

DIAGNOSIS AND STAGING IN LOCALIZED PROSTATIC CANCER WITH ENDOCAVITARY ULTRASONOGRAPHY: PRESENT ECHOTOMO - GRAPHIC CRITERIA.

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Authors on the basis of about 6.000 trans-rectal echotomographic investigations with 456 eco-guided prostatic biopsies, discuss about the echographic patterns accepted in diagnosis and staging of localized prostatic cancer. 14 patients with proven prostatic carcinoma afterwards underwent radical prostatectomy, and was possible to correlate echographic findings to histopatological examinations, in order to reach a correct staging. Finally the unusual, but possible, findings of neoplastic nodules with prevalence of hyperechogenic patterns, are analyzed and emphasized.

DECAPEPTYL VERSUS PULPECTOMY IN ADVANCED PROSTATE CANCER

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Eighty patients were randomized into two groups of 40 patients each. One group was treated by pulpectomy, the other by Decapeptyl (Ipsen-Biotech). None of the patients had been treated previously. Follow-up for all cases was at least 36 months. Results were analyzed according to clinical and paraclinical criteria: clinical parameters (bone pain, urinary problems), imaging studies (bone scans, ultrasonography), biological tests (PAP, testosterone). The global evolution of these patients was evaluated using the N.P.C.P. classification, and a survival curve was plotted.

IN VITRO STUDY OF ANANDRON^R BINDING TO SERUM PROTEINS AND ERYTHROCYTES IN MAN

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This study was carried out in vitro to measure the binding of Anandron (Nilutamide) and to identify the binding proteins and binding constants. Protein binding was measured by equilibrium dialysis (Dianorm^R apparatus) against a pH 7.4 phosphate buffer at 37°C, using radiolabelled 14C Anandron. Erythrocyte binding (E) was measured in reconstituted blood (washed erythrocytes + serum, hematocrite 0.48), by counting radioactivity in serum after 37°C incubation and centrifugation.

Results are expressed in % bound :

Anandron mg.l ⁻¹	E	Serum	SAH 528uM	VLDL 0.1uM	LDL 1uM	HDL 10uM
0.32	32	82	75	13	12	25
3.2	45	80	75	10	12	21
32	30	81	76	10	10	24

There was a very low binding to AAG and none to IGG. Percent of Anandron bound in serum or in/on erythrocytes was constant in the range of studied concentrations, including therapeutic concentrations. From the binding parameters (n, K_a, N_{Ka}), binding in whole blood was simulated by computation : free fraction was 13%, bound fraction to erythrocytes was 38% and to proteins 49%. Binding affinity of Anandron is weak and could not limit its tissue diffusion.

DIHYDROTESTOSTERONE MEASURED IN CORE BIOPSIES FROM PROSTATIC TISSUES

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DHT levels were measured and related to the contents of DNA in 10 - 15 mg tissue samples obtained by punch biopsies from the prostatic gland. The aim of the study was to provide opportunity to detect the variation of DHT in prostatic tissue upon endocrine manipulation in phase III studies of metastatic prostatic cancer.

DHT were assayed in ranges 1300 - 1600 pg/mg DNA by modifying a commercial testosterone/dihydrotestosterone kit.

Preliminary results from patients with benign hyperplasia of the prostate and from patients with metastatic prostatic cancer are presented.