1166 PUBLICATION

PROSPECTIVE TRIAL OF CHEMOTHERAPY AND RADIOTHERAPY FOR INVASIVE BLADDER CARCINOMA: PRELIMINARY RESULTS

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Purpose: This study was designed to improve local control and survival rates and to evaluate the possibility and safety of conservative treatment in invasive bladder cancer.

Material and methods: Between June-89 and March-94, 30 patients with invasive bladder cancer T2–4 Nx Mo, were entered prospectively on a selective bladder-sparing protocol combining aggressive transurethral resection (TUR), CMV chemotherapy and radiotherapy (60 Gy). Radical cystectomy was recommended to patients with residual disease after TUR-CMV. Eight non responders patients who refused surgery were given 66 Gy radiotherapy.

Results: Among the 90 evaluable patients, 24 (80%) are alive and free of disease (median follow-up of 32 months) and 22 (74%) have functional bladders. Radical cystectomy was performed only in 3 patients. Of the 27 patients who completed full-course chemoradiotherapy, 22 (81.5%) are alive and free of disease at the present time (included 3 who developed ca *in situ* and were treated successfully with intra vesical therapy). Several prognosis factors, including tumor stage and response to TUR-CMV, were found to be significant predictors of overall survival and distant metastases rate.

Conclusions: These results confirm that TUR, CMV and radiotherapy may be effective to improve cure rate maintaining a functional bladder.

Other gynaecological tumours

1167 ORAL

DEFINITIVE RADIOTHERAPY FOR CARCINOMA OF THE VAGINA—A LONG-TERM FOLLOW-UP STUDY

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Between 1953 and 1991, 301 patients with carcinoma of the vagina—271 with squamous cell (SCC), and 30 with non-clear cell adenocarcinoma—received definitive radiotherapy (XRT). Stages according to the FIGO system were: 0 37 (12%); I 65 (22%); II 122 (40%); III 60 (20%); and, IV 17 (6%). Treatment varied according to stage, location and presence or absence of uterus. Although adenocarcinoma accounted for a small proportion of cases, it's outcome was significantly worse for all endpoints than for SCC and remained worse; the remaining abstract refers solely to SCC. The patterns of failure were as follows: local 69 (23%); pelvic nodal 21 (7%); inguinal nodal 12 (4%); distant metastatic 39 (13%); and, any relapse 106 (35%). All inguinal node failures occurred in patients with lesions of the lower vaginal third. The major independent determinants of metastases were FIGO stage, tumor bulk, and local recurrence. Treatment technique did not correlate with outcome. Survival at 5, 10 15, 20, and 25 years was 62%, 52%, 40%, 30%, and 24%, respectively. Significant treatment-related complications occurred in 42 women (14%).

1168 ORAL

ETOPOSIDE AND ACTINOMYCIN D (EA) FOR METHOTREXATE (MTX) RESISTANT, LOW RISK, PERSISTENT GESTATIONAL TROPHOBLASTIC DISEASE (GTD) AND EA WITH MTX (MEA) FOR HIGH RISK GTD

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Between 1986 and 1994, 174 patients were treated for persistent GTD. 146 received low dose MTX, of whom 113 were cured. 27/146 (18.5%) did not achieve normal HCG levels and received EA as salvage treatment (Etoposide 100 mg/m^2 and Actinomycin D 0.5 mg daily for 3 days, 7 day interval *et seq*), 26/27 (96.3%) were cured with thin regimen and 1 required subsequent MEA (see below) before being cured.

6/146 relapsed between 2 and 40 months after complete remission. 1 was cured with EA, 4 with MEA and 1 requires ongoing salvage therapy.

21 patients received primary MEA (MTX 100 mg/m^2 over 1 hour followed by 200 mg/m^2 over 12 hours, 7 day break then EA as above, 7 day break (*et seq*) for high risk disease, of whom 14 (66.7%) were cured. 3 were only cured after salvage treatment. 4 older patients with unusual histology died despite attempts at salvage.

Toxicity with both EA and MEA was expected. There were no treatment related deaths or second tumours. All patients developed total alopecia. Myclotoxicity was common though not usually significant.

It is concluded that EA and MEA are novel, safe and effective therapies for the treatment of MTX resistant low risk and high risk GTD respectively.

1169 ORAL

PLACENTAL SITE TROPHOBLASTIC TUMOURS AT CHARING CROSS 1975–1995

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Placental site trophoblastic tumour (PSTT), is a very rare variant of gestational trophoblastic disease characterized as a tumour of non-villous. cytotrophoblastic cells. It differs from choriocarcinoma (CC) histologically and immunocytochemically. Serum hCG levels are a less sensitive and specific tumour marker in PSTT than CC.

Over the last 20 years, 18 patients with PSTT have been treated at the Charing Cross Trophoblastic Disease Unit. Nine patients had metastatic disease at presentation (5 pulmonary, 3 pelvic & 1 extensive). The mean serum hCG at presentation was 1861 iu/l (range 33–20710). One patient with localised disease declined hysterectomy and achieved a spontaneous remission and is currently pregnant a second time after her PSTT. Two patients went into remission after hysterectomy alone, the remainder received combined surgery and chemotherapy (2 in an adjuvant context). Fourteen patients (78%) are alive in remission. The mean follow-up is 5.3 years, the median survival has not yet been reached but the 5 year survival is 75%.

An interval of more than 2 years between the antecedent pregnancy ($P = 0.0013$) and age over 30 years ($P = 0.032$) were independent adverse prognostic factors in multivariate analysis.

The behaviour of PSTT is unpredictable. There appears to be a lower propensity to metastasise and more chemoresistance than choriocarcinoma. The optimum approach for localised disease is surgical with or without chemotherapy. The management of metastatic disease remains unsatisfactory.

1170 ORAL

THE PROGNOSIS OF CERVICAL CANCER ASSOCIATED WITH PREGNANCY

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To evaluate the influence of pregnancy on the course and survival of cervical cancer (CC) we performed a matched cohort study. 44 patients with gestational CC and treated with standard oncological therapy were matched to 44 contemporary controls. Matching criteria were age, FIGO stage, tumor type, treatment modality. *Results:* In 23 cases CC was diagnosed during pregnancy, in 21 cases within 6 months after delivery. 39 patients had an early stage of CC (8 IA, 25 IB, 6 IIA) and 5 had an advanced stage (4 IIB, 1 IIIB). For early stages the 5 year survival rate was