Symposium no. 11: New Approaches to Cancer Diagnosis and Management

11.091

CONTUGATION OF THE NEUROENDOCRINOUS SYSTEM, IMMUNITY AND HEMOSTASIS IN PATIENTS WITH PROSTATIC CANCER.
V. Savinov, Moscow.
235 patients received immunomodulators against the beckground of continuous estrogenic therapy. CONCLUSIONS:a)identical receptors of the sensing apparatus of the neuroendocrinous and immune system and single-type signals transferred by neurotransmitters and cytokines determine the interrelation of these systems' function; b)immunocorrection makes it possible to decrease estrogen doses; c)correction of hemostasis improves forecasting; d)deficiencies of immunohemostatic and neuroendocrinohemostatic interaction are seemingly eliminated more easily than those of the neuroendocrinous and immune interaction;therefore,adhering to the approach "from simple to complex" it is possible, through correction of hemostasis,to assist in restoring of immune disorders,and through correction of immunity-of neuroendocrinous regulatory mechanisms in specific cases.

11.092

Advanced stages of ovarian adenocarcinoma: high response rate with high dose CAP and half body radiation.
E. Schejter, I. Brenner, E. Tal, and H. Zakut. The Dept. of Ob.Gyn. ,The Edith Wolfson Med. Center, Sackler fac. of med., Tel-Aviv Univ. & the *Oncology Inst. P.O.Box 5, Holon Israel. Epithelial carcinoma of the ovary is a tragic disease. 80% of the patients present in the advanced stages (III and IV), 20% outlive the five years survival rate. 36 patients in the advanced stages were treated with a new protocol: 3 to 4 courses of high dose CAP (HDCAP) (Cisplatimum, 150 mg/m^2, Adriamycin 40 mg/m^2, and Cytophosphan 600 mg/m^2) followed by 4 to 5 courses of low dose CAP (LDCAP). After negative 2nd look Laparotomy, the patient underwent a single half body irradiatio of 600 to 700 rad. Using this protocol we accomplished a high rate of negative 2nd look (72%). Five women had a recidive after a 2nd look. The expected 5 years survival negative is 60%; side effects were in the same range as published for the LDCAP. Women with large residual tumor and those with poorly differentiated tumors were at high risk for 2nd look positives and for recidivism. In view of the encouraging results, it is justified to continue and manage the patients with this protocol.*

11.093

CYTOLOGIC FOLLOW UP BY NEEDLE ASPIRATION IN PATIENTS WITH THYROID NODULES.

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Istituto Nazionale per la Ricerca sul Cancro V.le Benedetto XV n.10,Genova.
Cytologic test thin needle is, undoubtly, the most specific test for the thyroid diagnostics. Our studies have considered patients with thyroid nodules,that appeared cold with scintigraphy and solid or mixed with ultrasound, which underwent needle aspiration. A benign diagnosis was forecast in all cases.After one,two and five years we performed the cytologic test again. It was possible to confirm the same diagnosis in all patients,thus confirming the absolute reliability of this means. Our study thus confirms that fine needle aspiration demonstrates that the natural history of thyroid nodules undergoes no change even after five years if the original diagnosis is benign.

11.094

Correlation between the ER status and IGF-I-binding proteins secretion in human breast cancer cell lines.
S. Sforzini, F. Ravera and R.E. Favoni
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A family of IGF-I binding proteins (IGF-I-BP) of different molecular sizes has been found in human blood, extracellular fluids and breast cancer cells. IGF-I-BPs have been shown to be biological modulators, in both stimulatory and inhibitory ways, of the IGF-I action. With the purpose to explain the role of the IGF-BPs in the "IGF system" we have verified, in human breast cancer cell lines (HBCCL), if there is any relationship between the ER status and the expression of IGF-BPs. We tested, either by Western Ligand Blot or Western Blot, the conditioned medium of six ER+(MCF-7, MCF-7 CK, LCC1, MCF-7-ras, T47D and ZR75/1B) and six ER- (MDA-MB231, MDA-MB436, Hs578T, BT549, SK-BR3 and Evsa-T) HBCCLs. All examined cells expressed a 24 KDa BP except the ER-/AR+ Evsa-T. The IGF-BP1 (30 KDa) was detected in 4 out of 6 ER+ and 3 out of 6 of ER-. The IGF-BP2 (34 KDa) has been identified in every ER+ and in only 3 out of 6 ER-. The IGF-BP3 (41 KDa) was absent in all ER+ and present in only 2 ER- cell lines. The key finding of our study is the heterogeneity in the amount and size of the BP species produced by HBCCLs and the apparent independence from their ER status.

11.095

New approaches to the combined treatment of gastric cancer.I.B.Shchepotin,Kiev Oncologic Research Institute, the Ukraine, USSR.
Intraperitoneal chemotherapy with 5-fluorouracil and adriablastin with various modifyers (DMSO,thymic hormones,ceruloplasmin)was administered to 164 patients with $T_{3-4}N_{0-2}M_{0-1}$ following radical surgery.The treatment modalities did not entail organ and system toxicity.Immunodepression was not observed.Three-year survival in all groups revealed a significant increase in 28-32.4% vs surgery alone and 25-29.7% vs systemic postoperative fluorouracil.Sixty-five patients were given preoperative i.a.fluorouracil and adriablastin.Left gastric or right gastroepiploic arteries were catheterized depending on tumor site.Sixty-five percent achieved complete tumor regression, 18%-partial regression,while in 17%the effect was insignificant.Two-year survival was 95.45±4.34%,i.e.an improvement by 45.9% vs surgery alone and 44.5% vs preoperative systemic chemotherapy with 5-fluorouracil.

11.096

Relationship between the DNA ploidy patterns and prognosis in human osteosarcomas: T. Shikita, K. Kusuzaki, Y. Hirasawa and T. Ashihara*
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We attempted to clarify the relationship between the DNA ploidy patterns and survival or disease-free survival rate in 21 osteosarcomas, which had been treated with intensive pre- and post-operative chemotherapy in association with surgical wide resection of the tumor. The ploidy patterns of the biopsy tumor tissue were analysed by DNA cytofluorometry before tumor chemotherapy. All the studied osteosarcomas were classified roughly into two different ploidy groups, aneuploid (A) and non-aneuploid (NA), based on the ploidy pattern analysis. Eleven cases were in group A and 10 cases in group NA. The cumulative survival rate of the patients in group A was 90%, though that in group NA was 35%. For this analysis, there was a statistically significant difference by Z test ($p<0.05$) between both groups during the period up to 3 years after the operation with chemotherapy. In addition, the patients in group NA tended to have lung metastases earlier than those in group A, although there was no significant difference for this analysis between both groups. These results suggest that the aneuploid tumor cells may be more sensitive to chemotherapy than the diploid ones in human osteosarcomas.
We consider therefore that the ploidy patterns analyzed by cytofluorometry appear to be one of the important parameters to predict the prognosis.