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A PRE-PERITONEAL CONTINENT ILEAL RESERVOIR WITH HYDRAULIC VALVE IN THE TREATMENT OF BLADDER CARCINOMA.

G. Ronzoni, M. Cagossi

Dept. of Urology, Catholic University, Rome - Italy

A continent ileal reservoir, using the terminal ileum in a pre-peritoneal position, had been used in 18 urologic patients after cystectomy. The ureters were implanted using the Le Duc-Camey technique; the Benckroun valve was used as a continence mechanism.

The post-operative neo-bladder capacity was 350±60 ml., which increased to 600±90 ml. after 1 year. There was no ureteric reflux or fistula formation during a follow-up ranged from 12 months to 4 years. No complication with the stoma occurred.

This technique of continent diversion is particularly recommended for patients who underwent cystectomy giving them a best quality of life.

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"MODIFIED M-VAC AS NEOADJUVANT CHEMOTHERAPY (CH) IN BLADDER CANCER"

DR. A.P. HUMIS, DR. M. LEVIN, DR. A.L. TUREK

JOHN F. KENNEDY UNIVERSITY/CENTRO ONCOLOGICO BUENOS AIRES.

BUENOS AIRES, ARGENTINA.

Between Sept. 1988 and Sept. 1990, 22 Pts. with proved diagnosis of stage III-IV transitional bladder carcinoma, grade II-III-IV, received CH with methotrexate 35mg/m² day 1-15-22; vindesine 3mg/m² day 1-15-22; adriamycin 60mg/m² day 2; and cisplatin 100mg/m² day 1, all drugs I.V. q 4 weeks, ambulatory. Pts. characteristics were: male/female 21/1, age 38-80 (median 59), performance status W.H.O. 0-1-2, staged with urinary cytology, cystoscopy, C.I. scans showing measurable bladder tumor. At least two cycles were given. Toxicity was mild and manageable with no deaths related; nausea/vomiting was the most important toxicity, in spite of using dexamethasone, metoclopramide and ciproprazine as antiemetic treatment. Results were: CR 11/22, 50%; PR 5/22, 22.7%; overall response 72.7%; stable progression 6/22, 27.2%; downstaging 3/22, 13.6%; relapse 2/22, 9%, with a median follow up of 12 months, to date, with a median follow up of 36 months all the responders still show no disease evidence, normal bladder function, without any surgical or radiotherapeutic treatment post CH, because responders pts. refused surgery after C.R. and sometimes urologist did it. So, we think that there is no only one conduct in advanced bladder cancer, and more randomized, investigational trials must give us information, because strategy and results are still controversial. In this stage we are continuing a similar schedule with lower doses of cisplatin.

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COMBINED CHEMO-RADIOTHERAPY IN THE TREATMENT OF INVASIVE BLADDER CANCER.

R. Rubinyo, D. Sapir, M. Steiner, A. Kuten, E. Robinson, A. Lurie, Northern Israel Oncology Center, Rambam Hospital, Dep. of Urology, Carmel Hospital, Haifa, Israel.

Since 1988, 56 pts. with invasive T.C.C. of the bladder were treated by 2 cycles of MCV chemotherapy followed by definitive radiotherapy. During radiotherapy 3 cycles of cis-platinum were given. 25 pts. had stage B disease, 20 had stage C and 11 stage D. NED status was achieved in 23/44 pts. (52%) after 2 cycles of chemotherapy and in 30/37 (81%) after completion of full-dose radiotherapy. Four additional pts. achieved NED status after radical cystectomy. With a median follow-up of 18 months, relapse of disease was diagnosed in 18/34 (53%) of NED pts. Median time to relapse was 8 months. 16/18 pts. relapsed in the bladder and only 2 had systemic spread without bladder recurrence. The 2-year actuarial survival of all pts. was 60% (Stage B 84%, Stage C 56% and Stage D 37%). Survival was 95% for pts. without residual disease after MCV therapy and only 28% for those with residual tumor (p<0.001). We conclude that MCV chemotherapy is effective in invasive bladder cancer, although relapse rate is high. The survival of pts. without evidence of disease at the end of chemotherapy is significantly superior to that of those with residual tumor.

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DNA CONTENT FLOW CYTOMETRIC ANALYSIS IN BLADDER CANCER.

M. Quigley, I.W. Hanham, D. Bottomley, H. Parmar, S. Ghazali, D. Powell, A. Rikabi.

Depts. of RT, Urology & Pathology Westminster, Queen Mary's Hospitals & JS Pathology Plc. London U.K.

With the advent of Flow Cytometry GU tract cancers can be further subdivided according to ploidy and the proportion of S phase cells. We prospectively did flow cytometric analysis on 50 pts. with histologically proven bladder cancers from Jan. 1992 from single voided urine specs. (32 pts.) and bladder washings in saline and fresh biopsies (18 pts.). The specimens consisted of 50mls. of urine or 50-200mls. of bladder washings in saline. The cell suspensions were analysed with the Becton Dickinson; FAC Scan TM Flow Cytometer using laser light at 488nm. There were 13 aneuploid tumours (1 grade I, 10 grade II and 2 grade III). 4.7% of the Ta group were aneuploid, 33% of the T1 group & 60% & 83% respectively of the T2 & T3 groups, were aneuploid. The mean S phase fractions were 8% for the Ta group, 11% for the T1 group & 30% for the T2 & T3 groups. Only 8 out of the 13 patients with aneuploid tumours had positive cytology. There was a trend towards a correlation of DNA ploidy with stage and grade & S phase but this needs to be verified in a larger number of patients using urine specimens, washings and bladder tumour biopsies in all patients.

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Complications with the use of totally implantable catheters in cancer patients followed in a department of Medical Oncology

P. Rossi, G. Passerai, R. Negri.

Dept. Medical Oncology USL 12, S. Chiara Hospital, Pisa.

From August 1990 to January 1993, 2490 patients (pts) with an histologically confirmed diagnosis of cancer have been followed at our department. A totally implantable catheter (Pharmacia Porth-a-cath) (PAC) was implanted in 200 pts (8%): 168 pts intravenous, 26 intrarterial, 3 intraperitoneal, 3 intravenous + intrarterial. One hundred sixteen were men, median age was 55 years (22-77). One hundred-sixty catheters were implanted to allow prolonged infusion chemotherapy with 5-Fluorouracil, Floxuridine, or Vinorelbine; while in 40 because of a difficult peripheral venous access. PAC have been utilized for a median of 132 days (0-630) and a median of 25 times (0-40). Major complications occurred in 4 pts (2%) and included: 2 catheter infection with phlebitis in 1 pt and sepsis in another, 1 Vinorelbine extravasation with consequent skin necrosis and ulceration and in 1 pt pneumothorax and dislocation of the catheter into the atrium. In 2 other pts we had a catheter obstruction and in 1 a dislocation of the reservoir.

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CAESIUM-137 IMPLANTATIONS IN SOLITARY BLADDER CANCER: THE ARNHEM EXPERIENCE

Between January 1983 and April 1991, 30 patients with a solitary bladder tumor were treated at the Arnhem Radiotherapeutisch Instituut by a combination of external beam irradiation and Caesium-137 interstitial radiotherapy.

The indications for bladder implantations were tumors ≤ 5 cm, T1 grade 3 (N=6), T2 (N=22) and T3a (N=2). An implant-dose of 55 Gy (range 50-65 Gy) was delivered with a mean dose-rate of 75 cGy/hr (range 30-100 cGy/hr) using 2 to 8 Caesium-137 needles. All patients received a pre-operative radiation dose of 10.5 Gy in 3 fractions or 14 Gy in 4 fractions.

Bladder recurrences were seen in 11 patients, of which only one was a true local recurrence and 10 were second bladder localisations. All recurrences developed within 2.5 years after treatment. Of these 11 patients 4 died; 3 of distant metastases and one of intercurrent disease. None of locally cured patients died of metastatic disease.

Acute complications were seen in 5 patients; 4 developed temporary urinary fistula and 1 had bladder bleeding. Late complications (asymptomatic stone formation) were seen in 2 patients.

Local control was 83% and 84% in the whole patient population, and 66% and 100% in the patients having a T1 tumor treated with radiotherapy only and radiotherapy followed by salvage surgery, respectively.

Using this treatment technique, a high cure rate with conservation of the bladder and only minor toxicity could be obtained in patients having a solitary bladder tumor smaller than 5 cm.

v.d. Steen-Banasik, E.M.¹, van Dijk-Miletz, A.¹, Heybroek, R.²¹ Arnhem Radiotherapeutisch Instituut, Arnhem, The Netherlands² Ziekenhuis Velp, Velp, The Netherlands