1191 PUBLICATION

TREATMENT RESULTS IN CANCER OF THE VULVA—ANALYSIS OF 113 CASES

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Objectives: Vulvar cancer is uncommon, representing about 4% of malignancies of the female genital tract. This study was undertaken to examine the clinical management and outcome on the background of different prognostic factors.

Material & Method: 113 documented cases of vulvar cancer were treated between 1982–1989. The TNM classification was used: T1—30 Patients, T2—42, T3—37, T4—4 patients. The median age was 73 years. The treatment consisted surgery or surgery in combination with radiotherapy, or radiotherapy alone.

Results: The mean survival in T1-tumors (30 patients) was 26.4 months, in T2-tumors (42 patients) 20.4 months, and in T3-tumors (37 patients)—15 months.

Conclusions: The most important prognostic factors were lymph node involvement, stage, histologic type, lymphangiosis. Radiation therapy is likely to have an important role in the clinical management of patients with vulvar cancer.

1192 PUBLICATION

SERUM SOLUBLE INTERLEUKIN-2 RECEPTOR AND SOLUBLE CD8 LEVELS IN PATIENTS WITH GYNECOLOGICAL MALIGNANCIES UNDERGOING RADIOTHERAPY

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Immunosuppressive factors in serum have been implicated as one of the possible causes of depressed cellular immunity associated with cancer. Special interest has been recently payed to soluble forms of CD25 and sCD8. Thirty women with endometrial and cervix carcinoma were studied before and after radiotherapy. Absolute count of CD3, CD4, CD8, CD19, CD25 lymphocytes were normal before radiotherapy. The level of serum sCD25 and sCD8 evaluated using ELISA significantly increased before treatment normalized after radiotherapy. The values were corrected according to absolute lymphocyte count. Number of CD8+ cells and CD25+ cells did not decrease significantly after therapy suggesting that shedding/production of sCD25 and sCD8 takes place in the involved tissues. Evaluation of sCD25 and sCD8 is valuable test in the monitoring the clinical course of the disease.

1193 PUBLICATION

INITIAL *IN VITRO* EXPERIENCE WITH GEMCITABINE AND CARCINOMA OF THE UTERINE CERVIX

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An *in vitro* study of the effect of gemcitabine on primary human cultures of carcinoma of the cervix is being conducted. The cultures are grown from biopsies done on patients participating in a Gemcitabine in Cervix Carcinoma study. Gemcitabine is known to be active in the treatment of cervix carcinoma. The aim of the *in vitro* study is to correlate responses achieved in patients, to those responses achieved *in vitro*. Biopsies from patients were dissociated in 0.1% collagenase solution then exposed to 50 μm and 100 μm concentrations of gemcitabine in growth medium (Ham's F12) for 1 hour followed by a thorough rinsing. The 50 μm gemcitabine level was based on an approximate maximum plasma concentration reported in cancer patients who received 1500 mg/m^2. Cells seeded on 0.3% Bacto-agar containing Ham's F12 medium with 15% foetal calf serum. Cell colonies in all flasks were subsequently scored and compared with controls after 28 days in culture. Of the 36 patient biopsies processed 7/36 (19%) were unsuitable for culture and 6/36 (17%) were lost to sepsis or illustrated no growth, 23/36 (64%) cultures were successful and provided colonies of at least 30 cells. Of the latter, 6/23 (26%) experienced at 52% or greater growth suppression at 50 μm gemcitabine and 10/23 (43%) at 100 μm. At this time, it is too early to correlate the response rates *in vivo* and *in vitro* as all clinical data is not yet available for analysis. Both studies are ongoing.

1194 PUBLICATION

TREATMENT RESULTS IN RECURRENT CERVIX CANCER: THE VALUE OF RADIOTHERAPY

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Objectives: Recurrence of cervix cancer is a discouraging clinical entity. The present study demonstrates the clinical management and the resulting benefit for patients.

Design: 87 patients with cervix cancer recurrence were evaluated for stage, primary treatment, recurrence free interval *(RFI)*, localization of recurrence, second-line treatment strategies and survival.

Results: 80.5% of recurrences occurs in the 24 months after primary treatment. Survival after treatment *(RT)*: average 15.4 months. Local recurrence *(LR)*: T1-tumors 56.2%, T2—43.8%, T3—38.1%; metastasis *(M)*: T1—21.9%, T2—31.2%, T3—57.1%; combination of *LR & M*: T1—21.9%, T2—25%, T3—4.8%.

Conclusions: The results suggest the need for accurate aftercare and the efficiency of recurrence treatment in cervix carcinoma, especially in vaginal metastasis.

1195 PUBLICATION

CLINICAL STAGE IIB CARCINOMA OF THE UTERINE CERVIX TREATED WITH INTRACAVITARY RADIATION THERAPY AND RADICAL SURGERY

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Between 1977 and 1986 41 patients affected by cervical carcinoma, clinical stage IIB, underwent intracavitary radiation therapy followed by radical surgery within 4 to 6 weeks from the irradiation. Reassessment of pathology was carried out in all the operative specimens. Failures were classified as local, distant and local & distant. Disease free and overall survival have been calculated. Complications have been classified according to the Franco-Italian glossary.

Overall survival according to type of surgery (abdominal and vaginal hysterectomy 90% and 49% respectively, $P = 0.001$), nodal involvement (N× = 40%, N− = 95% and N+ = 71%, $P = 0.001$) and residual tumor in cervix ($\leq$50% = 77% and $\geq$50% = 78%) have been calculated. The results are discussed and compared to the data of the literature.

Ewing's sarcoma

1196 ORAL

CONSERVATIVE RESECTION WITHOUT RADIOTHERAPY FOR LOCAL CONTROL OF EWING'S SARCOMA

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Background: Adequate local control of Ewing's sarcoma can be achieved with radical surgery or conservative surgery and radiotherapy, the latter combination often used to improve functional outcome. Concern has been raised, however, regarding deleterious late effects of radiation in this young population. We report three cases that have been treated with limited resection alone for local control.

Methods: The patients presented with Ewing's sarcoma originating in the proximal humerus, proximal tibia and proximal femur. Ages were 16–30 years. Preoperative chemotherapy consisted of VAC alternating with VP-16/ifosfamide or VAC/dacarbazine for 2.5–10 months. Resection of the residual MRI abnormality with placement of an allograft (2