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A60-ELISA TEST IN DIAGNOSING OF LUNG TUMOURS.
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A60-ELISA test is a new valuable tool in diagnosis of pulmonary tuberculosis (PTB). The aim of the present study was to define if this test might be useful in differentiating PTB from lung cancer (LC). The levels of IgG antibodies against A60 antigen of *Mycobacterium bovis* BCG was measured by ELISA test with the use IMMUNO kit. 117 subjects were enrolled into the study: 58 healthy controls (Group I), 18 patients with defined diagnosis of LC (Group II), 15 with lung tumour, without histologic diagnosis (Group III) and 26 with nonmalignant and nontuberculous lung diseases (Group IV). By using 200 Uj/ml as a cut-off point, the test was positive in 2/58 subjects from Group I, 0/18 from Group II, 2/15 from Group III and 2/26 from Group IV. For both patients from Group III having a positive result of the test PTB was suspected, but to exclude LC thoracotomy was performed and the diagnosis of PTB was histologically confirmed. We conclude that A60-ELISA test might be useful tool in the differential diagnosis of LC.

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SURVIVAL AFTER SURGICAL TREATMENT OF BRAIN METASTASES FROM LUNG CANCER: 1984-1995.
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The authors analyzed the records of 62 NSCLC patients who underwent resection of brain metastases. The influence of 12 factors on survival was estimated. Statistically significant factors ($p < 0.05$) for long-term survival were separated in Cox regression analysis. The results of this series confirm that the overall prognosis of patients with even a single resectable brain metastasis is poor. Surgical therapy may prolong survival with acceptable quality of life under the circumstance of precise qualification for neurosurgical procedure.

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INTRAOPERATIVE IMPRINT CYTOLOGY IN THE DIAGNOSIS OF LUNG TUMOURS
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This study evaluated the usefulness of Intraoperative imprint cytology for establishing the nature of lung tumours otherwise undiagnosed. From 1994 to 1995, 185 patients (127 men, 58 women) treated with surgery for lung tumours, were examined by imprint cytology of the resected tumour tissue at the time of thoracotomy. Cytologic smears were fixed with the use of spray fixative, then sent immediately for hematoxylin-eosin staining and microscopic evaluation. The results were compared with the histological findings from paraffin sections of the surgical specimens.

Of the 185 patients, 88% were correctly diagnosed. There were 95 true positive results (51.3%), 68 true negative (36.8%), and 18 false negative (9.7%). Four results (2.2%) were false positive for malignancy on cytologic criteria. The sensitivity of the procedure was 84%, the specificity 94.4%, and the diagnostic accuracy 88.1%.

Although cytologically the distinction between different types of lung cancer was sometimes difficult, the authors conclude that intraoperative imprint cytology can be used as a quick, non-invasive and low cost method of diagnosis.

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EPIDEMIOLOGICAL ASPECTS OF LUNG CANCER IN GREECE.
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Lung cancer (LC) is the leading fatal neoplasm in Greece. In 1990 approximately 11000 cases of LC were diagnosed in our country and approximately 5000 people died of the cancer. We tried to estimate the epidemiological indices of this cancer analyzing the published data of National Statistical Service. Our findings reveal a 300% increase of LC cases in the last twenty years.

The male to female ratio was 9/1. Lung cancer has principally occurred between the ages of 50 and 79 years. The age of LC patients in 1990 was: A) 20-29 yrs=0.2%, B) 30-39 yrs=1.5%, C) 40-49 yrs=6.5%, D) 50-59 yrs=22.7%, E) 60-69 yrs=40.8%, G) 70-79 yrs=22.2%, G) 80 yrs=5.7%. The prevalence of LC in our country was estimated to be 158 patients per 100000 persons per year.