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.

954 PUBLICATION

Koilocytotic lesions and cervical cancer in Moldova: An morphoepidemiological study

A.P. Cherny[1], T.N. Cherny[2], A.A. Cepoy[2]. [1]*Department of Histopathology;* [2]*Department of Gynaecology, Moldova Oncological Institute, Moldova*

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 recives 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 koilocitotic lesions and cervical carcinomas. However, only a small percentage of carcinomas can be related to HPV infection by means of the routine histopathological methods.

955 PUBLICATION

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

Sabine I. Schnohr. *Frauenklinik Erfurt, Germany*

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 enclosed in this pilot study. All of them were treated with Cisplatin 30 mg/m^2 and 5-Fluorouracil 1 g/m^2, 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.

956 PUBLICATION

Gynaecological cancer: Advantages and possibilities of intraarterial polychemotherapy

A. Vinnitskaya, L. Vorobyova, Yu. Dotsenko, G. Yevtushenko, O. Yugrinov. *Department of Oncogynaecology, Institute of Oncology and Radiology, Kiev, Ukraine*

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 (platidiam, methotrexate, endoxan, bleolem, 5-fluoracil) 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 extention of the operability of locally advanced forms of cervical cancer.

957 PUBLICATION

Tamoxifen and vaginal and cervical cytology and sonographical changes of endometrium

M. Friedrich, D. Mink, J. Schweizer, M. Stieber, M. Holländer, W. Schmidt. *Department of Obstetrics and Gynecology of the University of Saarland, Homburg/Saar, Germany*

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.

958 PUBLICATION

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

H. Mignotte, C. Lasset, D. Perol, B. Fontaniere, L. Nachury. *Department of Surgery, France*

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,