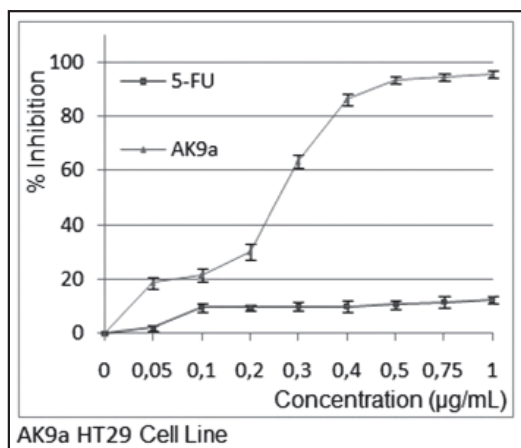


Figure 1. ELISA BrdU hücre proliferasyon test sonucu

PRIMARY RECTAL LYMPHOMA; RADIOLOGIC AND CLINICAL FINDINGS: CASE REPORT

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Primary rectal lymphoma (PRL) comprises a rare form of gastrointestinal (GIS) lymphoma and generally the definite differential diagnosis of the entity from primary rectal carcinoma is problematic. Differentiation of primary rectal carcinoma and rectal lymphoma among isolated tumoral lesions the colonic rectal segment is frequently infeasible. In this report; we aimed to demonstrate the computed tomography (CT) and magnetic resonance imaging (MRI) findings of patient with PRL by the Burkitt-n Hodgkin subtype.

Introduction: Colorectal lymphoma accounts for the 6-12% of all GIS lymphomas. Additionally, primary colorectal lymphoma is extremely rare; particularly comprises 0.2% of all malign lesions originated from colorectal region. Obstruction and perforation are relatively less frequent complications of colorectal lymphoma. To our knowledge; Burkitt subtype of primary rectal originated lymphoma is an extremely rare manifestation, only case report series has been reported in the literature.

Case: 31 years old male with complains of weight loose, fatigue, constipation and night-sweating was referred to our hospital. Only minimal sensitivity by physical examination was detected at the left lower quadrant. Abdominal plain X-Ray graph revealed the decreased gas shadows at pelvic region. CT images obtained after iv. contrast media injection revealed the 7.4 × 3.6 cm soft tissue mass originated from anterior rectal wall and was grown into the pelvic space. MRI images demonstrated the pelvic soft-tissue mass originated from anterior rectal margin and significant contrast enhancement of the lesion after iv. Gadolinium administration was observed (Fig. 1). Hyperemic and edematous rectal mucosa was determined by colonoscopic examination. Ultrasound guided percutaneous biopsy was performed. LCA(+), CD20(+), cyto creatine (-), and CD3 (-) were established by neoplastic cells. Ki-67 proliferation index was 95% which supported the diagnosis of Burkitt Lymphoma. Bone marrow biopsy was performed and patients was staged as IB by Ann-Arbor Stage Classification and single dose of R-CHOP (Rituximab 375 mg/m² /day (1 day), Cyclophosphamide 750 mg/m² /day (1 day), Adriamycin 50 mg/m² /day (1 day), Vincristine 1.4 mg/m² /day (1 day), Prednisone 100 mg / day (5 day)). Future chemotherapy protocol was planned and patient was informed.

Discussion: Focal involvement of Non-Hodgkin lymphoma is characterized by infiltrative spread originated from submucosa and mostly resulted with uniform colonic wall thickening without desmoplastic reaction. Abdominal or pelvic infiltrative lesions detected by cross-sectional imaging modalities are usually considered as lymphoma especially if were associated with enlarged lymph nodes. However, differentiation from primary adenocarcinoma can be confusing by the lack of concomitant lymphadenomegaly.

Keywords: Primary rectal lymphoma, Gastrointestinal lymphoma

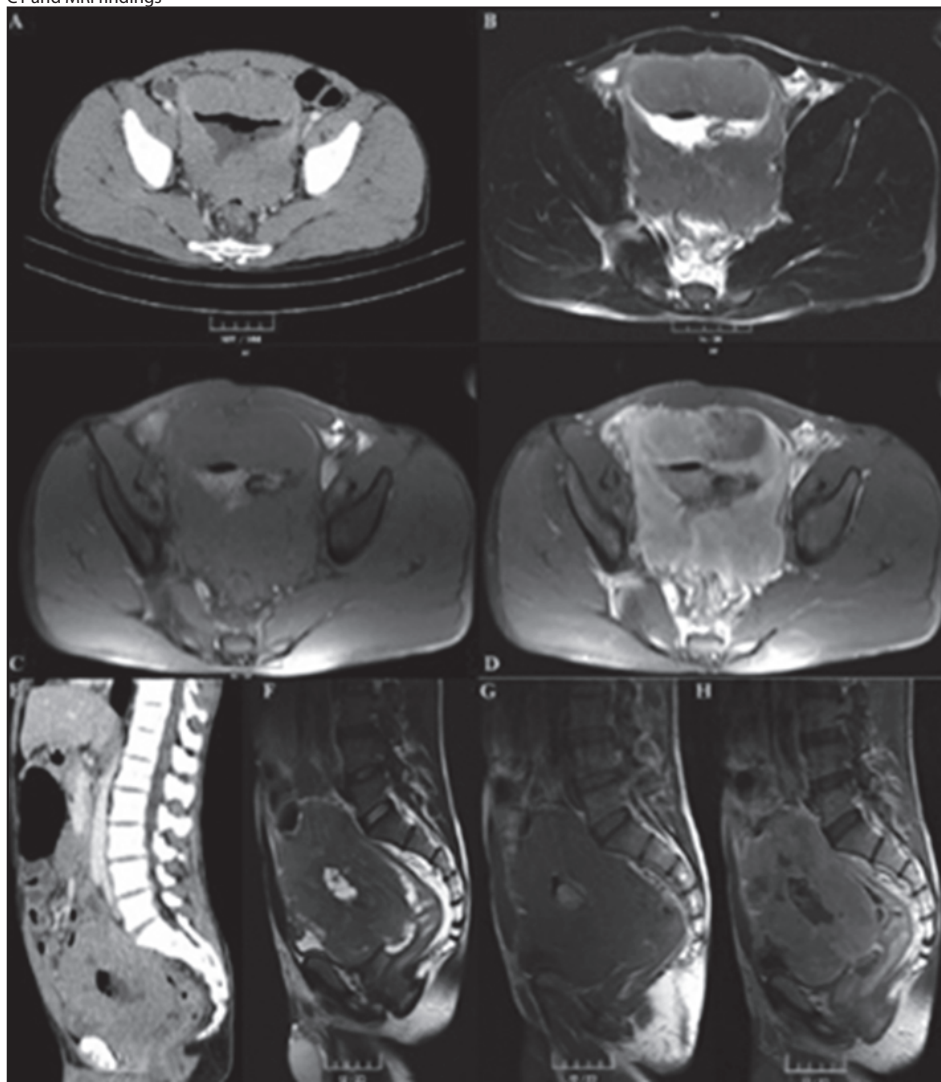


Figure 1. CT and MRI findings; **A)** Axial CT images revealed a soft tissue mass originated from anterior rectal wall and occupied the pelvic space. Lesion was associated with aneurysmatic segmental dilatations. **B)** T2 weighted MRI revealed diffuse, homogeneous thickening of anterior rectal wall. **C-D)** Non-contrast and iv. contrast administered T1 weighted MRI demonstrated the marked contrast enhancement of the mass. **E)** Sagittally reformed CT mages revealed giant soft tissue mass at the anterior border of rectum and growth in pelvic space. **F)** Sagittal T2 weighted MRI revealed iso-intense mass when compared with adjacent bowel walls was detected with central hyperintense compartment. **G-H)** Non-contrast and iv. Gadolinium administered T1 weighted MRI revealed the significant peripheral enhancement of the lesion with lack of associated lymphadenomegalies.

PLATIN-GEMCITABIN COMBINATION CHEMOTHERAPY IN PATIENTS WITH SEVERE AND IRREVERSIBLE HEPATIC DYSFUNCTION: SINGLE CENTER EXPERIENCE

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Background: It is not infrequent that we encounter metastatic patients with irreversible liver dysfunction who may potentially benefit from chemotherapy. Unfortunately, those patients are excluded from clinical trials. In routine practice, we had to give chemotherapy to such patients. We wanted to share our experience on platin-gemcitabine combination chemotherapy on patients with irreversible liver dysfunction.

Materials and Methods: To this retrospective study, 13 patients with irreversible hepatic dysfunction, defined as total bilirubin level beyond 5 mg/dL and/or transaminase levels more than 5 times of upper limit of normal (ULN) prior to 1st cycle. Seven (53,8%) were male. Their ECOG performance status were 1 and 2. The primary histologies were as follows: 4 billiary tract cancer (30,7%), 4 pancreatic cancer (30,7%), 2 urinary bladder cancer (15,3%), 2 nonsmall cell lung cancer (15,3%) and 1 breast cancer (7,6%). We administered platin-gemcitabine combination chemotherapy at a dose of 50% of the original dose, which gradually increased on subsequent cycles. The original chemotherapy protocol applied at our hospital was cisplatin 75mg/m² day 1 and gemcitabine 1250 mg/m² days 1 and 8 every 21 days. One patient received carboplatin-gemcitabine protocol. Total bilirubin level was over 5 mg/dL in 10 (76,9%), between 1,5-3 in 1 and below 1,5 in 2 patients. In those patients with total bilirubin levels less than 3 mg/dL, transaminases were above 10xULN.

Results: A total of 42 cycle of chemotherapy were applied. Grade 3-4 thrombocytopenia occurred after 7 (16,6%) cycles, grade 3-4 neutropenia was not seen. Hepatic dysfunction got better in 8 (61,5%) patients, while it did not change in 2 (15,3%) patients, and in 3 (23,2%) patient it deteriorated. Of the patients, 2 (15,3%) died in 1 month, which may considered as secondary to chemotherapy toxicity. Five (38,5%) patients died secondary to disease progression. Four patients (30,8%) died secondary to infections. Overall survival was 3,78 (95% CI: 0,17-7,54) months. Nine patients (69,2%) survived longer than 3 months. One patient with breast cancer lived for 23 months.

Conclusion: In severe irreversible hepatic dysfunction in advanced cancer patients with no other therapeutic choice, it is worth trying chemotherapy if there is reasonable clinical expectation from chemotherapy. It is possible to see prolonged survival in such patients who would have been died in a very short time.

Keywords: Chemotherapy, Hepatic dysfunction

A RARE METASTATIC PATTERN IN RENAL CELL CARCINOMA: COLON METASTASIS

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Background: Renal metastasis in colon cancer is rare however colon metastasis in renal cell carcinoma is more rare.

Case: We present a renal cell carcinoma patient with colon metastasis as a polypoid lesion besides locoregional recurrence and bilaterally lung metastasis. A 51-year old male patient admitted to the hospital with dysuria and nocturia. A right renal mass (11x10cm) was found out on abdominal imaging. His nephrectomy histopathology revealed renal cell carcinoma (fuhrman grade 2 without capsule invasion). He had locoregional recurrence, bilaterally lung metastasis and a polypoid lesion in hepatic flexura after 15 months of diagnosis. Colonoscopic biopsy with immunohistochemical staining revealed renal cell carcinoma metastasis. He was given interferone (5 MU/day, 3 days of a week) but he could not tolerate it after a few weeks. So, he was given sunitinib. He had clinical benefit after 3 months of sunitinib. After 6 months of sunitinib, he had locoregional recurrence progression with skin invasion. Everolimus was started after radiotherapy. He is still being followed-up with 2 weeks of everolimus.

Conclusion: Atypical metastasis as polypoid lesions in colon might be seen in renal cell carcinoma.

Keywords: colon metastasis

CLINICOPATHOLOGICAL EVALUATION AND SURVIVAL ANALIZ OF BILIARY TRACT CANCER PATIENTS: ONE CENTER EXPERIENCE

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Introduction: Biliary tract cancers only accounts for %3 of cancers. Biliary tract cancers consist of gall bladder, extra - intrahepatic duct and ampulla vateri tumor. In this retrospective study, we aim that evaluate biliary tract cancer patients clinicopathological characteristics and survival results.

Materials-Methods: In this study 64 patients with biliary tract cancer followed in our department between August 2008-October 2013, were included.

Results: 42 patients were female and 22 were male. The median age at diagnosis 60 (21-76) years. gall bladder % 51.6, extrahepatic bile duct 28.1 %, intrahepatic bile duct 6.3% and ampulla vateri %14.1. In 15 patients had diabetes mellitus at the time of diagnosis.

About half of patients had one or more co-morbid disease(Diabetes mellitus, coronary artery disease, hypertension, or heart failure). Two patients had a cancer story (one patient had prostat cancer, one patient had bladder cancer). The most common histopathological diagnosis was adenocarcinoma (90.7%). Enrolled 36 patients had clinical stage 4. Laparotomy was made in 43 patients. However, surgical excision is curative (Ro resection) in 22 patients. In adjuvant treatment, 7 patients received adjuvant 5 - FU or gemcitabine. Adjuvant chemoradiation (CRT) was performed in 6 patients. 8 patients had received adjuvant RT only, 7 patients had KT+KRT, 6 patients did not receive any treatment. All recurrences consisted of intra-abdominal region, especially in local - regional. In the first-line treatment of patients with metastatic disease, 22 patients: cisplatin - gemcitabine, 2 patients: gemcitabine, 5 patients:cisplatin +5- FU, 2 patients: 5-FU - folinic acid and 1 patient had received capecitabine. Only 6 patients had second line treatment (fluoropyrimidine and / or oxaliplatin). 3 patients, at diagnosis with ECOG PS 3 and class 3-4 heart failure, did not receive any treatment. During the analysis, 26 patients dead. For tumor gorups, median following time is gall bladder cancer: 11(0-77), biliary duct cancer:7(0-25), ampulla vateri tumor:17(1-101). The median survival for the all groups 20 (15-24) months. The median survival in patients with stage IV 16.0 months (range 7.4-16.5), respectively. Compared to biliary duct cancer, gall bladder cancer patients lived longer (median 20 versus 16 months).

Conclusion: Biliary tract and gallbladder cancer often seen in later in life and often seen in women. At the time of diagnosis, local advanced and metastatic disease is frequent. In spite of systemic chemotherapy, the prognosis is poor.

Keywords: Biliary tract cancer

INVESTIGATION OF BURNOUT LEVEL FOR CAREGIVERS WHO ARE RESPONSIBLE THE PATIENTS WITH PERCUTANEOUS ENDOSCOPIC GASTRONOMI TUBE

Serkan Yavuz, Hilal Keskin

Acıbadem

POSTER

Introduction of Purpose: Percutaneous endoscopic gastronomi (PEG) tube have become a preferred choice for patients who has to feed long-term period.

On the other hand, the use of PEG tube, is reason to have negative impacts for care givers who are responsible from patients. negative feelings as burnout,weariness, depersonalization, and personal accomplishment is often occurred in care givers who give long-term patient care. This unique research is planned to determine of burnout level for the who use PEG tube.

Metarials and methods: This study is a type of quantitative complementary. The population and sampling of study is 52 patients care givers who care about the patients who placed PEG tube inside, in hospitals connected to a private hospital group between october to june in 2012.

In this study, is evaluated the burnout level of 52 patients caregivers who care about the above-mentioned patients, with using Maslach Burnout Inventory and form of personal information.maslach burnout inventory is designed the purpose of evaluation about emotional burnout,decreased sense of personal accomplishment and sense of insusceptibility which are the three sub-scale of burnout syndrome. There is 22 questions which is divided three sub-scale. Each participant's test form is evaluated with using a scoring key which has scoring instructions.Instead of evaluating of sub-scale results one by one and collecting in one total score,is calculated for each participant's score separately.Emotional burnout and depersonalization sub-score total scores represent high level burnout emotion,personal accomplishment's low score represent high level burnout emotion.Data are analysed statistically with using SPSS 16.0

Conclusions and Recommendations: Patients caregivers have burnout problems which is found in the study with the purpose of finding PEG tube used patients' caregivers' burnout level. Doctors, nurses and all heathl cares' help is a important step fort he solutionof caregivers' burnout.

Keywords: Percutaneous endoscopic gastronomi (PEG), nurse

ENTERAL NUTRITION WAYS WHERE IMPLEMENTED IN A PRIVATE HOSPITAL AND THEIR OCCURRING COMPLICATIONS

Serkan Yavuz, Zeynep Bayatlı

Acibadem

Purpose: As we know that, enteral nutrition has the 3 ways

- a) Continuous infusion
- b) Intermittent infusion
- c) Bolus infusion

The purpose of this study is to appraise complications results of the patient who feed with the infusion nutrition technique.,

Method: The 50 patient which stay in inpatient service and implementing enteral nutrition investigate from 01/01/2013 until 01/07/2013. Enteral nutrition has to start in 24 hours when the patient hospitalization is done. However the latest time has to be 48 hours for it. Standard formula used as the nutrition preparation and the intermittent is chosen for feeding the patients.

When decided that the inpatient need nutrition nasogastric tube is checked that if it inside the stomach or no and afterwards feeding started with 100 cc dose of test. Formula has given to patients in 20-30 minutes with the formula bags. Semi-Fowler position is used if there is no contraindication for patient during application. After 2-3 hours of feeding formula toleration inspected with drained of nasogastric tube and the patient who has tolerated continued fed four times a day.

The bags which work for feeding changed in every 24 hours for the preventing the gastrointestinal infections.

Findings: In consequence of this study 8% gastrointestinal complication observed in 8 of 50 patients. Rest of them had 3% intolerance. Feeding is stopped for a while for these patients and reduced the number of meals.

Result: The complications of enteral nutrition in patients with gastrointestinal problems underlying our service. Aspiration pneumonia is not observed. To make these complications minimum, the nutrition's giving rate reduced and feeding was slowly for the toleration disorders. So enteral nutrition became more effective with that.

Keywords: Enteral Nutrition, Complications

MUCINOUS APPENDICEAL ADENOCARCINOMA PRESENTING WITH NEPHROTIC SYNDROME

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Background: Paraneoplastic nephrotic syndrome is not common. In here, we present a male appendiceal mucinous adenocarcinoma patient presenting with nephrotic syndrome.

Case: A 50-year old male admitted to the hospital with bilaterally leg edema. He was diagnosed nephrotic syndrome with 13g/day proteinuria. His renal biopsy revealed suspicion of membranous glomerulonephritis. He had little benefit from medical treatment and diet for nephrotic syndrome. After 3 months, he admitted to the hospital for abdominal pain despite treatment. He had omental nodular lesions with a multicystic lesion in the right colon on radiological evaluation. He had an appendical mass with a diameter of 5 cm besides diffuse omental nodularities on explorative laparotomy. He had right hemicolectomy and cytoreductive surgery. His pathology revealed high grade mucinous adenocarcinoma of appendix with omental involvement. He had total 12 courses of chemotherapy (mFOLFOX-4; oxaliplatin 85 mg/m² 1st day, folinic acid 200 mg/m² 1st day, 5-FU 400 mg/m² iv bolus 1st day, 5-FU 1600 mg/m² 46 hours continuous infusion). After 2 courses, his nephrotic syndrome resolved with a proteinuria of 2,2g/day and he had no proteinuria after 6 courses. He was referred for HIPEC (hyperthermic chemotherapy) after 12 courses of chemotherapy last week.

Conclusion: Nephrotic syndrome might accompany with appendiceal mucinous adenocarcinoma and resolve with cancer treatment.

Keywords: appendiceal carcinoma

PREVALENCE AND CLINICOPATHOLOGICAL CORRELATION OF CARCINOID IN APPENDECTOMY SPECIMENS IN SHARJAH, UNITED ARAB EMIRATES (UAE)

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³University of Sharjah

Background: Carcinoid tumors are rare but considered to be one of the commonest tumors in the appendix. Their incidence has been shown to vary in different studies.

Aims, Setting & Design: This seminal study was carried out to determine the incidence and clinicopathological profile of appendiceal carcinoids in a cohort of patients undergoing emergency appendicectomies for clinically suspected acute appendicitis in Emirate of Sharjah.

Materials and methods: The study included the retrospective data of 964 patients operated for clinically suspected appendicitis, the resected specimens of whom were received in the Pathology laboratory of Al-Qasmi hospital Sharjah from January 2010 to December 2010.

Results: Out of the 964 patients 9 (0.93%) were found to have appendiceal carcinoids. The mean age was 28.7 years with a male to female ratio of 2:1. Eight tumors were located near the tip of appendix with mean diameter of 3.3 mm. All tumors were found to be positive for chromogranin A, synaptophysin and neuron-specific enolase on immunohistochemistry (IHC). None of the patient's had recurrence or any reportable complications in the short follow up period (12-26 months).

Conclusions: Our study found higher incidence of appendiceal carcinoids in patients undergoing emergency appendectomy for acute appendicitis in Emirate of Sharjah compared to two previous studies from the same geographical region. Moreover, tumors were found more commonly in young males in contrary to previous studies and all the tumors were positive for common neuroendocrine markers.

Keywords: Appendiceal carcinoid Emirate of Sharjah

CHOLANGIOCELLULAR CARCINOMA: PAROTIDEAL METASTASIS AND HEPATOCOLONIC FISTULISATION

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Background: Parotideal metastasis is rare in solid tumors. **Case:** A 62-year old male admitted to the hospital with a right parotideal mass. His pathology revealed adenocarcinoma metastasis. After 3 months, he admitted again with abdominal pain. He had a hepatic mass (8.5x8cm) on segments 2-3 extending to segments 5-6 on computerized tomography (CT) which gave rise to thought of cholangiocellular carcinoma radiologically. He had also intrahepatic biliary dilatation with multiple paraaortic and paracaval lymphadenopathies (LAPs) on CT and bilaterally cervical LAPs. The parotideal and jugular LAP (SUVmax: 10,4), hepatic (SUVmax: 16) and intrabdominal LAPs (SUVmax: 6,4-12,6) had high 18FDG uptake on 18FDG-positron emission tomography (PET-CT). The tru-cut biopsy of the hepatic lesion revealed cholangiocellular carcinoma. He was given gemcitabine and cisplatin. The necrotic component of the primary lesion increased with hepatocolonic fistulisation besides no other changes after 3 cycles of chemotherapy. Then, he was followed-up with best supportive care because of clinical progression and poor performance status.

Conclusion: Parotideal metastasis should be kept in mind while evaluating the patients with parotideal mass. Hepatocolonic fistulisation is a serious complication of the intrahepatic tumors, especially in those with necrotic component and localized very close to the colon.

Keywords: cholangiocellular carcinoma

MANAGEMENT OF ADVANCED COLON CANCER IN THE RENAL TRANSPLANT PATIENT:THE USE OF BEVACIZUMAB TREATMENT

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Background: Renal transplant recipients are at high risk of malignancy. The chemotherapeutic agent bevacizumab has renal side effects including an increase in the incidence and severity of proteinuria (reported to be 4% to 36%; grades 3/4: $\leq 7\%$; median onset: 5.6 months; median time to resolution: 6.1 months). Nephrotic syndrome has been reported in patients receiving bevacizumab (0.5%). The literature regarding safety and toxicity of bevacizumab containing combined chemotherapy use in renal transplant patients is not annotative.

We reported a patient with renal allograft who was receiving cyclosporine and mycophenolate for immun-suppression and developed colon adenocarcinoma and was treated with bevacizumab based chemotherapy.

Case: Stage IV KRAS mutant adenocarcinoma of colon was diagnosed in 56-year-old non smoker renal recipient. She had been treated with prednisolone, plaquinine and oral endoxane for sysstemic lupus erythematosus and interstitial pulmonary disease prior to renal transplant and she had allogenic renal transplant for ESRD (end stage renal disease) of lupus nephritis etiology 4 years ago. She had been taking the immun-suppressive agents cyclosporine, mycophenolate, prednisolone for 4 years before the discovery of colon cancer. The patient received 4 cycles of irinotecan, fluorouracil, calcium folinate and bevacizumab while on continuous prednisolone (in order to decrease the possibility of organ rejection). Her renal functions and proteinuria remained stable but she did not respond to initial chemotherapy. Subsequent chemotherapy with oxaliplatin, fluorouracil, calcium folinate and bevacizumab was started. After the first cycle of second line chemotherapy, she was hospitalised with febrile neutropenia due to pulmonary infection. The patient died from pulmonary acinetobacter infectious disease 6 months after initial diagnosis. She never developed allograft rejection.

Conclusion: This is the case report that describes the reliable use of combined chemotherapy containing bevacizumab in a renal transplant patient with unresectable colon adenocarcinoma. The use of combined modality chemotherapy containing bevacizumab in renal transplant patients is not an absolute contraindication. Bevacizumab can safely be administered to renal transplant patients without disrupting allograft function. It is important to monitor renal function and proteinuria.

Keywords: renal transplant, bevacizumab

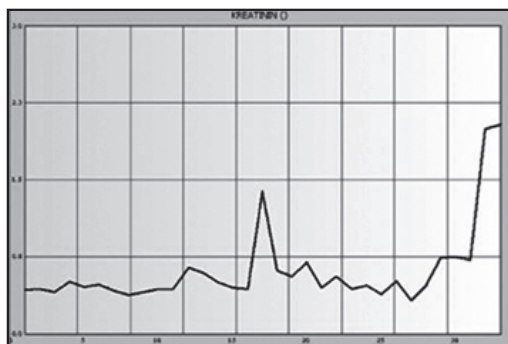


Figure 1. Cr Surveillance per week

Table 1. Proteinuria and GFR			
	Pretreatment	after2.cycle	after4.cycle
urine t.protein (in 24 h urine)	6.8	7.3	11.6
urine creatine (in 24 h urine)	8.10	8.6	14.4
CKD-EPI eGFR (median)	104.75	106.06	111.23

EVALUATION OF HEPATIC VEIN DOPPLER WAVEFORM AND DAMPING INDEX IN CHOLESTATIC PATIENT

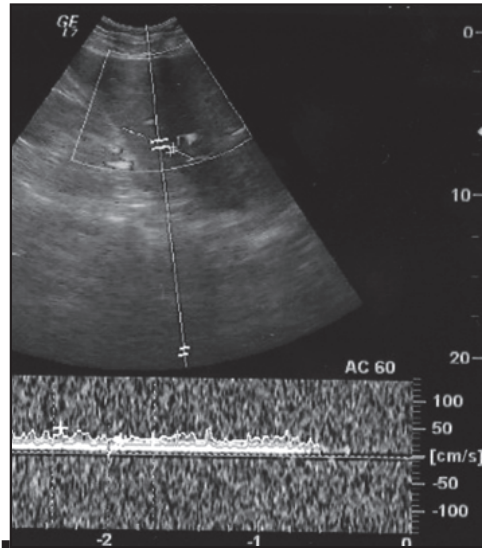
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The aim of the present study was to investigate whether changes of hepatic vein waveform and diagnostic worth of damping index (DI) are aimed to investigate as indicate of hepatic hemodynamic changes in cholestatic patient. In study, total 107 cases as 42 of high level of liver enzyme, 41 of cholestatic and 24 of normal persons is investigated Doppler US. Doppler HV wave forms and velocity are recorded. DI is calculated minimum velocity of HV/ maximum velocity of HV ratio. In the high level of liver enzyme patient group; 18 triphasic (42,8), 16 biphasic (%38,1) and 8 monophasic (%19,1); in the cholestatic patient group; 7 triphasic (%17,2), 12 biphasic (%29,2) and 22 monophasic (%53,6) current pattern are obtained. In the control group, 14 triphasic (%58,3), 8 biphasic (%33,3) and 2 monophasic (%8,4) HV Doppler wave form are recorded. DI is determined as 0,38 value in the DI control group, 0,49 value in the high level of liver enzyme group and 0,59 value in the cholestatic patient group. In conclusion, it is concluded that diagnosis and observation of the changes in HV wave forms and DI parameters are expressive on the hepatic hemodynamic changes caused by cholestasis

Keywords: Cholestasis, Damping Index



Figür 1. siroz ve portal hipertansiyonda monofazik dalga formunun Doppler US görüntüsü

Tablo 1.

Değişken	Grup	n	Ortalama	Std. Sapma	P
	Kontrol Grubu	24	0,38*	0,09	
DI	Enzim yükseklği Hasta Grubu	42	0,49**	0,14	0,001
	Kolestazlı Hasta Grubu	41	0,59	0,15	

Yaş ve DI değişkenlerine ait tanımlayıcı istatistikler. *: Grup 1 ile 3 arası fark istatistiksel olarak anlamlı ($p<0,05$);

**: Grup 2 ile 3 arası fark istatistiksel olarak anlamlı ($p<0,05$).

HEPATIC HEMODYNAMIC CHANGES IN CHOLESTASIS

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Background: This study is aimed to determination of frontier findings warning physicians related to hemodynamic changes having development possibility in liver resulted from cholestasis by using such a method of color Doppler ultrasonography (RDUS) which is noninvasive and reliable.

Methods: This study, 7-month period in the Department of Radiology, consecutive the cholestatic patients were included. In this context; 42 patient groups having high hepatic enzyme level, 41 patient groups having high hepatic enzyme level and bilirubin, and 24 control groups constituted from healthy persons are examined with RDUS.

Results: In all cases CI, FI, HVI, HA-RI, HA-PI, PVH, PVÇ and spleen size are evaluated. According to these parameters, statistical difference among the control group, patient group of high hepatic enzyme level, and cholestasis patient group are evaluated. According to these parameters, between the patient group of high hepatic enzyme level and control group are determined significant difference ($p<0,05$). On the other hand, according to these parameters, these groups are not observed any significant difference ($p>0,05$). Between the patient group of high hepatic enzyme level and the cholestasis patient group, and between the control group and the cholestasis patient group are obtained significant difference as statistical in all parameters ($p<0,05$). According to the CI, FI, HA-RI, HA-PI, PVH, and HVI parameters, these groups are determined high statistical significant difference ($p<0,001$). While CI, FI, HA-RI, HA-PI, PVÇ, and spleen size have increased in the cholestasis patient group; in turn, PVH and HVI have decreased.

Conclusion: RDUS have a utility and reliable modality on the changes happened in hepatic hemodynamics that might appeared by presence of biliary cirrhosis and its progression developed in the cholestatic patients.

Keywords: Cholestasis, Color Doppler Ultrasound

COLON ADENOCARCINOMA WITH ORBITAL METASTASIS

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POSTER

Orbital metastasis in solid (non-haematological) tumors is very rare in clinical oncology. Also, in colon carcinoma, orbital metastasis is extremely rare. Here we report a patient with colon adenocarcinoma and orbital metastasis.

A 60-years-old female patient, with stage IV colon adenocarcinoma admitted due to conjunctival chemosis, severe exophthalmos, ptosis in left eye, and limitation in eye movements. Brain T1-weighted signal magnetic resonance imaging (MRI) revealed a 35x21 mm soft tissue mass in the left orbita (Figure 1). The patient was diagnosed as colon adenocarcinoma by colonoscopic biopsy in August 2010. Left supraclavicular and axillary lymphadenopathy were detected on physical examination at that time. Chest and abdomen computed tomography (CT) scan revealed multiple metastatic lesions in the liver. The patient underwent 4 cycles of chemotherapy with FOLFIRI (folinic acid, 5-FU, and irinotecan) regimen, however, the disease showed progression at liver lesions as determined by CT. Then, she received eleven cycles of CAPOX (capecitabine and oxaliplatin) regimen till progression. The diagnosis was confirmed with the pathologic study of the biopsy specimens from the ulcerative lesion in the caecum, in control colonoscopy as colon adenocarcinoma. The patient's complaint had developed before receiving a third line treatment. Palliative treatment mainly including corticosteroids (hangisi hangi dozda) were administered. The patient refused further treatments and she was discharged from the hospital at her own request. The patient has died 15 days after orbital metastasis was detected.

Orbital metastases constitute in-between 2.5-8.1% of all orbital space-occupying lesions that can originate from anywhere in the body. The clinical presentations of metastatic orbital tumors include diplopia, pain, proptosis, strabismus, and visual loss, just as it was in our patient. Brain CT or MRI imaging are useful imaging modalities. The treatment of metastatic orbital tumors is often multidisciplinary, including local (surgery and radiotherapy), systemic (chemotherapy, biological and hormonal therapies) treatments and palliative approaches (mainly based on corticosteroids). Although, local control can be achieved with enucleation and/or orbital irradiation, generally, it has poor prognosis due to disseminated cancer.

Keywords: colon cancer, orbital metastasis

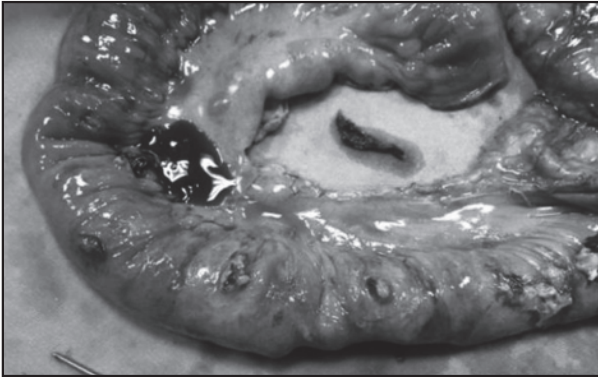
NADİR GÖRÜLEN İNTESTİNAL BEHÇET HASTALIĞI: OLGU SUNUMU

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Giriş: Behçet hastalığı, vaskülitik patoloji zemininde seyreden sistemik bir hastalıktır. Gastrointestinal sistem tutulumu dominant olduğu zaman (hemoraji, intestinal ülserler veya perforasyon) intestinal Behçet hastalığı olarak tanımlanmaktadır. Türkiye'deki Behçet hastalarında intestinal tutulum nadir olup hastaların ancak %1'inde bildirilmiştir. Burada intestinal Behçet hastalığı tanısı konulmuş olan olgu sunulmaktadır.

Olgu: Behçet hastalığı tanısıyla takipte olan hasta, yaygın karın ağrısıyla başvurdu. Ağrı son günlerde sağ alt kadrana lokalize olup beraberinde iştahsızlık, bulantı ve kusma şikayetleri demevcuttu. Genel Cerrahi Anabilim Dalına ileri tetkik amacıyla yatırıldı. Fizik muayenede batında yaygın hassasiyet ve alt kadrarlarda rebaund-defans mevcuttu. Çekilen acil Tüm Abdomen BT ve Ultrasonografide apendiks görüntülenemedi. Pelvik bölgede minimal serbest sıvı izlendi. Hastanın kliniğinin rahatlamaması üzerine tanısız laparoskopi yapıldı. Eksplorasyonda apendiks minimal inflame olması ve ek patoloji izlenmemesi üzerine appendektomi yapıldı. Postoperatif komplikasyon gelişmeyen hasta romatoloji kliniğinin önerileri olmaması üzerine taburcu edildi. Taburculuğundan 1 gün sonra kliniğimize siyah renkte dışkılama, hematokezya, halsizlik ve genel durum bozukluğuyla tekrar başvurdu. Kolonoskopide sigmoid kolon ve rektumda bol miktarda gaita artıkları ve kanama artıkları izlendi, inen kolona kadar gidildi, fakat daha ileri gidilemedi. Üst Gastrointestinal sistem endoskopisinde midede kan izlenmedi. Fizik muayenesinde batında defans-rebaund olması, hipovolemik şok bulgularının gelişmesi ve hemoglobin değerinin 6 olması üzerine hasta 26.12.2012 tarihinde acil operasyona alındı. Eksplorasyonda terminal ileumda, çekumda, apendiks güdüğünde, çıkan kolonda ve hepatik fleksuraya kadar olan alanlarda, multipl milimetrik perforasyonlar izlendi (Şekil 1). Hastaya sağ hemikolektomi ve ileokolostomi yapıldı. Postoperatif komplikasyon gelişmeyen hastanın Romatoloji Bölümünün önerileri doğrultusunda Behçet hastalığına yönelik tedavisi düzenlendi. Patoloji inceleme sonucu barsak segmentinde vaskülit bulguları ile uyumlu geldi. Hasta 11.01.2013 tarihinde önerilerle taburcu edildi. Romatoloji kliniğinde tedavi görmekte olan hasta, tedavisinin bitiminden 2 ay sonra ileokolostomisi kapatıldı.



Şekil 1. İntestinal kanama ve perforasyon

Sonuç: Behçet hastalığında non-spesifik gastrointestinal semptomlar %44-%56 oranlarında bildirilmesine karşılık intestinal tutulum nadirdir. Etnik kökene göre intestinal tutulum değişmekle birlikte, Türk hastalarda insidans %1 iken, Çin’li hastalarda %15 ve Japon hastalarda ise %60’dır. İntestinal tutulum olduğunda genellikle inflamatuvar barsak hastalığına benzer şekilde kanlı, mukuslu ishal ve karın ağrısı yada şiddetli kanama görülebilir. İntestinal ülserler genellikle terminal ileum ve çekumda görülmele birlikte kolonun diğer segmentlerinde de olabilmektedir. Bu tür komplikasyonlar nadir olduğundan tanı ve tedavide güçlükler ortaya çıkabilmektedir.

Keywords: Behçet Hastalığı, İntestinal Tutulum

PANKREASIN KİSTİK NEOPLAZMLARINDA KİST ASPİRATINDA GLİKOJEN, MÜSİN, KARBONHİDRAT ANTİJEN 19-9 VE KARSİNOEMBİRYOJENİK ANTİJEN PARAMETRELERİNİN TANISAL DEĞERİ

Osman Toktaş, Ümit İliklerden, Baran Yerlikaya, Çağhan Pekşen, M. Çetin Kotan

YYÜ Genel Cerrahi Ana Bilim Dalı

Giriş: Tanısal görüntüleme ile ilerlemeler pankreasın kistik lezyonlarının saptanma sıklığını artırmıştır. Kistik neoplazmların tanı ve tedavisi henüz standardize edilmemiştir. Pankreatik kistik neoplazmlar psödokistlerle karışabilmeleri ve malignite potansiyeli taşımaları açısından büyük önem taşırlar. Bundan dolayı bu lezyonlara doğru tanı konulabilmesi için bütün klinik bilgiler, radyolojik bulgular ve diğer tanı yöntemleri ile sağlanan veriler birlikte değerlendirilmelidir. Pankreatik kistlerin ayırıcı tanısında immünohistokimyasal parametreler ve tümör belirteçleri kullanılmaktadır. Daha önceki çalışmalarda pankreas kistik lezyonlarının aspirasyonunda glikojen ve müsin, Karbonhidrat Antijen (CA)19-9 ve Karsinoembriyoenik Antijen (CEA) düzeyleri ile ilgili çalışmalar bildirilmiştir.

Metod: Ocak 2013–Haziran 2013 tarihleri arasında pankreatik kistik lezyon tanısıyla Yüzüncüyıl Üniversitesi Genel Cerrahi Servisi'ne yatırılarak tetkik edilen ve bir kısmı ameliyat edilen 12 hastaya ameliyat öncesinde kan ve kist aspirasyon sıvısında CA 19-9, CEA değerleri ile immünohistokimyasal incelemede saptanan PAS (glikojen) ve müsin boyanma verileri incelendi. Çalışma kapsamına alınacak hastalar YYÜ Tıp Fakültesi Genel Cerrahi Anabilim Dalı Servisi'ne yatırılarak ameliyat öncesi dönemde Radyoloji Anabilim Dalı'nda USG ve/veya BT eşliğinde perkütan pankreatik kist aspiratı alındı. Operasyona alınan hastalarda pankreas makroskopik olarak tekrar değerlendirildi ve lezyonun yerine göre cerrahi prosedür uygulandı.

Bulgular: Çalışmaya alınan 12 hastanın dördü malign, beşi inflamatuvar kist, biri Seröz Kist Neoplazm (SKN), biri Müsinöz Kist Neoplazm (MKN), biri Kistik Nöroendokrin Tümör (KNT) olarak saptandı. Patoloji sonucu malign olan 4 hastanın birine cerrahi, üçüne ise sitoloji ile tanı konuldu. Cerrahi yapılan 4 hastanın parafin kesit sonucunda biri malign, biri SKN, biri MKN ve biri KNT saptandı. Malign patoloji sonuçlu bir hastanın kan CEA düzeyi minimal yüksek geldi, diğer bütün hastalarda kan ve kist aspirasyon sıvısı CEA düzeyi normal sınırlarda idi. Kist aspiratında CA 19-9 düzeyi malign hastaların üçünde, MKN'li ve KNT'li hastada yüksek idi. Malign hastaların birinde ve MKN'li hastada PAS pozitif ve müsin pozitif olarak boyandı. Malign tanılı bir hastada ise PAS kısmi pozitif olarak boyandı.

Sonuç: Çalışmamızda pankreasın malign kistik lezyonlarında kist aspirasyon sıvısında CA 19-9 düzeyi yüksek olarak saptanmakla beraber kan ve kist sıvısında biyokimyasal olarak çalışılan CEA, CA 19-9, immünohistokimyasal olarak bakılan PAS ve müsin boyamalarının tanısal değerinin anlaşılabilmesi için geniş serili çalışmalara ihtiyaç vardır.

Keywords: Pankreatik Kistik Neoplazmlar, CA19-9

Şekil 1. Hasta özellikleri ve bulgular

Yaş/Cinsi	PAS/Müsin	Kan Cea/Ca-19-9	Aspirat Cea/Ca-19-9	Tedavi	patoloji
56K	-	N	N	LDP	SKN
34K	+	N	N/↑	PD	Malign
70K	+	N	N/↑	PD	MKN
34K	-	N	N/↑	DP+Splenktomi	KNT
31K	-	N	N	İzlem	İK
29K	-	N	N	İzlem	İK
51K	-	N	N	İzlem	İK
54E	-	N	N	İzlem	İK
37K	Örneklemedi	N	Örneklemedi	İzlem	-
79K	Çalışılmadı	↑	Örneklemedi	Yapılamadı	Malign
55E	+/-	N	N/↑	Red	Malign
83E	-	N	N/↑	Yapılamadı	Malign

PANCREATIC TUMOR AND TACTICAL PRINCIPLES OF ITS OPERATIVE TREATMENT

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Among 119 patients with a pancreatic tumor 82 (68.9%) underwent draining type of palliative surgery, and 37 (31.1%) – a radical operation. All patients had moderate or severe mechanical jaundice. The rate of total bilirubin in some cases exceeded 400 mkm/l. Palliative surgery was performed in debilitated elderly patients, in case of disseminated tumor, for reversal of biliary toxicity, the stabilization and improvement of the patients. Among 82 patients 61 (74.4%) underwent internal drainage of bile-excreting system, 21 (25.6%) – external drainage.

In 12 (32.4%) patients was performed corporocaudal resection of pancreas for tumor of distal part of pancreas, in 22 – pancreatoduodenal resection for tumor of head of pancreas, in 3 – pancreatectomy for total affection of the gland.

It is established that the completion of the reconstruction stage of pancreatoduodenal resection with formation of successive anastomosis of the small intestine to the pancreas, common bile duct and the stomach on the same loop with the addition of Brown entero-entero anastomosis with closure appliance by Shalimov for afferent loop is a factor of reducing the occurrence and severity of postoperative disfunctions. After the operation among 25 patients who underwent pancreatoduodenal resection 2 (8%) died. During the first postoperative year 3 (12%) patients died because of tumor dissemination. The rest of patients 20 (80%) are alive.

Surgical interventions performed for pancreatic tumors are related to those of complicated ones, so they must be carried out in specialized cancer institutions having complete equipment, qualified team of anesthesiologists, surgeons and intensive care specialists.

Keywords: pancreatic tumor, pancreatoduodenal resection

SUCCESSFUL MANAGMENT OF INCURABLE PATIENT AFTER COMBINED TREATMENT FOR COLON CANCER

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POSTER

During different time periods were various approaches to the development of surgery and its application in oncological patients. Thus, till the middle of XX century it was considered as "Small tumor – major surgery, big tumor – minor surgery". But all-round development of medicine, application of combined and extended surgery led this thesis to changes. Consequently, according to the new idea "Small tumor – major surgery, big tumor – more major surgery" 15-20% of patients accepted before as incurable are successfully healing now. One of these cases in National Center of Oncology:

Patient M.U., 37 years old, male, ID: P-8726/13. Diagnosis: Cancer of transverse colon, pTxNxM0. Loco-regional recurrent tumor, periaabscess. Invasion to small intestine, lateral abdominal wall, pancreas, stomach, left kidney and renal gland, spleen, diaphragm. Anemia. Condition after resection of colon, polychemo- and radiotherapy, ascendectomy and explorative laparotomy. Postoperative ventral hernia.

Patient was on hospitalization in Abdominal oncology department in 05.08-06.09.13. He was suffering from pain in abdomen, fever, chill, weight loss, general weakness, malaise. Anamnesis: in one of foreign countries patient was on continuously complex treatment for transverse colon cancer, recurrent tumor: in 31.07.12 he underwent resection of transverse colon and post-operative 6 courses of chemotherapy. In 12.04.13 was performed laparotomy for loco-regional recurrent tumor which was assessed as unresectable, operation was lasted with ascendectomy. Then patient took several courses of chemo- and radiotherapy directly to recurrent tumor. 12.07.13 was performed next laparotomy, made an attempt to remove tumor, but laparotomy was finished as explorative, and patient sent to symptomatic treatment. During this period patient lost 32 kg (from 85 to 53 kg).

In 25.07.13 patient was admitted with signs of severe intoxication. Intensive therapy resulted in amelioration of patient.

In 13.08.13 after 1 year continuously treatment patient underwent 4th laparotomy: resection of colon, resection of small intestine, splenectomy, left nephro-adrenalectomy, distal resection of pancreas, wedge resection of curvature major of stomach, resection of diaphragm, resection of anterior and lateral abdominal wall, hernioplasty of postoperative ventral hernia, drainage of left pleural cavity, sanitation and drainage of abdominal cavity. Duration of operation was 3 hours and 5 min. Postoperative period was complicated with gastrorrhagia, abscess in the space of removed spleen and kidney. These complications were healed by appropriate treatment and mini-interventions.

Patient was discharged 25 days after the operation, weight then was 45 kg. After 1 month condition of patient was satisfactory, without complaints, 10 kg body weight gain. By US in abdomen pathological tumor was not detected.

Pathomorphology investigation 13057/13: low-grade differentiated adenocarcinoma of colon.

So it is possible to heal the patients before considered as incurable.

Keywords: loco-regional recurrent tumor

A RARE CAUSE OF ASCITES: MALIGNANT PERITONEAL MESOTHELIOMA

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Malignant mesothelioma of the peritoneum is rare but rapidly fatal malignancy. A history of asbestos exposure has reported in %50 of cases. Patients present with abdominal pain, ascites weight loss. CT will demonstrate mesenteric thickening, peritoneal studing, hemorrhage within the tumor, and ascites. We present a case with umbilical hernia and multifocal mesothelioma.

A 68-year-old woman was admitted to emergency department with a two-month history of abdominal pain, ascites, and progressive weakness. She had a previous history of diabetes mellitus and hypertension, which were well controlled with treatment. She had never smoked and had no known previous exposure to asbestos. Physical examination revealed pale skin and scleras, umbilical hernia and severe ascites. Other systematic findings of patient were normal. The results of laboratory tests were shown in the table 1. Extensive ascites, hepato-splenomegaly and umbilical hernia were found on the ultrasound (US) and CT (Figure 1). After paracentesis, ascites was aspirated and determined (Table 2). The gradient of serume/ascites was 0.14. After primer cause of ascites was inquired, patient was operated for umbilical hernia. On the operation, hernia was repaired and multiple biopsies from skin, peritoneum and omentum were taken. Epitheloid type of malignant mesothelioma was detected in the histological findings. After consultation of oncology department, chemotherapy was given to patient and she has been followed for threapy.

The causal relationship between asbestos exposure and pleural, peritoneal and pericardial malignant mesotheliomas has been suggested, the risk of cancer being correlated with cumulative exposure. People with peritoneal mesothelioma generally present with abdominal pain and ascites, without asbestos exposure, also. When patients who had ascites; malignant mesothelioma should be thought.

Keywords: Malignant mesothelioma, Ascites

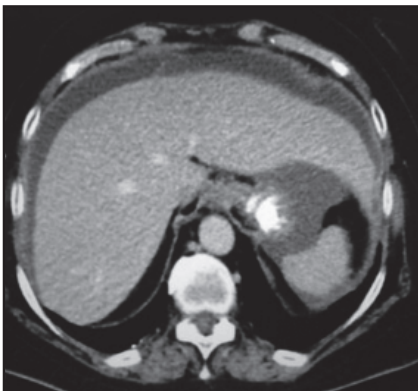


Figure 1. CT scan of the abdomen showing ascites

Table 1. The result of serum and ascites fluid	
Parameters	Results
Results of serum	
White blood cell count (WBC), mm3	9700
Hemoglobin (Hb), g/dL	9.31
MCV,fl	81.9
Sedimentation, mm/h	105
CRP, mg/dL	109
Albumin, g/dL	2.81
Total Protein, g/dL	5.77
Serum blood glucose, mg/dL	109
Uric acid, mg/dL	7.03
Urine Sediment	Multiple WBC, 10 RBC
Results of ascites fluid	
White blood cell count (WBC), microl	1.9x103
Notrofil, microl	900
Amilase, U/L	23
Albumin, g/dL	2.63
Total Protein, g/dL	5.73
Adenosine deaminase, U/L	28

BIOLOGICAL BEHAVIOR OF RECTOSIGMOID CANCER MAY BE RELATED WITH KRAS GENETIC ALTERATIONS

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Background-Aim: Colorectal cancer has a heterogeneous nature that is influenced by the tumor site. Many improvements have been made in identifying and characterizing the genetic alterations between colon and rectal cancers. However, there is not enough information about KRAS mutational differences between rectosigmoid and colon cancers arising elsewhere in the large bowel. The aim of this study was to determine the differences in the frequency of KRAS genetic alterations between rectosigmoid cancers and colon cancers.

Materials-Methods: Eighty-four patients diagnosed with colorectal cancer were included in this study. Genomic DNA was extracted from formalin-fixed paraffin-embedded tumor tissue sections. KRAS mutation analysis was performed with a TheraScreen-KRAS Mutation Kit, which was designed to detect the 7 most common KRAS gene mutations (Gly12Ala, Gly12Asp, Gly12Arg, Gly12Cys, Gly12Ser, Gly12Val and Gly13Asp).

Results: This study represents the first KRAS mutational results from Turkish rectosigmoid cancer patients. In our group, the KRAS mutation frequency of rectosigmoid tumors is higher (34.3%, 12/35) than that of colon-localized tumors (30.6%, 15/49). However, there is no significant correlation between the KRAS mutation status and tumor location (rectosigmoid and colon).

Conclusion: KRAS mutation analysis has a predictive and prognostic value in identifying tumors that may be resistant to treatment. Our study shows that differences in the biological behavior of rectosigmoid and colon cancers should be considered. This finding highlights the importance of personalized cancer management, which could be assisted by cancer genotyping tools.

Keywords: Rectosigmoid cancer, KRAS mutations

ANALYSIS OF PCNA GENE IN GASTROINTESTINAL CANCER PATIENTS BY USING QRT-PCR

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Gastric cancer is the second cause of cancer-related deaths worldwide and one of the most important public health problems. In this study, we aimed to evaluate the expression profile of PCNA (Proliferating cell nuclear antigen), which is a key protein in both DNA replication and DNA repair, in circulating tumor cells of gastrointestinal cancer patients (esophageal, gastric and colorectal). We analyzed the induction of PCNA by using peripheral blood samples of patients. Expression of PCNA gene in circulating tumor cells was analyzed by using quantitative real time polymerase chain reaction (QRT-PCR) and B2M was used as a reference gene. Real-time PCR was performed in a RotorGene 6000 real-time PCR machine (Corbett Research, Sydney, Australia) with the 72-well rotor. Results were expressed in terms of the threshold cycle value (Ct) in REST 2009 (Relative Expression Software Tool V. 2.0.13) program and the difference between the Ct values of the target gene and the reference gene was calculated. In conclusion, increased expression of PCNA gene was detected in the samples. Our results suggest that upregulation of the PCNA gene expressions in circulating tumor cells may help to evaluate relation between the DNA repair mechanism alteration and cancer with additional experiments.

Keywords: DNA repair genes, QRT PCR

TORAKOLAPAROSKOPİK ÖZOFAJEKTOMİ: YÜKSEK VOLÜMLÜ MERKEZDEN İLK 5 OLGU

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Konvansiyonel özofajektomi teknikleri, deneyimli merkezlerde bile yüksek morbidite ve mortalite oranlarına sahiptirler. Torasik ulaşımı sağlayan torakotomi, diafragmatik ya da hiatal yaklaşımların her üçü de, özellikle solunumsal komplikasyonlar ve kanama açısından önemli risk faktörleridir. Bu nedenle 1992 yılından sonra Cuschieri tarafından ilk kez tanımlandıktan sonra torakoskopik özofajektomi gider-ek artan sıklıkta kullanılmaktadır.

Özofagus kanseri görülme sıklığı bölgesel farklılıklar gösterir. Ülkemizde, özellikle Van bölgesinde özofagus tümörü sık görülmektedir. Cerrahi ağırlıklı tedavi paradigmasının, hastalığın evresine göre, multimodal tedavi seçenekleri ile değişmesine rağmen özofajektomi tedavinin esasını oluşturmaya devam etmektedir.

Bölgesel sıklığı nedeni ile ünitemizde sık yapılmakta olan özofagus kanseri cerrahisi, 5 olguda torakolaparoskopik olarak gerçekleştirildi.

Keywords: Torakoskopik-laparoskopik Özofajektomi, Minimal İnvaziv Özofajektomi



Şekil 1. insizyonlar

ESOPHAGEAL LYMPHOEPITHELIOMA-LIKE CARCINOMA WITH UNIQUE “DAISY-LIKE” ENDOSCOPIC APPEARANCE

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Introduction: Lymphoepithelial carcinomas (LEC), is mostly locate in head and neck region including nasopharynx. Tumors locate other anatomic sites than nasopharynx and show similar pathologic findings with LEC are named as lymphoepithelial-like carcinoma (LELC). Esophageal LELC is extremely rare; a few cases have been reported up-to-date. Lymphoepithelial carcinoma has been described as un- or poorly differentiated form of squamous cell carcinoma associated with reactive lymphoplasmacytic infiltration. Reported akin tumors occurring outside the nasopharynx have been named lymphoepithelial-like carcinoma (LELC) and reported tumor locations were ranged such as lungs, salivary gland, thymus, thyroid gland, breast tissue, skin, uterus and gastrointestinal system (GI) stomach is the common site for GI LELC; however, esophageal involvement can rarely be seen.

Case: 69-year-old man referred to our clinic with the complaints of dysphagia, appetite and weight loss. Thoracic computed tomography (CT) examination with i.v. contrast agent injection revealed nodular, esophageal soft tissue mass within the level of carina (13 ×10mm). Mediastinal and bilateral hilar lymphadenopathies were detected. Upper endoscopy examination revealed a pedunculated polypoid lesion partially shrinking the esophageal lumen at the level of 23 cm from incisor. Esophageal mucosa was irregular, reddish colored and with erosion from the level of the lesion to the cardioesophageal junction. The combination of polypoid tumor and mucosal changes were constituted the unique endoscopic “daisy-like” figure. Sclerotheraphic injection (adrenalin 4 cc 1/10000) was administered at the base of the lesion and endoscopic polypectomy was performed with snare. Undifferentiated cells with large nuclei and poorly defined cytoplasmic borders, imparting a syncytial appearance were determined by histopathologic observation. The background was consists of a prominent lymphoid infiltrate (HE&200). Final histopathological diagnosis was LELC. Patient’s complaint of dysphagia was ended up right after polypectomy procedure. Patient did not return for follow-up examinations. Four month later, he consulted to our clinic by repeat of mentioned complaints such as dysphagia and loss of weight. Thoracic CT examination with venous contrast medium injection revealed recurrence of resembling esophageal tumor with extended sizes accompanied by mediastinal lymph node metastasis at the periesophageal and subcarinal regions. Patient was discharged voluntary after he had declined suggested further treatment. CT, endoscopy and pathologic specimen of the lesion is demonstrated in *figure 1*.

Conclusion: We present the radiologic and unique endoscopic features of an extremely rare esophageal LELC case. Polypoid morphology with mucosal irregularity was demonstrated and rapid progression after polypectomy was determined within 4 month follow-up.

Keywords: Lympoepithelioma-like carcinoma, Esophagus

CT, Endoscopic and Pathologic Findings of esophageal LELC.

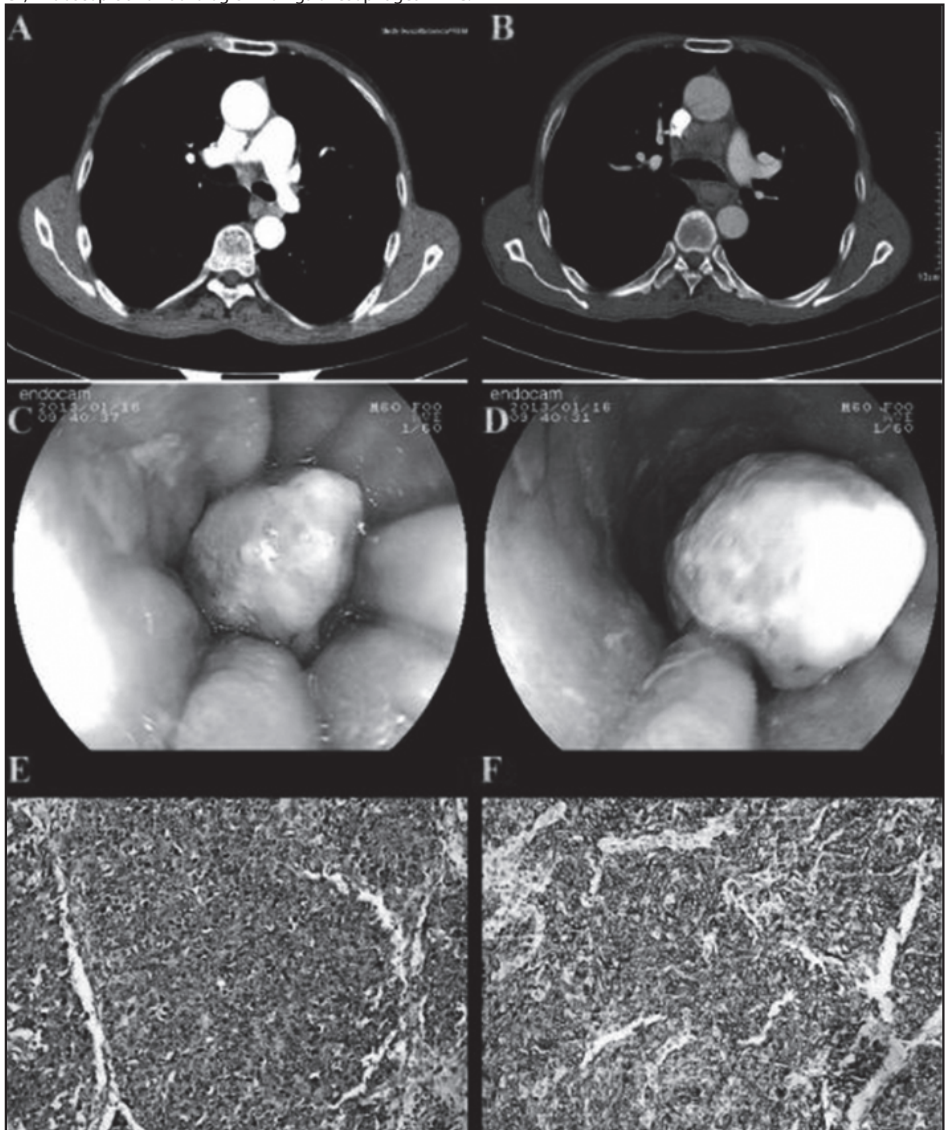


Figure 1. CT, Endoscopic and Pathologic Findings of esophageal LELC. A) iv. contrast administered thorax CT revealed an esophageal polypoid soft tissue lesion. B) Progressive enlargement of the lesion was stated at 4 month follow-up CT scan. C) Endoscopic morphology of the lesion was analogous with unique "daisy like" appearance. D) Esophageal mucosa was irregular, reddish colored and with erosion from the level of the lesion to the cardioesophageal junction. E) The tumor is characterized by sheets of undifferentiated cells with large nuclei and poorly defined cytoplasmic borders, imparting a syncytial appearance. (HE&200). F) Strong cytoplasmic staining with cytokeratin in lymphoepithelioma-like carcinoma. (CKx200).

CAN THROMBOCYTOSIS INCREASE THE RISK OF GASTROINTESTINAL MALIGNANCIES IN ULCERATIVE COLITIS PATIENTS?

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Introduction: Ulcerative colitis is a type of an inflammatory bowel disease. Usually patients admit to the hospital with bloody mucous diarrhea. Systemic situations such as loss of weight are important clinical signs. It is shown that thrombocytosis is related with some kinds of malignancies. It is thought that thrombosis and the mechanisms that result thrombosis are effective in malignancies in thrombocytosis cases. In this presentation, we wanted to determine whether thrombocytosis is one of risk factors in developing malignancy in an ulcerative colitis patient.

Case: A 35 year old female ulcerative colitis patient with 12 years follow-up had salazopyrine medication history. Except intermittent abdominal pain and diarrhea, she had no additional complaint. Except the attacks, routine biochemical test were performed as check-up once or twice a year. In whole blood tests, platelet was 588-634 103/mikroL and MPV was 7.7-7.9 fL. CPR values were high as PLT values in tests two years ago. In recent two years, colonoscopy performed twice and there was no sign of malignancy in tissue samples. Haematological follow-up due to thrombocytosis continues.

Discussion & Conclusion: In the literature, close relationship between thrombocytosis and malignancies is observed and mechanisms of thrombocytosis contribute developing malignancies. Because of being a type of an inflammatory bowel disease, ulcerative colitis needs long standing and close follow up. There is no significant finding that thrombocytosis is a risk factor for malignancy in these cases. We consider that this situation in ulcerative colitis and the other gastrointestinal diseases need further studies. And also we shall think of other haematological situations can be reasons of thrombocytosis.

Keywords: thrombocytosis, ulcerative colitis

RADIATION THERAPY FOR BILIARY TRACT TUMORS: JOINT EXPERIENCE OF THREE CENTERS

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Background: In patients with biliary tract tumors, radiation therapy might be indicated as an adjuvant measure for those undergoing a curative resection or as a palliative measure for those deemed inoperable. This study presents the joint experience of three centers in the treatment of patients with biliary tract tumors with radiation therapy.

Materials-Method: Medical records of 27 patients, treated with radiation therapy from July 2007 through June 2013, were retrospectively reviewed. There were 14 males and 13 females. Their ages ranged from 46 to 86 years (median, 62 years). Tumor location was the extrahepatic biliary tract in 14 patients, the intrahepatic biliary tract in 4 patients and the perihilar region in 9 patients. A tissue diagnosis of adenocarcinoma was obtained in 19 patients through an invasive or surgical intervention prior to the management approach. A curative resection was performed for 16 patients, 11 of whom had microscopically involved surgical margins on histopathological analysis. All patients who had undergone a curative resection received postoperative radiation therapy with curative intent, whereas the remaining patients received radiation therapy with palliative intent. The target volume included the tumor bed and the regional lymph nodes in 20 patients and, additionally, the paraaortic lymph nodes in 7 patients. Radiation therapy doses ranged from 45 to 60 Gy (median, 50.4 Gy). Twenty patients with adequate performance status were treated with radiation therapy and chemotherapy, while the remaining 7 patients were treated with radiation therapy alone.

Results: Follow-up ranged from 1 to 44 months (median, 17 months). Local control was not achieved in 10 out of 11 patients who received radiation therapy with palliative intent. Local recurrence was observed in 5 out of 16 patients who received radiation therapy with curative intent at 4 to 23 months (median, 7 months). Eight patients developed distant metastases at 5 to 16 months (median, 8 months). Fifteen patients died due to disease-related causes at 1 to 22 months (median, 9 months). At 2 years, overall survival probability was 33%, local failure-free survival probability was 33%, distant metastases-free survival probability was 57% and disease-free survival probability was 19%. A curative resection predicted improved local failure-free survival probability and improved disease-free survival on both univariate and multivariate analysis, whereas an extended radiation therapy target volume predicted improved local failure-free survival probability on univariate analysis.

Conclusion: In patients with inoperable biliary tract tumors, outcome following palliative radiation therapy is far from satisfactory. For patients undergoing curative resection followed by postoperative radiation therapy, local recurrence is the leading cause of treatment failure. Therefore, the indications, the doses and the target volume for postoperative radiation therapy should be reconsidered.

Keywords: Biliary tract tumors, Radiation therapy

ISOLATED ELEVATION OF CA 19-9

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Introduction: CA 19-9 is a biomarker that elevates at gastrointestinal system tumors and beneficial to follow-up the post operational relapse. There is no routine use for screening. If elevation is detected as a result of using as a screening test, biochemical and radiological search for tumor may be required. In this presentation, we aimed to share the difficulties of further examinations of a patient who had an isolated elevation of CA 19-9 which was used as a screening test.

Case: Some biochemical and radiological tests performed to a patient who had no complaints for check-up in a private hospital. All the biochemical test were normal except CA 19-9 level, and it was 400 U. In abdomen ultrasonography, a 55x38 mm sized cystic lesion which had thin septations and linear calcifications on the wall, in the subcapsular zone of right lobe posterior segment of liver. Prediagnosis was cyst hydatid. The presentation of similar lesion was observed in the contrast-enhanced abdomen computerized tomography and magnetic resonance imaging (Figures). Endoscopy and colonoscopy were performed. Except a simple polyp, they were observed in normal ranges. Ultrasonography and CA 19-9 test were repeated at another hospital. One month follow-up suggested while the results were the same. After a month, CA 19-9 level was 1025. All radiological and biochemical tests and examinations for the other organ systems were in normal ranges. Some nutrition and biological performance recommendations were given. The biochemical and radiological parameters are in similar ranges in two month follow-up, the follow-up still continues.

Discussion & Conclusion: Isolated CA 19-9 elevation is not common in the literature. In very rare cases, cholecystitis, bilier obstruction, even nutritional habit can elevate the CA levels without a gastrointestinal tumor. It must known that the use of CA markers as a screening test for detecting post operational relapse is not beneficial.

Keywords: CA 19-9, cystic lesion

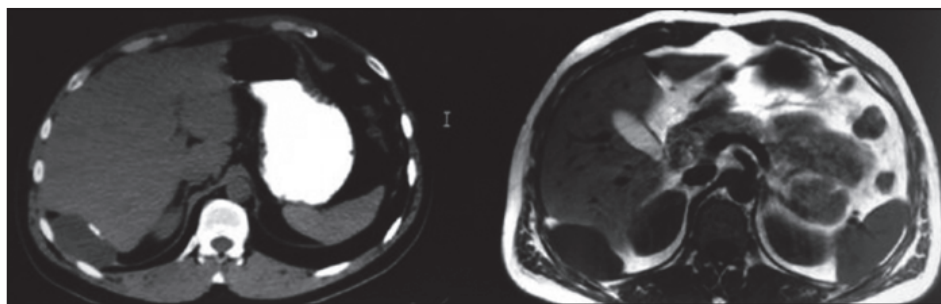


Figure 1. CT scans of the abdomen showing ascites

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS WITH HEPATOCELLULAR CARCINOMA

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Introduction: Hepatocellular Carcinoma (HCC) is one of the most common tumors worldwide and the third most common cause of cancer-related death worldwide. The most predisposing factor of HCC is cirrhosis. Males are to be more risky for HCC. Surgical resection and transplantation are the choice for primary treatment. Most of the patients are diagnosed at the time of late presentation that chance of surgical resection was lost. In this study we aimed to evaluate the demographic and clinical characteristics of patients with the diagnosis of HCC presented to hospital for different complaints.

Method: 20 patients with HCC referring emergency service or gastroenterology outpatient clinic were included in the study between January and October of 2013. Data including age, BMI, AFP levels, liver function tests, Child-Pugh and MELD scores were recorded.

Results: Three of patients were female and 17 of them were male. Mean age and BMI was $61,6 \pm 14.1$ and 24.5 ± 7.2 respectively. 13 of patients (65%) were HBs Ag positive and one of them was HCV positive (5%). One patient with liver cirrhosis due to Wilson's disease was under follow-up. 5 patients having signs consistent with metabolic syndrome had no history of cirrhosis. The average Child-Pugh score and the mean MELD score of patients were 6 and 10.2 respectively. AFP levels of 6 patients were within normal range at the time of diagnosis (Table).

Discussion: Most cases of HCC are secondary to hepatitis-B related cirrhosis. Therefore, HBV vaccination performed in the neonatal period is considered to reduce mortality besides chronic liver disease. Moreover, follow-up of the patients with chronic liver disease should involve imaging methods besides AFP levels and follow-up with AFP levels alone should be avoided.

Keywords: Hepatocellular Carcinoma, Demographic Characteristics

Table 1. Demographic of Patients

Patients No	Age	Sex	BMI	AFP	Child PUGH	MELD	HBsAg	Anti-HCV	ALT	T.Bilirubine
1	75	M	27,7	10.8	5	9	Positive	Negative	22	1.71
2	74	M	25.6	52.3	7	13	Positive	Negative	76	1.17
3	72	M	26.1	20.1	6	9	Negative	Positive	137	1.1
4	43	M	22.1	3.3	6	12	Positive	Negative	84	2.25
5	63	M	22	2663	8	13	Positive	Negative	100	4.5
6	49	M	30.1	84.4	6	11	Positive	Negative	108	4.25
7	63	F	28.8	4.3	7	10	Negative	Negative	22	1.53
8	75	F	20.9	2.5	5	9	Positive	Negative	18	0.59
9	61	F	24.5	62.1	6	10	Negative	Negative	108	0.91
10	71	M	25	2.7		15	Negative	Negative	74	5.07
11	41	M	22.8	1.9	7	9	Positive	Negative	56	0.9
12	63	M	31.1	1371	5	9	Positive	Negative	60	1.05
13	75	M	24.4	462	6	6	Negative	Negative	30	1.2
14	68	M	24.2	5.21	5	8	Positive	Negative	39	0.46
15	58	M	19.5	573	5	6	Positive	Negative	71	0.77
16	63	M	24.1	5.3	5	8	Positive	Negative	14	0.49
17	52	M	18.3	37.8	5	6	Positive	Negative	46	0.56
18	57	M	19.1	71	8	15	Positive	Negative	102	1.1
19	63	M	29.3	342	5	9	Negative	Negative	28	0.61
20	47	M	26.1	2.72	8	18	Positive	Negative	35	2.3

A RARE COEXISTENCE: PRIMARY PERITONEAL SEROUS CARCINOMA AND COLON ADECOCARCINOMA

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Primary Peritoneal Serous Carcinoma is due to abdomen and pelvic peritoneum surface and is characterized as common peritoneal involvement in a way that it peritoneal carcinomatosis or malignant mesotheliomas. In our case, an association between primary peritoneal serous carcinoma and colon adedocarcinoma was identified, which could be seen rarely in the surveys related to ascites etiology.

Upon identifying ascites in abdomen while surveying two-month distention, a 60 year-old female patient was admitted for further examination. Physical examination revealed dullness compatible with ascites. Other system examination was normal. Being below 1.1 of the value of serum-ascites albumin gradient in ascites sampling, due to omental cake appearance especially malignancies, it was investigated in CT survey. Upon assessing compatible with adedocarcinoma in cytological survey performed three times, gastroscopy and colonoscopy was implemented for patients for probable gastrointestinal malignancy. 2 cm polyp detected in colonoscopy sigmoid colon was excised and pathology results were compatible with well-differentiated adedocarcinoma. But, considering not causing common involvement and omental kek appearance of well-differentiated adedocarcinoma in peritoneum, there was no pathology in mammography and breast USG. Due to the value of CA125:11153U/mL, transvaginal USG ovaries were assessed as normal. Laparoscopic biopsy was taken from patient for tissue biopsy in terms of diagnosis. It was evaluated compatible with primary serous carcinoma. She was treated with 4 cycles of neoadjuvant carboplatin+paclitaxel. As a result of general surgery and obstetrics, low anterior resection, TAH + BSO, omentectomy and peritonectomy operations were performed. Due to the absence of metastasis in lymph nodes received, 6 cycles of chemotherapy was decided to complete.

While it is detected that cancer patients has a rate of 5-8% a new primary cancer risk of in later stages of their lives, the secondary primary malignancies usually in the pre-operative period are detected incidentally on imaging techniques. As incidence of secondary primary malignancy association in patients with primary peritoneal serous adenoma is unknown, in the prospective and retrospective studies, incidence of secondary primary malignancy in patients with colorectal cancer was determined as 3.5%.

In case of determination of two primary malignancy association, however there is a contradiction for clinician, on which one should be treated, due to incidental detection just as in our case, being at mostly early stage of one of the malignancy, it is one of facilitating factor for clinician decision. Also, as in our case the ideal solution is synchronous resection of both of two tumors.

It should keep in mind that in cancer patients, different primary malignancies may arise at initial diagnosis or follow-up process.

Keywords: Peritoneal Serous Carcinoma, Colon Adecocarcinoma

MOLECULAR HIERARCHY OF SOMATIC MUTATIONS IN COLORECTAL CANCER

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POSTER

Colorectal cancer (CRC) is an important reason of cancer mortality and morbidity. Multiple genetic events accumulate during the progression of colorectal carcinogenesis. A rich history of investigations has revealed several critical genes and pathways important to the initiation and progression of CRC. These include the WNT, RAS-MAPK, PI3K, TGF- β , P53 and DNA mismatch repair pathways. Despite that background, we have not had a fully integrated view of the genetic and genomic changes and their significance for colorectal tumorigenesis.

To determine molecular hierarchy in colorectal carcinoma (CRC), we analyzed somatic mutations of samples from COSMIC database. We examined 326 samples for 96 genes. Our results may enable deeper understanding of the molecular basis of CRC and may identify potential therapeutic targets.

Keywords: Colorectal cancer, somatic mutations

COLON PERFORATION DUE TO COLONOSCOPY PREPARATION FOR COLON CANCER

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Introduction: Colonoscopy is a gold standard method in colorectal pathologies. Iatrogenic perforation is a rare complication, and it is very rare in preparation period. Perforation time, age, co morbidities, way of perforation, place of perforation and size are important parameters in treatment of perforation.

Case: A 73 year old male with complaints of abdominal pain for two months, diarrhea for five days and loss of appetite admitted to an urban hospital, and as observing metastatic lesions in the liver, perihepatic, right paracolic, intrapelvic free liquid, heterogeneity in fat zones of proximal part of sigmoid colon, wall thickening at sigmoid colon at abdominal computerized tomography, he was transferred to our hospital. He was hospitalized to investigate the ascites etiology. Anemia (Hgb: 9 mg/dl) and fecal occult blood were observed in laboratory tests. Proximal gastrointestinal endoscopy showed a mass with 4 cm diameter with 1.5 cm pedicle in cardia prolaping to esophagus. Biopsies showed inflammatory granulation tissue. Cytological analysis of peritoneum liquid was negative for malignancy. Colonoscopy planned. Enema was applied because of inability of defecate after medication for colonoscopy preparation. His abdominal pain came worst and radiography was planned for perforation, and he was transferred to the ED for radiography. Cardiac arrest occurred at the ED. But the resuscitation was not successful and the patient died.

Conclusion: Before colonoscopy, cleansing of intestines is needed. Usually it is harmless, but masses in the colon limiting the lumen sometimes cause perforation. Doubting of perforation at patients who have inability of defecation will be beneficial for early diagnosis and reduce the mortality rates.

Keywords: colonoscopy, enema

A RARE CAUSE OF ABDOMINAL PAIN IN ELDERLY: METASTATIC PANCREAS CANCER

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Introduction: Abdominal pain takes big part of emergency service admissions. The cause of pain is usually undetermined, and rare clinical presentations manifest rare diseases. In this presentation, we wanted to share a patient who admitted with abdominal pain and had the diagnosis of metastatic head of pancreas cancer.

Case: A 85 year old female admitted to ED with complaint of widespread abdominal pain since one week. In her history, she was having medications of Alzheimer and hypertension. In her history, we learnt that CA 19-9 level was >94000 2 months ago, but she did not want further examinations. Vital signs were in normal ranges. On physical examination, there was on widespread tenderness in the abdomen because of her mental status. In abdomen ultrasonography, extensive free liquid especially around liver and gall-bladder was observed and thought of ascites. Although sedation with midazolam, oral contrast could not be applied with nasogastric catheter. Unenhanced abdominal computerized tomography showed mass in the head of the pancreas and multiple liver metastasis. The situation was determined as inoperable and the patient transferred to the oncology clinic.

Conclusion: Although the reasons of abdominal pains are often because of benign surgical diseases in youth, neoplasms are added in elderly. Emergency physicians must be aware of that the geriatric patients who admit to the EDs with abdominal pain can have rare malignancies and they shall consider computerized tomography in diagnosing the malignancies.

Keywords: abdominal pain, elderly

AN EFFECTIVE METHOD IN EARLY DIAGNOSIS: BIOCHEMISTRY? OR COLONOSCOPY?

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Introduction: Abdominal pain takes big part of hospital admissions. While accompanying nausea and vomiting, and dyspepsy, the intestine diseases are in front. By getting older, malignancy probability increases independent from family history and negative results in screening tests.

Case: A 70 year old male patient admitted to ED with complaint of nausea, vomiting and abdominal pain. After physical examination and laboratory tests, it was considered that there was no emergency and the patient referred to the gastroenterology polyclinics. In his history, the abdominal pain was for 4-5 months and he was using COPD drugs. There was no malignancy history in his family. His physical examination was in normal ranges. Faecal occult blood and tumor biomarkers were in normal ranges. His all routin biochemical tests were in normal range and because of the age, colonoscopy was performed as screening.

An ulcerovegetative mass that limited the lumen for 5 cm and took space $\frac{3}{4}$ of transverse colon lumen was observed during colonoscopy. The diagnosis was transverse colon adenocarcinoma in biopsy.

Conclusion: Colon tumors can be diagnosed usually when they get in high volumes and can not be detected easily in biochemical tests. We suggest that although faecal occult blood and tumor biomarkers are negative, colonoscopy shall be performed routinely, so it will provide early diagnosis and early treatment in colon cancers.

Keywords: early diagnosis, colonoscopy

THE COMPARISON OF CONFORMAL RADIOTHERAPY AND INTENSITY MODULATED RADIOTHERAPY (IMRT) AS ADJUVANT THERAPY FOR GASTRIC CANCER

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POSTER

Introduction: Intensity Modulated Radiotherapy (IMRT) is one of the safe and effective radiotherapy modality. We aimed to compare the clinical outcomes and toxicity of postoperative adjuvant therapies using the modalities of IMRT and 3D conformal radiotherapy by gastric cancer patients.

Material-Methods: Fourteen patients re-considered by IMRT planning technique that previously administered with conformal beam regulations for 4500 cGy of radiation at 180 cGy per day adjuvant radiotherapy in the period between 2012 and 2013 were included in this study. Therapy plan system was formulated by Computed tomography (CT) simulation. Radiation was delivered with 6MV photons. Radiotherapy region was involving the tumor bed including the margins of resection or the stoma and the regional nodes. Protection of spinal cord, heart, liver and kidneys were considered. Conformal four field plans were compared with five fields coplanar sliding window IMRT plans. The dose volume histograms and organ dose summaries were provided for each patient. Comparison of dose volume histogram parameters for left kidney, right kidney, heart, spinal cord and liver among conformal radiotherapy and intensity modulated radiotherapy (IMRT) planning was evaluated.

Results: IMRT plan technique has advantages than the 3D conformal radiotherapy plan technique in terms of risky organ doses. The percentages for the maximum dose value advantages for spinal cord and the average dose value advantages for left kidney, right kidney, liver and heart were 14.8%, 1.1%, 9.4%, 13.3%, and 16.8%; respectively by IMRT plan technique when compared with 3D conformal radiotherapy plan technique. Therefore, IMRT plan technique is stated to be more beneficial than 3D conformal technique due to less dose for risky organs. Although it is provided more protection by using IMRT plan technique for left kidney V20 dose (%28.9 – %22.0, p:0.006) value, there is no difference for left average dose value (1580cGy – 1597 cGy, p:0.83). In addition it is provided more protection by using IMRT plan technique for right kidney average dose (1301cGy – 1180 cGy, p:0.28), right kidney V20 dose (%26.1 – %9.5, p:0.001), liver average dose (2627 cGy – 2276 cGy, p:0.001), liver V30 dose (%28.7 - %26.6, p:0.34) and heart average dose (1023 cGy – 851 cGy, p:0.32) values. Also it is provided more protection by using IMRT plan technique for spinal cord maximum dose (3181 cGy – 2862 cGy, p:0.22) value. It is significant statistically that providing more protection for left kidney V20, right kidney V20 and liver average dose values by using IMRT technique.

Conclusion: We concluded that IMRT plan reduces bilateral kidney and liver average dose values when compared with the 3D conformal technique. Since IMRT plan more protects risky organs, it can be preferred for adjuvant radiotherapy of gastric cancer. Comparing to IMRT and 3D plans, radiation oncologists constantly prefer IMRT plan when using dose volume histogram data.

Keywords: gastric cancer, intensity modulated radiotherapy

Table 1. Dose volume histogram data

	Group; 3D Conformal Plan n=14				Group: IMRT Plan n=14				
Organ at risk	Mean	St. Dev.	Min.	Max.	Mean	St. Dev.	Min.	Max.	p
L. kidney %V20	28,9	6,9	15,6	36,6	22,0	5,4	13,5	33,0	0,006
L. kidney Mean Dose cGy	1579,9	255,6	1159,0	1972,0	1597,4	161,3	1282,0	1833,0	0,831
R. kidney %V20	26,1	7,8	12,70	35,9	9,5	7,8	0,2	26,6	0,001
R. kidney Mean Dose cGy	1301,4	285,9	784,0	1796,0	1179,6	303,8	700,0	1644,0	0,285
Liver %V30	28,7	5,4	18,8	34,9	26,6	6,2	14,9	34,8	0,342
Liver Mean Dose cGy	2627,8	243,1	2219,0	2930,0	2276,5	233,0	1852,0	2587,0	0,001
Heart Mean Dose cGy	1023,4	484,9	332,0	1985,0	851,0	429,3	256,0	1587,0	0,328
S. Cord Max Dose cGy	3181,6	845,6	2145,0	4295,0	2862,1	437,6	2245,0	3659,0	0,220
<i>The Comparison of 3D Conformal Radiotherapy and IMRT</i>									

NON-HODGKIN LYMPHOMA PRESENTED WITH FINDINGS OF PANCREATICOBILIARY COMPLICATION AT INITIALLY; REPORT OF THREE CASES

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POSTER

Introduction: Biliary obstruction secondary to malignancy is a common clinical problem. But biliary and pancreatic obstruction result from non-Hodgkin lymphoma (NHL) is an infrequent manifestation of the disease. Obstructive jaundice and pancreatitis is particularly very rarely observed as the initial presentation. In this article we aimed to describe radiological and clinical findings of three patients who have obstructive jaundice and/or pancreatitis as the initial presentation.

Case Series: Two male patients (58 and 68 years old) were admitted to gastroenterology clinic with complaints of nausea, vomiting and abdominal pain. After a clinical and laboratory evaluations suggested an obstructive jaundice, a computed tomography (CT) scan of upper abdomen demonstrated conglomerated lymphadenopathies in the hepatic hilum. Dilatation of intrahepatic bile ducts were observed in both of patients. In patient 1, a large hypodense lesion within right hepatic lobe was shown (Fig. 1A). Patient 2 had periportal hypodense areas (Fig. 1B). Histopathological examinations of hepatic lesions similarly showed high grade diffuse large B cell lymphoma (DLBCL) in both of patients. Patient 3 was a 42 years old male who was admitted to the clinic with vomiting and abdominal pain which sometimes spreads to upper back. Laboratory evaluation showed elevated indirect bilirubin, amylase and lipase levels. He had been diagnosed as having DLBCL and received treatment of disease 10 years ago. During long term follow-up a marked remission had been also observed. A CT scan of abdomen demonstrated dilated pancreatic canal. Also there were conglomerated lymphadenopathies which invaded head of pancreas (Fig. 1C). After a laparoscopic biopsy, DLBCL was diagnosed by the histopathological examination of these lymphadenopathies. None of the patients underwent a biliary decompression. R-CHOP (Rituximab, Cyclophosphamide, Adriamycin, Vincristine, Prednisone) regimen was given to patients. Clinical and radiological improvements were observed after treatment in all three patients.

Discussion: Obstructive jaundice resulted from NHL is caused mainly by enlarged lymph nodes compressing the biliary tree. It is a rare entity in literature so that there is no standart approach for the treatment and management of NHL patients who present with obstructive jaundice or pancreatitis. Because of the chemosensitive nature of lymphoma and the advanced stage of the disease when it present with biliary obstruction, chemotherapy is the mainstay of treatment. In the initial phase of the treatment, biliary decompression is controversial. Although it is a rare occurrence, NHL is required to be considered in differential diagnosis for effective and early diagnosis and management of patients with obstructive jaundice and pancreatitis.

Keywords: Obstructive jaundice and pancreatitis, non-Hodgkin lymphoma

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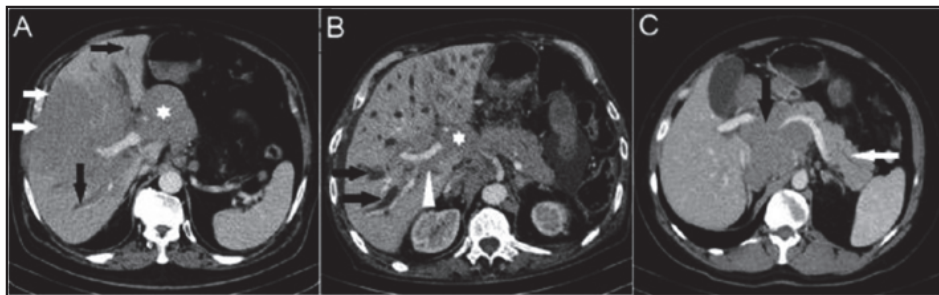


Figure 1. (A, B) Contrast-enhanced axial CT image revealed large hypodense lesion within right hepatic lobe (white arrow) and periportal hypodense areas (arrowhead). Dilatation of intrahepatic bile ducts (black arrow) and lymphadenopathies in the hepatic hilum (star) were viewed. (C) A CT scan demonstrated dilated pancreatic canal (white arrow). Also there were conglomerated lymphadenopathies which invaded head of pancreas (black arrow).

ÖZOFAGUS KANSERLİ HASTALARDA ÖZOFAJEKTOMİ VE SERVİKAL ÖZOFAGOGASTRİK ANASTOMOZU TAKİBEN GELİŞEN ÖNEMLİ BİR MORBİDİTE NEDENİ: ANASTOMOZ DARLIĞI

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POSTER

Giriş: Özofagus kanserlerinin tedavisinde veya disfaji palyasyonunda cerrahi tedavi önemli bir yöntemdir. Özofajektomi sonrası taktusun sürekliliğini sağlamak için konduit olarak sıklıkla mide, kolon veya bazen jejunum kullanılmaktadır. Konduit seçenekleri arasında, uzun bir segment boyunca rahatlıkla mobilize edilebilmesi, birden fazla arteriyel/vasküler trunkal kanlanması, zengin intramural vasküler anastomotik ağının olması, teknik olarak kolay hazırlanabilir olması gibi nedenlerle, replasman amacı ile en çok tercih edilen organ midedir. Seçilen cerrahi tekniğe göre, mide toraks içerisinde veya servikal bölgede özofagus ile anastomoz edilebilir. Servikal tekniğin onkolojik olarak daha fazla tümör ve lenfatik klirens sağlanması gibi avantajları olmasına rağmen, rölatif mide iskemisi nedeni ile yüksek orandaki anastomoz kaçağı ve darlığı gibi morbiditeleri söz konusudur.

Materyal-Metod: 2012- 2013 yılları arasında YYÜ Tıp Fakültesi genel Cerrahi ABD'da servikal özofagogastrik rekonstrüksiyon yapılmış ve takiplerinde anastomoz darlığına bağlı semptomlar gelişen 29 olgu incelendi.

Bulgular: Çalışmaya dahil edilen anastomoz darlığı gelişmiş 29 olguda semptomatik servikal disfaji nedeni ile endoskopik dilatasyon ve peryodik olarak birden fazla kez gerekti. Tekrarlayan dilatasyon gerekliliği olguların tümünde elli günden daha kısa sürelerde gerekti. 2 Olguda kalıcı anastomotik stent kullanılması gerekti. İki olguda fleksibil endoskopik dilatasyon palyasyon sağlamadığı için genel anestezi altında rijid endoskopi dilatasyonlar yapıldı.

Sonuç: Özofageal rezeksiyon sonrası ideal konduit midedir. Ancak servikal bölgeye çekildiğinde, muhtemelen tüp haline getirilmiş midenin proksimalinde oluşan iskemi nedeni ile strüktür sık olarak görülen ve yaşam kalitesini bozan önemli bir komplikasyondur.

Keywords: özofajektomi, anastomoz darlığı

GASTROINTESTINAL STROMAL TUMOR OF THE RECTUM: CASE REPORT

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Introduction: Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumors of the gastrointestinal tract in adults, although rectal localisation of these tumors is very rare. Here we report a case good response to imatinib treatment.

Case Report: A 65-year-old man presented to the hospital year ago with partial rectal obstruction and tenesmus complaints with minimal rectal bleeding, which had appeared two months earlier. Abdominoperineal resection offered elsewhere. Colonoscopy revealed a external pressure due to rectal wall located mass which was 8 cm from the anal verge and rectal mucosal surface was intact. Biopsy showed morphological and immunohistochemical aspects, suggesting GIST (Low mitotic index and Ki-67). Computed tomography (CT) of the abdomen, pelvis and thorax revealed the presence of a rectal mass but distant metastases is not detected. A month after the treatment rectal pain decrease and in MRI rectal mass has shrunk almost totally, perirectal lymph nodes disappear. The patient is currently on the treatment of imatinib (400mg/d), he did not experience any side effects.

Discussion: Surgery remains the mainstay of treatment for primary disease in oncology. There is now considerable interest in GISTs because they can be treated effectively with targeted molecular therapies, specifically tyrosine kinase inhibitors (TKIs). Our patient good response to imatinib as a neoadjuvant treatment. The optimal duration of preoperative therapy remains unknown, imatinib may be continued until maximal response is noted. Maximal response is defined as no further improvement between two successive CT scans, which can take as long as 6 to 12 month (1). A multidisciplinary team approach should be following these patients and reevaluate the decision for surgery versus continuation of preoperative imatinib after every imaging series.

Keywords: Gastrointestinal stromal tumor of rectum, imatinib

MİDE KANSERLİ HASTALARDA ÖZOFAGOJEJUNAL ANASTOMOZ BÜTÜNLÜĞÜNÜN İNTRAOPERATİF DEĞERLENDİRİLMESİNDE METİLEN MAVİSİ TESTİNİN ETKİNLİĞİ

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POSTER

Giriş: Total gastrektomi sonrası rekonstrüksiyon hemen her zaman farklı kreasyonlarda özofagojejunal anastomozlarla yapılmaktadır. Özofagojejunal anastomoz (ÖJA) el ile veya stapler kullanılarak oluşturulabilmekte, ancak her iki durumda da anastomoz ayrışması, stapler ile oluşturulanlarda daha az sıklıkta görülse de, en önemli morbidite- mortalite nedenlerindendir. Bu çalışmada nazojejunal sonda aracılığı ile intraoperatif olarak uyguladığımız lumen içi metilen mavis (MM) instilasyon testinin ÖJA bütünlüğünü değerlendirmesindeki etkinliğini inceledik

Materyal-Metod: Tümü mide kanseri nedeni ile total gastrektomi sonrası stapler kullanılarak ÖJA yapılmış olan toplam 78 olgu çalışıldı. 41 olguda (MM Gurubu/ Grup A), anastomozun 10 cm distaline yerleştirilen nazojejunal sondadan, 100 cc serum fizyolojik içinde dilüe edilmiş olan metilen mavis solusyonu, sondanın hemen distalindeki jejunum ansına intestinal klempaj uygulandıktan sonra kapalı ans haline getirilmiş anastomotik segmenti de içeren kısma instile edildi. Anastomoz halkasının çevresi spanç ile sirküler olarak sarılıp 5 dakika beklendikten sonra sonda aracılığı ile verilen solusyon serbest drenajla boşaltıldı. Spançlarda metilen mavis bulaşı olduğunda Lembert sütürlü güçlendirme yapıldı. 37 olguda (Grup B) ise ÖJA, işlem bitiminde görsel ve manuel palpasyonla değerlendirilerek, anastomoz halkasındaki Lembert sütürasyon subjektif tercihle yapıldı.

Bulgular: İki grup, tümör evresi ve demografik özellikler açısından benzer özellikte olgulardan oluşmaktaydı. MM grubunda 5 (%12) olguda sızdırma saptanarak intraoperatif sütürasyon yapıldı. Bu 5 olguda tekrar yapılan MM testinde bulaş olmadı. Karşılaştırma grubunda (Grup B) ise cerrahın subjektif kararı ile 6 (%16) olguda anastomoz sütürasyonu uygulandı. Ameliyat sonrası dönemde, karşılaştırma grubundaki 2 (%5.4) olguda konservatif yaklaşımla iyileşen minimal kaçak saptandı. MM grubundaki olgularda ise kaçak saptanmadı.

Sonuç: Konvansiyonel veya stapler anastomozların ikisinde de anastomoz kaçakları meydana gelebilir. Temel anastomoz prensipleri her iki yöntemin de esasını oluşturmakla birlikte stapler ile yapılanların kaçak oranlarının daha düşük olduğu bildirilmektedir. Anastomoz kaçak oranlarının azaltılması morbidite- mortalite azalması ile sonuçlanacaktır. İntraoperatif anastomoz sızdırmazlık testleri, literatürde daha çok kolorektal anastomozlara münhasıran tanımlanmaktadır. ÖJA bütünlüğü daha çok postoperatif dönemde, oral gıda başlanmadan hemen önceki dönemde, kontrast ajanlarla- radyolojik yöntemlerle veya MM içirilerek, dren içeriğinin klinik gözlemi ile yapılmaktadır. İntraoperatif MM instilasyonu veya başka bir teknikle ÖJA sızdırmazlık çalışması bildirilmemiştir. Sunulan çalışmadaki olgu sayısı ve bulgular yargı oluşturmak için yeterli olmamakla birlikte, organik nitelikte bir boya kullanılarak somut ve anlık değerlendirme olanağı sunduğu için MM instilasyonu önerilebilir bir yöntem olarak görülmektedir.

Keywords: Anastomoz Bütünlüğü, Metilen Mavis

PANCREATIC METASTASES FROM ENDOMETRIAL AND COLON CANCER: TWO CASE REPORT

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Introduction: Metastases to the pancreas are rare and are only about 2% of all pancreatic neoplasms. Renal cell carcinoma was the most common origin of pancreatic metastases. Other primaries include gall bladder carcinoma, leiomyosarcoma, endometrial and colon cancer. After recent advances in pancreatic surgery, metastasectomies have become promising treatment alternatives.

Case 1: 54-year-old female patient, February 2011 diagnosed as stage 1B endometrioid adenocarcinoma. Two years later, pancreatic mass was detected. Percutaneous biopsy was performed. Histopathological examination of biopsy specimen showed metastatic endometrioid cell carcinoma. A computed tomography (CT) scan revealed a massive tumor invasion in the portal vein. The patient was considered inoperable. Then she received chemotherapy.

Case 2: A 60-year-old male that was diagnosed with stage 3 colon cancer was received adjuvant FOLFOX chemotherapy. After 6 cycles, CT scans showed a big mass in the pancreas. Pancreatectomy operation was performed. Histopathological evaluation revealed that metastasis to the pancreas from adenocarcinoma of the colon.

Discussion: We believe that resection should be considered when it is technically feasible in appropriate surgical candidates those who have good performance status and isolated solitary pancreatic metastases.

Keywords: Pancreatic metastases, colon cancer

INVESTIGATION OF LIPID PEROXIDATION AND SOME ANTIOXIDANT ACTIVITY IN PATIENTS WITH PRIMARY AND METASTATIC LIVER CANCER

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Introduction: Several studies suggest an important role for oxidative stress in the pathogenesis of cancer, including liver cancer. Oxygen free radical induced lipid peroxidation has been implicated in malignant transformation and low levels of essential antioxidants in the circulation have been found to be associated with an increased risk of cancer. The aim of this study is to investigate lipid peroxidation and some antioxidant activity in patients with primary and metastatic liver cancer.

Methods: A total of 25 patients with liver cancer and 15 healthy controls were enrolled in the current study. Malondialdehyde (MDA) levels and glutathione (GSH), glutathione peroxidase (GSHPx) and superoxide dismutase (SOD) enzymes activity were determined in blood samples in both groups.

Results: The median age of cancer patients was 62 (range 50 to 75) years and 52 (range 40 to 65) in healthy volunteers. Among patients with liver cancer, seven were female and eighteen were male. While among healthy volunteers six of them were female and nine of them were male. Among patients who were histopathologically diagnosed as cancer, it was determined that 4 patients had primary liver cancer, while 21 patients had metastatic liver cancer. Erythrocyte SOD, GSH and GSHPx enzyme activity and serum MDA levels and relevant statistical analyses of control subjects and patients with primary and metastatic liver cancer are shown in Table 1. MDA levels were higher in patients with primary and metastatic liver cancer in comparison with that of control subjects. Moreover, in comparison with the control group, erythrocyte SOD, GSH and GSHPx enzyme activity was lower in the primary and metastatic liver cancer group.

Discussion and Conclusion: According to our findings there was significant decrease antioxidant enzyme levels and increase lipid peroxidation in patients with liver cancer. The weakening of antioxidant defense in liver cancer may lead to excessive production of ROS and this may result in the induction of lipid peroxidation. However further comprehensive studies are needed to understanding the effects of antioxidant system and lipid peroxidation in the process of formation and development of cancer.

Keywords: liver cancer, antioxidant enzymes

Table 1. Blood samples levels of GSH, GSHPx, SOD and MDA in groups

Parameters	Patient Group (n=25)	Control Group (n=15)
SOD (EU/ mL)	24,3820±10,0242*	42,4293±3,2770
GSH(mmol/g Hb)	42,2540±1,9148*	86,7033±2,3795
GSHPx (EU/ mL)	40,2016±0.6703*	77,7687±2,2842
MDA(nmol/ml)	41,5408±2,1120*	20,3847±0.7595

AZYGOUS CONTINUATION OF A LEFT INFERIOR VENA CAVA WITH A RETROAORTIC RIGHT RENAL VEIN: A CASE REPORT

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A 60-year-old a hypertensive female admitted with abdominal pain. A contrast enhanced abdominal CT demonstrated absence of the intrahepatic segment of the right IVC with enlarged azygous arch. An enlarged hemiazygous vein is clearly seen crossing the midline anterior to the aorta, at the level of the diaphragm. The hepatic segment of the IVC is absent and the hepatic veins join and drain directly into the right atrium. Common iliac arteries joined at the L5 vertebra and turn in IVC. After this level, IVC course proximally on the left and posterior of the aorta and in thorasic section reached the azygous vein. The right renal vein passed retroaortic region and emptied into the IVC on the left side.

Anomalies of the inferior vena cava, azygous venous system and renal veins may take in many forms (1). Duplicated left sided IVC that is one of this anomaly group, usually seen as a continuation of left common iliac vein, crossing anterior to aorta at the level of renal vein to join the right sided IVC. But in our case there is left sided venous structure join with on chest slices. Azygos continuation of the inferior vena cava called as absence of the hepatic segment of the IVC with azygos continuation that is an uncommon vascular anomaly, with prevalence ~1.5% (range 0.2-3%). This entity is a cause of a dilated azygos vein (2).

Left-sided inferior vena cava with azygous continuation may be seen with an associated retroaortic right renal vein (3). Prevalence of retroaortic right renal vein with azygous continuation of a left-sided inferior vena cava is very rare entity (%0.6) (4). In our case was retroaortic right renal vein.

The aim of this case study was to show a patient with azygous continuation of a left-sided inferior vena cava with an associated retroaortic right renal vein. Knowledge of presence of these anomalies is important for surgeons and radiologists so it reduces the chances of error in diagnosis and management (5).

Keywords: vena cava inferior, anomaly



Figure 1. This is left sided IVC and the right renal vein passed retroaortic to reach the IVC on left side. In these cases the hepatic vein drains directly to IVC, this case is uncommon.

CLINICOPATHOLOGICAL CHARACTERISTICS OF ESOPHAGEAL CANCER PATIENTS OF VAN REGION

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Purpose: Esophageal cancer is one of the well known deadly diseases worldwide. Esophageal cancer incidence is variable geographically. Pathological subtypes of esophageal cancer are mainly squamous cell carcinoma and adenocarcinoma. Adenocarcinoma primarily seen in western countries while squamous cell carcinoma is more frequently seen in northern Iran, Turkey, southern republics of the former Soviet Union and northern China. It is seventh leading cause of death from cancer among American men. In Turkey, esophageal cancer is more frequently seen in eastern region of Anatolia compare to the western region of Anatolia. Herein we present a study that investigate clinicopathological characteristics of esophageal carcinoma in Van region.

Material-Methods: This study was conducted in Medical Oncology Clinic of Van Yüzüncü Yıl University and Medical Oncology Clinic of Van Regional Training and Research Hospital. Patients diagnosed as esophageal carcinoma between january 2009 and and september 2013 were included in the study.

Results: A total of 2887 cancer patients were admitted to our departments during this period. Among them, 350 (%12,1) patients were diagnosed as esophageal carcinoma. From 350 patients, 92 of them could be analyzed. Thirty two of them (%34,8) were male and sixty patients (%65,2) were female. The median age at diagnosis was 54 (range, 23 to 64). In terms of histological type, 79 (%85,9) of them were skumöz cell carcinoma and adenocarcinoma were found to be 8 (%8,7). Localization of tumors was distal part of esophagus in 71 (%77,1) patients. When analyzing in term of staging, 4 (%4,3) stage IA, 5 (%5,4) stage IB, 8 (%8,7) stage IIA, 21 (%22,8) stage IIB, 25 (%27,2), stage IIIA, 5 (%5,4) stage IIIB, 9 (%9,4) stage IIIC and 14 (%16,3) was stage IV. Vascular invasion status has been reported in 51 patients, it was pozitif in 28 patients,while it was negative in 23 patients. Perinural invasion was pozitif in 27 (%29,3) patients and it was negative in 21 (%22,8) patients. Among these patients 27 (%29,3) had grade I tumor, 33 (%35,9) patients had grade 2 tumor and 6 (%6,5) patients had grade 3 tumor

Discussion and Conclusion: According to these findings, esophageal carcinoma is third most common cancer, following gastric cancer and breast cancer respectively in Van region. The main histologic subtype in our region is skumöz cell carcinoma. The main localization of tumor is distal esophagus and esophagogastric junction. The disease is mainly diagnosed at advanced stage. Therefore, we think that screening program should be considered for early diagnosis and early intervention for this highly lethal disease in Van region

Keywords: Esopgagael Cancer, screening

MİDE KANSERİ PRİMER VERTEBRAL KEMİK METASTAZI: NADİR BİR OLGU

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Mide kanserinin (ca) primer kemik metastazı nadiren meydana gelir. Kemik metastazı prognozun çok kötü olduğunu göstermektedir. Bu olgumuzda mide adeno kanseri teşhisi konulan ve bilgisayarlı tomografide (BT) torakal vertebrada patolojik fraktüre neden olan primer kemik metastazlı olguyu sunuyoruz.

Giriş: Mide kanseri genellikle karaciğer, lenf nodları, periton zarı, dalak, sürrenal gland, over, akciğer, beyin ve ciltte, metastaz yapabilir. prostat, meme ve akciğer kanseri sıklıkla kemik metastazı yapar. Mide kanserinin primer kemik metastazı çok nadir olduğu literatürde bildirilmiştir. (1-2) Endoskopik patoloji sonrası mide adeno ca teşhisi konulan olgumuzda primer kemik metastazı ve buna sekonder fraktür izlenmesi oldukça nadir olduğundan sunmayı uygun gördük

Olgu Sunumu: 77 yaşında erkek hastada endoskopik biyopsi sonucu gastrik ca teşhisi konulan hastada sırt ağrısı ve paraparazik şikayetleri nedeniyle çekilen BT inde T-9 vertebrada yükseklik kaybı, spinal kanalı daraltan hipodens yumuşak dokusu mevcuttu. Mide duvarında kalınlaşma izlenen hastada batin içi solid organlar doğal görünümdeydi. Radyolojik olarak kemikteki kitle metastaz olarak raporlandı (Şekil 1,2,3).

Tartışma ve Sonuç: Kemik metastazı sıklıkla meme, akciğer, böbrek, prostat, mesane kanseri hastalarında meydana gelir. Buna karşılık, gastrointestinal sistem kaynaklı malign tümörlerin kemik metastazı oldukça nadir olduğu bildirilmiştir (2,3). Haziran 1992 ve Ağustos 2010 arası yapılan çalışmada yaklaşık 2150 mide ca teşhisi konulan hastalarda kemik metastazı oranı % 0.9 (19 hasta) olduğu tespit edilmiştir (4). Kötü differansiye adeno ca larda yaygın lenf nodu tutulumu ile birlikte kemik metastazı olabilir (5). İyi diferansiye olgularda, metastaz hematogen portal ven yoluyla karaciğere yayılır. Öte yandan, kötü diferansiye mide kanserli olgularda, kemik metastazı öncelikle vertebral ven sistemi ile gerçekleşir. (6) Chung ve arkadaşlarının yapmış olduğu çalışmada, 28 mide ca tanılı hastalarda 4 kemik metastazı saptanmış ve bu 4 hastada kemik metastazı tanısından sonra kısa bir süre içinde öldükleri saptanmış (7). Jae Bong Ahn, ve arkadaşlarının yapmış olduğu çalışmada benzer şekilde, kemik metastazı tanısından sonra ölüm süresi ortalama 3.8 ± 2.6 ay olduğu tespit edilmiştir (4). mide ca lı hastalarda kemik metastazının olması prognozun çok kötü olduğunu göstermektedir.

Bizim vakamızda da mide adeno ca teşhisi konulan hastada primer vertebral metastaz mevcuttu. Hasta teşhisten yaklaşık 5 ay sonra öldü.

Sonuç olarak: Mide tümörlerinin primer vertebral metastazlarının nadir görülmesi ve tespit edildiği takdirde kötü prognostik kriteri olduğunu hatırlatmak amacıyla olguyu sunmayı uygun gördük.

Anahtar kelimeler: mide adeno kanser, vertebra



Şekil 1. Sagital kontrastlı BT:T-9 vertebra korpus anteriorda yükseklik kaybı(fraktür),korpus posteriordan spinal kanala uzanan hipodens yumuşak doku kitlesi(met)

HUMAN PAPILLOMAVIRUS AND SURVIVAL OF PATIENTS WITH ESOPHAGEAL SQUAMOUS CELL CANCERS

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Purpose: Human papillomaviruses (HPVs) play an important role in the development of squamous cell carcinomas in various body sites, including the anogenital, upper respiratory, and digestive tracts. It has been shown that tumor HPV status is a strong and independent prognostic factor for survival among patients with oropharyngeal cancer. Human papillomavirus (HPV) DNA has also been identified in esophageal carcinomas. In this study, we investigated tumor HPV status and survival of patients with esophageal squamous cell carcinoma.

Methods: We performed a retrospective analysis of the association between tumor HPV status and survival among patients with esophageal squamous-cell carcinoma who were being followed in our department. A total of 40 patients were included in this study. Statistical analyses were performed using the SPSS software version 13. The effect of tumor HPV status on survival of esophageal cancer patients was investigated using the log rank test. The Kaplan –Meier survival estimates were calculated.

Results: The median follow-up period was 6 months. Among a total of 40 patients, 30 were female and 10 patients were male. Median age at diagnosis was 55 (range 24 to 98). Tumor HPV status was positive 23 patients and was negative 17 patients. At the of statistical analysis, there is no survival difference between patients with tumor HPV status positive and patients with tumor HPV status negative (Figure 1).

Discussion-Conclusion: Although according to these results, there is no effect of tumor HPV status on survival of patients with esophageal squamous cell carcinoma, it should be kept in mind that median follow up period was very short and it is a study conducted with a small number patients. Therefore, comprehensive studies are needed to clarify this dilemma.

Keywords: Esophageal cancer, tumor HPV status

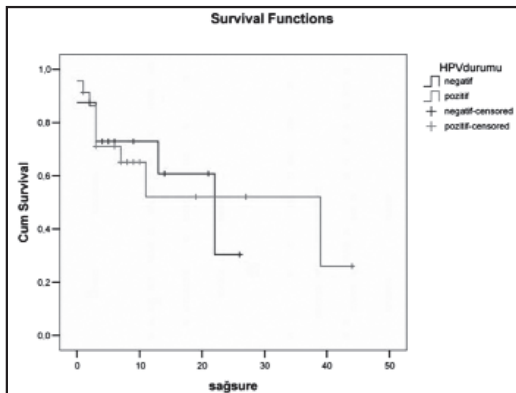


Figure 1. Tumor HPV status and Survival of patients with esophageal cancer

A RARE METASTASIS FOR LUNG CANCER: PANCREAS

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Introduction: Lung cancer is the most common cancer in terms of both incidence and mortality for both male and female Worldwide. If left untreated, cancer of the lung can spread beyond the lung into nearby tissue or other parts of the body such as liver, adrenal glands, bone, bone marrow, kidney, adjacent lung as a most common site of metastasis. Although abdominal visceral organ metastasis is frequently encountered, pancreatic metastasis is extremely rare.

Case: A 57-year-old male suffering from abdominal pain lasting for two months was admitted to emergency department. History revealed a follow-up for one year of small-cell lung carcinoma, metastasis to L3-L4 lumbar spine, three cycle of cisplatin treatment and hospitalization due to pulmonary embolism 6 months ago. Physical examination revealed no significant findings other than common abdominal tenderness. Abdominal ultrasound revealed hypoechoic area 20x8 mm in size located near the gallbladder. Metastatic lesion in the pancreatic head was confirmed via subsequent abdominal MRI.

Discussion: Metastasis of lung cancer infrequently involves the pancreas and abdominal lymph nodes. In case of metastasis, the most common source are renal cell carcinoma followed by melanoma and non-small cell lung cancer. Publications related pancreatic metastases of lung cancers are rare in the literature. Recognizing rare targets of metastasis of lung cancer as pancreas in patients followed up for lung cancer with complaints of abdominal pain, will help to better clarify the metastasis of lung cancer.

Keywords: Small-Cell Lung Carcinoma, Pancreas

CANCER INVOLVING THE PROXIMAL GASTROINTESTINAL TRACT: CANCER OF THE TONGUE BASE

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Introduction: Oral cancers are rare tumors of the gastrointestinal tract tumors. Large portion of the oral tumors are composed of tongue cancer. The initial signs of these tumors affecting predominantly men are local pain, sensation of burning and discomfort.

Case: A 70-year-old female suffering from lingual pain and swallowing difficulty lasting for 2-3 months was admitted to emergency department. History revealed cerebrovascular accident, negative family history and 30 pack-year smoking history. She had a history of drug use for hypertension and coronary artery disease. On admission, vital signs were within normal range and physical examination revealed remarkable ulcerated lesion over the left side of the tongue. CT revealed a mass 3x2 cm in size located on left size of the base of the tongue. She underwent surgery in the light of reported biopsy revealing squamous cell carcinoma (SCC).

Discussion: The incidence of cancer of the tongue varies according to age, ethnicity, culture, life style and sophistication of the country. Early diagnosis is very important in tongue cancer which is usually seen in older age. Cancer of the tongue should be kept in mind in patients admitted with complaints such as local pain, nutritional problems, and ulceration of tongue and advanced imaging modalities should be performed.

Keywords: Tongue Cancer, Squamous Cell Carcinoma

DELAYED INTERVENTION, INEVITABLE FINAL: DEVELOPING PANCREATIC ADENOCARCINOMA ON THE BASIS OF INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM

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POSTER

Introduction: Neoplastic cysts, composing 5-15% of pancreatic cysts often give rise to nonspecific symptoms. Thus the diagnosis is made incidentally. Groups of patients with symptoms usually may present with an epigastric pain accompanied by nausea, vomiting, and weight loss.

Case: A 73-year-old female suffering from jaundice and abdominal pain admitted to emergency department. History revealed a follow-up for a while due to intraductal papillary mucinous neoplasm (IPMN) and a drop in follow-up. Physical examination revealed icteric skin and sclera and common tenderness of abdomen. Laboratory findings revealed alanine transaminase 206 U/L, aspartate transferase 414 U/L, alkaline phosphatase 1480 U/L, amylase 3 U/L, gamma-glutamyl transpeptidase 438 U/L, total bilirubin 11.6 mg/dL, direct bilirubin 6.6 mg/dL. As hepatobiliary ultrasound revealed hypoechoic solid lesion 7x4-cm in size at the junction of the right and left main bile ducts, subsequently ERCP was performed. ERCP revealed a hypertrophic ampulla protruding to lumen as filling 50% of the lumen. Subsequent abdominal CT revealed cystic lesion 95x55 mm in size located in head of the pancreas, metastatic lesion 50 mm in size located in liver segments 5 and 8 and metastatic lesion 20 mm in size located in the lower lobe of the right lung. Biopsy was reported as pancreatic adenocarcinoma.

Discussion: While the majority of pancreatic cysts are non-neoplastic, mucinous cysts or intraductal papillary mucinous neoplasms are at risk of poor prognosis and usually require surgical intervention. Due to the potential for malignant transformation, IPMN patients should be monitored closely and surgical intervention should be performed promptly for appropriate cases.

Keywords: Intraductal Papillary Mucinous Neoplasm, Pancreatic Adenocarcinoma

DIAGNOSIS OF RECTAL CANCER DUE TO PERFORATION

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Introduction: Bowel obstruction may develop in such case of adhesions due to previous surgery and electrolyte disturbances as well as in the colon and rectum masses blocking the passage. Although blocking of passage provide delayed diagnosis, perforation may accompany.

Case: A 38-year-old male suffering from abdominal pain lasting for three days, bloating and inability of defecation and passing gas was admitted to emergency department. History revealed no surgery and no other disease. Physical examination revealed abdominal distension, common defense and rebound tenderness. Laboratory findings were normal except leukocytosis. Plain abdominal radiograph revealed small intestine loops showing multiple air-fluid levels. Rectal examination revealed a palpable mass on the posterior wall of the rectum. While patient was preparing for CT, repeated plain abdominal radiograph was performed due to rising fever of patient revealing free air under the diaphragm. Subsequently he was underwent surgery. During surgery perforation of cecum was observed. He was diagnosed as rectum cancer postoperatively.

Discussion: Emergent surgery may be urgent in rectal cancer due to clogging, perforation or bleeding. Obstructive rectal cancer is the most common cause of emergent surgery. Obstructive bowel cancer should be kept in mind especially in groups of younger age presenting with ileus.

Keywords: Rectal Cancer, Perforation

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