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T4/T8 LYMPHOCYTE RATIO RELATED TO SMOKING HABITS IN PATIENTS WITH CANCER OF THE UTERINE CERVIX

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Cellular immunity plays an important role in the host response to cancer. Studies of the T4/T8 lymphocyte ratio in the peripheral blood of patients with cervical cancer have shown that this ratio was decreased or inverted in majority of cases. Concerning risk factors for the onset of cervical cancer it is supposed that smoking may play some role.

The aim of the study was to make the correlation between smoking habits and T4/T8 lymphocyte ratio in the peripheral blood of 40 patients with planocellular cervical carcinoma and 50 patients with normal cervical findings. Percentage of smokers did not differ between the investigated groups: 43,59% smokers in the group with cervical cancer and 44% smokers in the control group. The mean T4/T8 lymphocyte ratio was 1.35 in patients with cervical cancer which was significantly lower than in the control group (2.03). However, smokers of both groups had significantly lower T4/T8 lymphocyte ratio than nonsmokers (group with cancer 1.25 vs 1.46; control group 1.80 vs 2.27).

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CONCURRENT CHEMO-RADIOTHERAPY IN ADVANCED VULVAR CANCER.

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The volume of the neoplasia and regional node involvement are the most important prognostic factors for survival in vulvar carcinoma. Due to the extension of the disease an adequate radicality is not feasible by surgery only. Following the schedule proposed by Nigro (1973) for the treatment of carcinomas of the anal margin, since January 1990 a pilot study of concurrent radiotherapy and chemotherapy with 5-FU and mitomycine-C (FUMI-R) was started. The outline of treatment: 1st cycle 5 FU 750 mg/sqm/day i.v. day 1-5 and MITO-C 15 mg/sqm/day i.v. day 1, plus RT pelvis-groins day 1-21 (total dose 36 Gy). After 2-3 weeks: 2nd cycle similar to the previous one (RT dose 18 Gy), followed by radical surgery in eligible cases. 40 pts have been accrued (3 in FIGO st.II, 13 st.III, 13 st.IV and 11 relapses after surgery). The clinical response is evaluable for 32 pts: CR + PR=87% for T and 89% for N. 21/32 pts underwent radical surgery. Pathological RC was assessed in 10 pts for T (49%) and 6 pts for N (43%). After a median follow-up of 20 months (range 2-35) 1 of 8 pts with pathological CR (T and N) and 7 of 13 pts with pathological PR (T or N) had a local relapse. The study is still open to assess the effectiveness of the surgical treatment after neoadjuvant therapy.

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THE SIGNIFICANCE OF CA-125 AND ULTRASOUND EVALUATION IN PREOPERATIVE DIAGNOSIS OF BORDERLINE OVARIAN MALIGNANCY.

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The diagnosis of borderline ovarian tumors (BOT) is made by histopathology. Preoperative diagnosis can allow to plan proper surgical treatment and discuss with the patient the extent of the operation in terms of preservation fertility (25% of BOT occur in patients under 40). Recently CA-125 and Ultrasound (US) became helpful in estimating the nature of ovarian cysts (OC). In this retrospective study we assessed the preoperative levels of CA-125 and US examination data in women with OC. During the last 10 years 21 patients with BOT were treated: 12 pts (57%) had serous Tu, 5(24%) - mucinous, 3(14%) - endometrioid, and in 1(5%) both serous and mucinous coexisted. St I - 17(82%) pts, St II - 2(14%), St III - 1(5%). In 5(38%) pts out of 13 examined, the CA-125 was high: 2 pts with serous Tu, two others with endometrioid, and 1 mucinous. The last woman simultaneously suffered from endometrial Ca. No certain US pattern was characteristic to BOT. Our group of patients, though small, allowed us to conclude that CA-125 and US examination have no value in preoperative diagnosis of BOT. Further investigations are warranted.

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SURGERY FOLLOWED BY IRRADIATION IN ENDOMETRIAL CARCINOMA.

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From Jan.'85 to Dec.'90, 62 women with histologically proven endometrial adenoca, stage I (36 IA and 26 IB), were treated by total hysterectomy and bilateral salpingo oophorectomy followed by irradiation. Median age was 65 yrs (29-82); median Karnofsky score:90 (60-100); grade was: I in 8 pts, II in 40 pts and III in 14 pts. Depth of myometrial invasion was<1/3 in 10 pts, from 1/3 to 2/3 in 25, > 2/3 in 18, unknown in 9. 24 pts had lymph node dissection: all were negative. Pts were treated with a 16 MV Lin.Acc. to 50.4 Gy/28 fr. The overall 5-year survival is 85% (83% stage IA and 87% stage IB). 1 pt (1.5%) had local relapse, 1 (1.5%) had local + distant and 5 (8%) had distant relapse. The most significant prognostic factor was depth of myometrial invasion ($p = 0.05$). Acute toxicity was moderate and transient in 49 pts (77%) and did not correlate with the extent of surgery.