Symposium no. 2: Biology of Melanomas

2.013

DIRECT INTRALESIONAL INJECTION OF RADIOLABELLED MONOCLONAL ANTIBODY: A PHASE I STUDY IN BRAIN GLIOMA

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8 patients with recurrent bulky brain glioblastoma, following the failure of surgery, radiotherapy and chemotherapy, were intratumorally injected, by using the stereotaxis technique, with a specific I-131 Monoclonal Antibody (MoAb BC2 SORIN-BIOMEDICA, Italy) raised against tenascin. The MoAb dose ranged from 0.5 to 3 mg. (mean 1.23); the I-131 dose ranged from 3 to 16 mCi (mean 10.9). The local and systemic side effects resulted very slight. In many cases repeated multiple injections were carried out. The biodistribution and the dosimetry of the intralesional injected antibody resulted more favourable with respect the same data obtained by intravenous or intracavitary administration so delivering a quite high radiation dose to the brain tumours (mean dose 2200 cGy per mCi of I-131 administered). We recordered 2 Progressive Disease, 2 Stable Disease (lasting 5 and 4 months), 3 Partial Remission which still last 11, 8 and 5 months and 1 Complete Remission persisting, so far, 12 months.

2.014

EPIDEMIOLOGY OF MALIGNANT MELANOMA IN BULGARIA FOR THE PERIOD: 1980-1989

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A retrospective descriptive epidemiological study of the incidence of Malignant Melanoma /MM/ in Bulgaria for the 10 year period was carried out based on 2013 persons / 984 males, 1029 females/. The highest rate of MM in Bulgaria is registered in the costal Bourgas region where the intensity of the solar radiation is 142,4-144,3 Kcal/cm per year; the annual solar radiation is 2346 hours and humidity in the average rate of increasing the incidence of MM in humidity in the average rate of increasing the incidence of MM in Bulgaria is 3,5% for year. The geographical factors and constitutional type of pigmentation are of mayor significance for the progression of MM.

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CLINICO-GENETIC STADY OF SKIN MELANOMA

Clinico-genealogical analysis of 691 patients with skin melanoma has been conducted, the etiologic heterogeneity of the disease was ascertained on the basis of these data. Inheritable and uninheritable forms of skin melanoma were identified. The inheritable tumor group included familial disease (2%) and tumors developing against the background of hereditary diseases and syndromes (32,7%). 24,9% of last group developing against the backround of dysplastic nevi. The data obtained served as basis for the identification of families with high genetic predisposition to skin melanoma development and for the assessment of individual risk of the disease in patients relatives.