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## POSTER

**Adjuvant radiotherapy in patients with stages I and II of endometrial carcinoma. Results of 215 cases**

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**Purpose:** To evaluate the results of the adjuvant radiotherapy treatment in stages I-II (PTNM- UICC) of endometrial carcinoma, previously treated with total (abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO) or TAH-BSO and sample of pelvic nodes (TAH-BSO-SL).

**Methods:** From 1978 to 1995, 215 patients were diagnosed of endometrial carcinoma in stage I (160 patients) and in stage II (55 patients). The median age was 61 years old (range 31-84). The histology was in 199 patients of adenocarcinoma and in 16 patients of adenosquamous carcinoma. The histologic grade were: G1 = 89, G2 = 80, G3 = 26 and GX = 20. 168 patients were treated with TAH-BSO and 47 with TAH-BSO-SL and subsequently treated with external radiotherapy exclusively (18 patients), external radiotherapy and intracavitary insertion (180 patients) or intracavitary insertion exclusively (17 patients). The median follow-up was 63 months

**Results:** Disease free survival for all the patients (stage I and II) at 5-10 years was 92%-86% respectively with a confidence interval (CI) of 95%. For the stage I the disease free survival at 5-10 years was 94%-87% (CI of 95%), and for the stage II 84%-84% (CI of 95%). A multivariate analysis will be made.

**Conclusion:** Adjuvant radiotherapy provides and excellent local control and survival in patients with stages I and II of endometrial carcinoma.

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## PUBLICATION

**Intraarterial chemotherapy and transcatheter embolization (TE) in treatment of advanced uterine carcinomas (UC)**

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**Aim:** To evaluate efficacy of TE and intraarterial chemotherapy (IC) of patients (pts) with UC. **Methods:** Regional IC was performed in 58 pts with advanced UC. 37 out of them had no primary clinical curability to the end of combined radiotherapy and 21 pt had local recurrences of disease. For chemoinfusion cisplatin was administered (120 mg/sqm) into femoral artery. TE was performed in 38 pts with profuse bleeding from uterine tumors. Autoclots, Ivalon, Gelfoam were used for occlusion.

**Results:** Main direct effect of regional chemoinfusion was partial tumor regression (63% of pts) Common 2-year survival was 53%. Bleeding was controlled by embolization in all pts with UC.

**Conclusion:** Intraarterial chemotherapy and transcatheter embolization are useful methods of treatment of advanced uterine carcinomas and their recurrences.

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## PUBLICATION

**The relation between heat stable alkaline phosphatase isoenzyme activity and tumour regression in cervical carcinoma**

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**Aim and Purpose:** In this study, our aim was to investigate the prognostic effect of heat stable alkaline phosphatase isoenzyme (HSAP) activities in serum of 51 patients with cervical squamous cell carcinoma treated by combined radiotherapy and surgery or radiotherapy alone.

**Methods and Materials:** Serum activities of HSAP and alkaline phosphatase (AP) were measured before and at the end of radiotherapy, and three months after the completion of radiotherapy. The results were compared with those obtained from twenty healthy women within a comparable age group. The relation between the changes in the activity of HSAP and the changes in tumour volume was studied.

**Results:** There were significant differences ( $p = 0.007$ ) in AP activities between control group and cancer patients. However there were no significant differences in HSAP activities between control group and cancer patients.

It was found that there was a significant relation ( $p = 0.005$ ) between the variance in the HSAP activity and reduction of tumour volume.

**Conclusion:** HSAP activity reduced with tumor regression in our study.

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## PUBLICATION

**Therapy of cervical cancer and improvement of treatment results during the past 40 years at the gynaecological clinic of Pécs, Hungary**

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**Purpose:** Analysing of data of patients with cervical cancer at Gynaecological Clinic of Pécs in a 40 years' period.

**Patients and Treatment:** Between 1952-1992 the total number of patients was 5796. A total 186 Schauta and 178 Wertheim operations were done and patients could not be operated on received LDR brachytherapy and external beam irradiation.

**Results:** The treatment results could be evaluated in the cases of 3706 patients. The previous 5 years disease free survival (DFS) rate of 55% has risen to 61.7% by the end of the 1980's. Looking at the whole period 5 years DFS could be achieved in 58.6% of cases. The 5 years (DFS) rate was much worse in cases of adenocarcinomas and anaplastic tumours (49% and 38% respectively).

**Conclusion:** Treatment results could be further improved by the extension of the screening and by the widespread use of a HDR after loading apparatus and a high energy accelerator unit.

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## PUBLICATION

**Cervical tumors: Stages of the disease, level of differentiation, presence of HPV and loss of heterozygosity**

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**Purpose:** In total 86 patients with squamous cell carcinomas of cervix were divided in few groups according to the stage of the disease and level of differentiation.

**Methods:** DNA from tumor samples as well as from adjacent normal tissues were checked for the presence of human papilloma virus sequences (HPV) by type specific PCR and loss of heterozygosity (LOH) on both arms of chromosome 6 by microsatellite technique.

**Results:** HPV genome sequences were detected in 90% samples from tumors. The prevalent was HPV 16. HPV 18 were detected only in few cases, in adjacent normal tissue the finding of HPV sequences was lower. LOH was detected in 23% of total specimens in region 6 p 21.2. With 2 other primers (one on the same arm and the second on 6q) LOH positivity was less than 10%, and with 2 additional primers on both arms LOH was not detected.

**Conclusion:** Virus sequences were revealed at all stages of the disease and independent of tumor differentiation. Level of differentiation did not influence the frequency of LOH, but positivity in LOH finding was lower in tumors on early stages of the disease and increased on later stages (especially in patients with metastasis).

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## PUBLICATION

**Phase II study of carboplatin based chemotherapy in combination with medroxyprogesterone acetate (MPA) in advanced endometrial cancer**

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The purpose of the study was to evaluate the efficacy and toxicity of the combination of carboplatin 300 mg/m<sup>2</sup>, methotrexate 30 mg/m<sup>2</sup> and 5 FU 500 mg/m<sup>2</sup> given on D1, i.v., every 3 weeks, for 6 cycles, with MPA 300 mg daily, p.o.s, until progression. Eligible patients had expected survival  $\geq 3$  months, p.s  $\leq 1$  and measurable or evaluable disease. Tumor response was evaluated every 2 cycles. 22 pts entered the study. 21 were evaluable for response. Complete and partial responses were achieved in 2 (9%) and 16 (76%) pts, respectively, for an overall response rate of 85% (95% C.I.: 70%-99%). Both CRs were in the lung. The TTP was 11 m (7-42+ m). The OS was 21 m (2-72 m). The regimen was well tolerated. The most common side effects were Leukopenia G1-2 in 6, Anaemia G1 in 5,

Thrombocytopenia G1-2 in 4, mild nausea-vomiting in 12 and weight gain in 5 patients.

**Conclusion:** The combination of carboplatin, methotrexate, 5FU and MPA is highly active with acceptable toxicity in pts with advanced endometrial cancer.

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PUBLICATION

### Koilocytotic lesions and cervical cancer in Moldova: An morphoepidemiological study

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**Purpose:** Recent data suggest that there may be geographical or ethnic differences in the prevalence of genital HPV infection, HPV-related benign and neoplastic lesions. The medical assistance to patients with cancer is assured in Moldova by the Oncological Institute. In 1996 our institute receives from the whole republic 273 patients with invasive cervical carcinoma. Surprisingly, only 274 cases of koilocytosis present within exocervical epithelium were recorded in this year.

**Methods:** Biopsy specimens from 274 women with cervical abnormalities were examined in order to analyse the link between koilocytosis – the morphological evidence of HPV-infection, and cervical cancer precursors. Ultrastructural (TEM) examination of 42 different koilocytotic lesions was performed to determine virus particles and cellular alterations associated with koilocytosis.

**Results:** Koilocytes were found in biopsies from 182 women (median age, 33 years) with low-grade CIN, 64 patients (m. age, 39 years) with high-grade CIN and 28 patients (m. age, 46 years) with microinvasive carcinoma, in proximity to cancerous lesions. HPV-like particles (45–50 nm in diameter) were found in koilocytes in 6 out of 42 cases studied by TEM. No virus particles were observed in neoplastic cells.

**Conclusion:** It is likely that there is temporal and spatial relationship between koilocytotic lesions and cervical carcinomas. However, only a small percentage of carcinomas can be related to HPV infection by means of the routine histopathological methods.

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PUBLICATION

### Neoadjuvant chemotherapy followed by radical hysterectomy or radiotherapy for FIGO III and IV cervical cancer: A pilot study

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#### Objective:

- (1) Neoadjuvant chemotherapy – a possible alternative to primary conventional radiotherapy?
- (2) How does it improve overall-survival and quality of life?

**Patients and Methods:** Between February 1991 and February 1993 25 patients with locally advanced squamous cell carcinoma of the cervix (22 stage III B and 3 stage IV A) were enrolled in this pilot study. All of them were treated with Cisplatin 30 mg/m<sup>2</sup> and 5-Fluorouracil 1 g/m<sup>2</sup>, administered intravenously on three consecutive days. This regimen was repeated after four weeks. After the second course the response was evaluated. A third course was given to patients with partial or complete response followed by radical hysterectomy and pelvic lymphadenectomy. The other patients received radiotherapy.

**Results:** The chemotherapy regimen was well tolerated and followed by a 72% overall remission rate. All these 18 women underwent radical hysterectomy. Today after a median follow up of 57 month 10 (56%) of the patients with hysterectomy are alive and free of disease, 5 (28%) have died because of cancer and 2 (16%) are alive and, however, show recurrence. The 7 (28%) patients with disease progression under chemotherapy were treated with standard teletherapy and brachytherapy. 6 patients in this group died because of cancer, and one is still alive and free of disease.

**Conclusion:** The neoadjuvant chemotherapy followed by radical hysterectomy and pelvic lymphadenectomy in this pilot study seems to be an alternative method for treatment of advanced cervical cancer with excellent response rate and acceptable compliance.

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PUBLICATION

### Gynaecological cancer: Advantages and possibilities of intraarterial polychemotherapy

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**Purpose:** In gynaecological cancer patients the improving of the results of the treatment, the raising operability by using intraarterial polychemotherapy (IAPCT) was evaluated.

**Methods:** Superselective intraarterial polychemotherapy as a stage of the combined or complex treatment has been used in 152 patients with malignant tumors of female genitals: 15 patients with uterine corpus cancer (UCC), in 78 cervical cancer patients (CC), 41 – with trophoblastic tumors (TT), 18 – with disseminated ovarian cancer (DOC).

**Results:** One or two courses of superselective IAPCT each consisted of 3–4 seances of prolonged infusion of cytostatics (platinium, methotrexate, endoxan, bleomycin, 5-fluorouracil) have been used. To confirm the effectivity of IAPCT pathomorphosis of female genital tumors have been studied. The obtained morphometric results testify to the fact that in UCC patients necrosis of tumorous tissue took place in 46.5%, in CC – in 67.8%, in TT – 87.3%, in DOC – in 31.4%. Remission lasted for 12 months in 86.24 ± 5.26% patients with CC without regional metastases (N-0), 24 months – 80.49 ± 6.28%; 36 months – 75.12 ± 7.83%. In (N-1) – 84.22 ± 4.70%; 76.34 ± 5.14% and 70.18 ± 6.75%, respectively. Survival of cervical cancer patients was in N-0 and in N-1-12 months – 97.85 ± 2.13% and 96.8 ± 2.43%, respectively; 24 months – 94.69 ± 3.73% and 90.2 ± 4.87%, respectively.

**Conclusion:** IAPCT in complex therapy of malignant genital tumors gives an opportunity to raise operability of UCC and CC and in TT – in the majority of cases – to escape surgical intervention. Remission duration in DOC and the results of treatment did not differ from that in intravenous polychemotherapy. Preoperative IAPCT in patients with UCC and CC improves both immediate and remote results of the treatment, promotes extension of the operability of locally advanced forms of cervical cancer.

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PUBLICATION

### Tamoxifen and vaginal and cervical cytology and sonographical changes of endometrium

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**Purpose:** Tamoxifen is an essential part of adjuvant endocrine therapy of breast cancer. We examined the effect of tamoxifen on proliferation of vaginal epithelium and cervical glands.

**Methods:** Determining the changes of endometrium and uterus by ultrasound we tried to find correlations to cytological results. 90 patients with breast cancer coming in our oncological outpatient clinic were treated with tamoxifen. We determined the thickness of the endometrium by ultrasound and measured the uterus. At the same time we took a vaginal and cervical brush in order to find out the maturation index of vaginal epithelium and hyperplasia of endocervical cells.

**Results:** The maturation index of vaginal epithelium was in the range of 0.55–0.75. We found in 50% a sonographically suspect endometrium. In about 66% percent we found hyperplasia of endocervical cells.

**Conclusions:** Tamoxifen has a proliferative effect on vaginal epithelium and endocervical cells. Simultaneously sonographical changes of endometrium can be found.

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PUBLICATION

### Cervical cancer screening: Results of two years of a French pilot study in 3 districts of Lyon suburbs

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**Aims:** Increase attendance rate to a CCS, especially for high risk group, helped by intensive collaboration of local practitioners and social workers.

**Methodology:** Since november 1993, a cervical cancer screening program has been initiated in 3 districts of Lyon suburbs. A free cervical smear (CS) was proposed to 30.846 women, from 25 to 65 year-old, living in one of the three target districts. Women information was performed by sending a personalized letter and using local audio visual possibilities. During medical consultation, epidemiologic informations were collected for each woman,