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POSTER

The effects of different treatment models on Turkish women with uterine sarcoma

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Purpose: This study was performed to identify the prognostic factors and to consider the effects of radiotherapy (RT), chemotherapy (CT) or RT+CT on local and systemic control in patients with uterine sarcoma after surgery.

Material & Method: From 1975 to 1994, 92 patients with uterine sarcoma were considered retrospectively. Six of these patients did not receive any RT or CT after surgery. 86 patients were treated with RT+CT (33 pts, 38%), RT (40 pts, 47%) or CT (13 pts, 15%). External beam pelvic RT (50 Gy/28f) were given to 79% of the patients and 19% of them were applied intracavitary brachytherapy in conditions of HDR Co-60. Nine-eleven cycles of CT consisted of cisplatin (50–100 mg/m²) or vincristin (2 mg), combined with doxorubicin (50 mg/m²), cyclophosphamide (400–600 mg/m²).

Results: Mean age was 49.5 years (range 14–72), 52% of the pts were under 50 years old. Their stages were 57% I, 13% II, 19% III and 11% IV. Histopathologically leiomyosarcoma, malign müllerian mixed tumor and endometrial stromal sarcoma were 56%, 28%, 13%, respectively. Three year survival was found to be 66% in stage I, 56% in stage II, 41% in stage III, 12% in stage IV. Five year survival was 70% in pts. less than 50 years old and 27% in pts more than 50 years old ($p < 0.01$). Survival differences according to histopathological diagnosis were not significant. Five year survivals in the CT, RT and CT+RT groups were 31%, 54% and 40%, respectively.

Conclusion: Age and stage were significant prognostic factors. In this retrospective analysis it could be suggested that adjuvant RT, CT or RT+CT did not show any survival differences between each other.

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Cancer incidence in postmenopausal uterine bleedings: Diagnostic value of ultrasound, hysteroscopy and fractional D&C

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Purpose: Uterine bleedings in postmenopausal patients (pts.) are suspicious of tumours of the reproductive tract. Aim of this study was to correlate the histological findings with those of ultrasound and hysteroscopy.

Methods: Between 1984 and 1996 988 postmenopausal pts. with uterine bleedings had been subjected to fractional D&C and since 1991 to additional hysteroscopy (n = 389).

Results: No pathological findings were seen in 399 (40%), corpus adenoids in 190 (19%), endometrial carcinomas in 135 (14%), no evaluable material in 91 (9%), cervical carcinoma in 55 (6%) and other findings in 118 (12%) pts. Pathological endometrium was described by ultrasound in 18% of pts. with no evaluable material, 32% of pts. without pathological findings and 68% of pts. with endometrial carcinomas. Since introduction of hysteroscopy the rate of repeated D&C decreased from 12% to 5% of all cases. On the other hand 3 of 61 endometrial carcinomas (FIGO stage Ia: n = 2; stage Ib: n = 1) were not detected hysteroscopically.

Conclusion: Independently of ultrasound finding every uterine bleeding in postmenopausal women is even these days an indication to fractional D&C in combination with hysteroscopy.

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Types of failures after concomitant radio-chemotherapy and "boost in field" with or without surgery for locally advanced cervix cancer

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Purpose: to assess therapeutic results and pattern of pelvic and distant failures in locally advanced cervical carcinoma treated by concomitant radio-chemotherapy with or without surgery.

Methods: During the period of January 1988 to December 1993, 195 patients with advanced stages of cervix carcinoma were treated in 2nd Radiotherapy Dept. of the Oncological Institute Cluj. The protocol has 2 arms: radiotherapy only vs radio-chemotherapy. The radiotherapy was given with a classical "box" technique with a "boost in field" through a pendular beam on cervico-vaginal axis (2 Gy/wk for a total 5 fr). Cisplatin (20 mg/mp

× 5 days, every 21 day) has been associated as radiosensitizer in the radio-chemotherapy arm. The patients were reevaluated at 44 Gy/whole pelvis+ 10 Gy/boost: those with a good local response were operated, while unresectable patients had further radio-chemotherapy.

Results: The pelvic failure rates by stage were: 18% for IIB, 28% for IIIA and 47% for IIIB. The incidence of distant metastasis was: 8% for st IIB, 6% for IIIA and 8% for IIIB. In both protocol arms the operated patients had better local control: 87% after radiotherapy and 95% after radio-chemotherapy. The distant failure rate was similar for both arms: 13% and 14%. In radio-chemotherapy arm the disease-free interval was prolonged to 55 months, in comparison with radiotherapy group: 20 months. The minimum follow-up was 3 years.

Conclusions: In locally advanced cervical cancer the association of surgery to radiotherapy or radio-chemotherapy significantly decreases the local failure rate, and concomitant radio-chemotherapy determines the prolongation of disease-free interval.

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Results of combined HDR-brachytherapy and external beam therapy in patients with high risk endometrial carcinoma

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In order to evaluate the efficacy of combined HDR- brachytherapy and external beam therapy in adjuvant treatment of patients with high risk endometrial carcinoma we performed a retrospective study on 334 patients who were treated between 1981 and 1991 at the University clinic in Vienna.

All patients were restaged according to the FIGO 1988 revisions for endometrial carcinoma. 197 patients had stage I disease, 84 had stage II and 53 had stage III. Age distribution ranged from 39 to 87 years (median 63 years). Surgery (in most cases abdominal hysterectomy and bilateral salpingo-oophorectomy) was followed by high dose rate intravaginal brachytherapy (2–3 × 7 Gy to 7.5 mm from the applicator surface) and external beam radiotherapy (45 Gy) of the pelvis. Actuarial overall survival of 334 patients was 82.6 at 5 years, the 5 year local recurrence rate was 5%. There was no significant influence of stage or histological grading on local failure rate.

Complications were graded according to the EORTC scoring system. Grade 2 complications were detected in 14%, severe complications in 3% of all patients. One patient died due to radiotherapy. In our experience adjuvant irradiation with HDR-Brachytherapy and external beam radiotherapy of patients with high risk endometrial carcinoma has proven to be an effective treatment decreasing local failure rate and increasing overall survival with an acceptable rate of late complications.

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POSTER

Treatment of resistant choriocarcinoma of the uterus

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Purpose: To improve outcomes of choriocarcinoma treatment a retrospective analysis of database and modification of treatment protocol were performed. Between 1980 and 1994 208 pts with histologically verified choriocarcinoma of the uterus were treated in this center. 46 (22%) of them proved to be resistant to standard chemotherapy (methotrexate, actinomycin D, daunomycin, vincristine). Of these 11 had stage I–II and 35 – stage III–IV disease (FIGO, 1992).

Methods: Among the patients of group I (stage I–II) second line chemotherapy with cis-platinum and etoposide combination has led to a cure in 10 patients, 1 patient was lost for follow-up. In the second group (stage III–IV) 8 patients died due to the progressive disease before second-line therapy could be initiated. Other 27 pts were treated with different combinations of cis-platinum, doxorubicin, 5-fluorouracil and etoposide. 18 of them (67%) were cured while 9 died due to the progressive disease.

Results: Because of these results we subsequently started to use more aggressive chemotherapy programs as first-line treatment (addition of cis-platinum to standard regimens) in high-risk patients – stage III–IV. Of 27 subsequently treated patients of these type cure was achieved in 23 (85%).

Conclusion: Combination of cis-platinum with standard chemotherapy regimens as a first-line treatment for stage III–IV choriocarcinoma allows to overcome tumor resistance and to increase survival in this subgroup of patients.