

was established. The surgical margins and all lymph nodes were free from the tumor. Long term follow-up is recommended because of the risk of IMT local recurrence.

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Immunohistochemical expression and prognostic significance of DCC (deleted in colon cancer), p53 protein and proliferative marker Ki-67 in colorectal cancer patients

Genghis Yashar¹, Neli Basheska¹, Irina Prodanova¹, Katerina Kubelka-Sabit¹, Aleksandar Dimovski², Ana-Marija Stefanovska², George Zografski¹

¹Department of Histopathology and Clinical Cytology, Institute of Radiotherapy and Oncology, Medical Faculty, Skopje, Republic of Macedonia, ²Center for Genetic Engineering and New Technologies, Macedonian Academy of Sciences and Arts, Skopje, Republic of Macedonia.

Objectives: The objective of this study was to evaluate the immunohistochemical expression of Deleted in colon cancer (DCC), p53 protein and proliferating index Ki-67 in correlation with various clinico-pathological (age, sex, tumor status, lymph node involvement, localization, tumor diameter, grade of differentiation, histological type) and biomolecular parameters (loss of heterozygosity of the long arm of chromosome 18 and microsatellite instability) in colorectal cancer patients. In addition, the prognostic significance of their influence on overall survival (OS) was also estimated.

Methods: A retrospective analysis of 100 patients with colorectal cancer who underwent large bowel resection with regional lymphadenectomy was conducted in the period between 1995 and 2000. All the patients were in stage II and stage III of the disease according to the postoperative TNM classification of UICC (1997) guidelines. The immunohistochemical expression of protein products of the DCC, p53 tumor suppressor genes and Ki-67 proliferating index were semi-quantitatively evaluated. Biomolecular analyses for the loss of heterozygosity of the chromosome 18q and microsatellite instability were performed with the Polymerase chain reaction (PCR) technique.

Results: In our case series, 57 (57%) patients were in stage II, and the remaining 43 (43%) patients in stage III of the disease. During the follow-up period (mean 53, range 5-97 months), 41(41%) patients died of the disease. The expected 5-year OS rate was 58.6%. In the univariate analysis, tumor status, lymph node involvement, sex, age, tumor grade, p53 protein expression and Ki-67 proliferating index were parameters with prognostic significance related to OS ($p < 0.05$). Among these variables, in the multivariate analysis the tumor status and Ki-67 proliferating index were selected as independent and significant prognostic factors related to OS ($p = 0.0019$). According to the value of the prognostic index (PI) defined by Cox regression model, the patients were categorized in two distinct risk groups. The 5-year OS rate of the low- and high-risk group patients was 65.0% vs. 29.4% ($p = 0.001$). The 5-year OS for stage II was 71.1% vs. 40.0% ($p = 0.05$) and for stage III of the disease it was 54.8% vs. 25.0% ($p = 0.03$), respectively.

Conclusions: These data indicate that defining prognostic groups in each stage of the disease allow an exact and objective selection of colorectal cancer patients with different death risk. Therefore, the prognostic index (PI) as an indicator of the patient's place in the prognostic spectrum could be a sound basis for an appropriate planning.

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Pseudomyxoma Peritonei

Papaevangelou Maria MD, Koniaris E. MD, Gazalidou Maria MD, Papathanasaki Antigoni MD, Biteli Maria MD, Apostolikas N. MD Dept. of pathology, Hellenic Anticancer Institute, 'St. Savvas' Hospital, Athens Greece

Pseudomyxoma peritonei is a rare condition which is referred to a widespread mucin accumulation within the peritoneal cavity. Microscopically it is composed of extracellular mucin accumulation and well-differentiated tumor cells, fibrosis, hyperemia, and mesothelial reaction. It usually affects the ovaries, their involvement is usually bilateral and represents secondary deposits from appendiceal neoplasms. However synchronous, similar tumors to the ovary, adenocarcinomas, are not rare and the pathologist confronts a difficult differential diagnosis. We present such a case and we review the literature.

Keywords: pseudomyxoma peritonei, secondary deposits, adenocarcinoma of the ovary.

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Signet ring cell adenocarcinoma of the colon or primary linitis plastica of the colon. A case report.

Apostolikas N., Koniaris E., Papaevangelou M. Dept. of Pathology, Hellenic Anticancer Institute, 'St. Savvas' Hospital, 171 Alexandras Av., 11522, Athens Greece.

Our aim is to report a rare case of signet ring cell adenocarcinoma of the colon (SRCA) or primary linitis plastica of the colon and review the literature. SRCA is an uncommon type of colorectal cancer with an incidence rate varying from 0.1% to 2.6% of all large bowel cancers. A 73 year old patient who had been operated on an adenocarcinoma of the kidney, admitted to the hospital again two months later, because of a mild constipation and weight loss. After colonoscopy and biopsy an adenocarcinoma of the left colon was diagnosed. The patient underwent a left colectomy. The received specimen had 10.6cm length and a narrowed lumen up to 1.3cm with a widespread neoplastic thickening of the intestinal wall (maximum diameter 8.4cm) was found. Histological examination revealed a tumor which grew in a diffuse fashion without any glandular formation, consisted of sheets or files of typical signet-ring cells. The tumor infiltrated diffusely under the mucosa, disseminating into the pericolic fat as well. No metastases developed in the five excised lymph nodes and no peritoneal dissemination was found (stage B2 Astler and Coller) The immunohistochemistry showed that the tumor was mainly negative in CK7 and positive in CK20. Metastases from stomach were excluded. Only 15 cases have been reported in the literature during the last ten years.

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Immunohistochemical evaluation of the EGFR expression in advanced metastatic colorectal cancer using two commercially available antibodies.

Arapantoni-Dadioti P.¹, Valavanis C.^{1,2}, Karampola M.¹, Vecchini G.¹, Iakovidou J.¹

Technical assistance: Kontogianni H., Charalabidou A. ¹Dept. of Pathology – ²Molecular Pathology Unit, METAXA Cancer Hospital, Piraeus, Greece

Background and objective: Colorectal carcinoma is one of the most common malignancies worldwide and manifests a high mortality, especially at late stages of the disease. Currently available therapeutic strategies have a modest effect on overall survival of patients with advanced and/or metastatic disease. Recently, targeted therapy drugs, such as EGFR inhibitors, are in use for the management of advanced-stage colorectal cancer. It is well known that the dysregulation of the epidermal growth factor receptor (EGFR) signal transduction pathway is involved in colon cancer development and progression, and overexpression of the receptor confers a poor prognosis. Thus targeting the EGFR has become a rational approach for the treatment of colorectal carcinoma. In this context we investigated the expression of