

about her previous gynaecological screening. During the two studied years, 3699 women were included, i.e. a crude participation rate of 12%, hardly increased for women over 60. A strong decrease of participation has been noted after the 6th month of the campaign. In this series, 60.5% of women had an insufficient screening, without relation on age. Only 1.8% of CS were uninterpretable and only 1.9% of them were pathologic.

Conclusion: Despite original information, low crude attendance rate was noted, but high rate of insufficient prevalent gynaecological follow-up may be underlined

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PUBLICATION

Concomitant radiochemotherapy with or without surgery in poor pronostic cervical cancer: A pilot study

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Purpose: To evaluate the role of concomitant radiochemotherapy (CRC) in the treatment of poor pronostic cervical cancer, we reported the results of 38 patients (pts) in term of locoregional control, toxicity and survival.

Methods: we have treated from february 1990 to october 1995, 38 pts using six courses of 5 FU (500 mg/m²/d) and cisplatin (20 mg/m²/d) in continuous infusion for 5 days, every 3 weeks. A split course radiotherapy (15 Gy in twice daily fractions of 1.5 Gy for 5 days) was delivered concomitantly with the first 4 chemotherapy cycles. A Wertheim procedure was made before CRC in the group A (12 pts), after 2 CRC cycles in group B (10/13 pts) and not in group C (13 pts).

Results: the median follow-up was 27 months. We have obtained in 25 evaluable patients 72% objective response (10 complete response and 8 partial response). In the group C, the CR was 61%. The hematological toxicity was acceptable (18% grade OMS III-IV). A neurotoxicity G II was occurred in 7 pts (18%) and renal toxicity G II in one pt. In the group A, 2 had a second surgery for bowel obstruction. A locoregional recurrence was observed in 18 pts (47%). The disease-free survival at 3 years was 62%. The actuarial overall survival at 3 years was 73% (75% group A, 100% group B and 44% group C with a median survival of 32 months). 8 pts died, 2 of local disease, 5 of local and métastatic disease and 1 of toxic complication.

Conclusion: this CRC with or without surgery obtains a good result in term of the locoregional control. The toxicity was acceptable excepted the neurotoxicity in group C. The disease-free survival and overall survival are satisfactory specially in group A and B.

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PUBLICATION

Plasma kallikrein-kinin system in patients with tumors of reproductive system operated and submitted to radiotherapy

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A complex evaluation of kallikrein-kinin system and selected parameters of proteolytic-antiproteolytic system in plasma 21 women operated on because of uterine or endometrial carcinoma and submitted to radiotherapy. Samples of blood were collected before and after irradiation.

The patients (in comparison to control) both before and after radiotherapy demonstrated an increase of prokallikrein concentration (biological and chromogenic method), a decrease of low molecular weight kininogen concentration and a decrease of kininase activity (biological method), an increase of antipapain activity dependent on kininogen (caseinolytic method), a decrease in fibrinogen concentration (tyrosin method), and an increase of protein as inhibitor antigens (immunodiffusion methods).

The irradiation induced a significant decrease in concentration of low molecular weight kininogen, protein fibrinogen and antigen C₁INH. Besides the increase of antigens AT III and α₂ M. a decreasing tendency in other parameters values were observed.

It may be concluded that in the investigated patients the components of plasma kininogenesis, including bradykinin, enhance antiproteolytic and antithrombotic barrier of plasma.

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PUBLICATION

A phase II trial of methotrexate, vinblastine, doxorubicin, and cisplatin (MVAC) in metastatic cancer of the uterine cervix

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Purpose: Patients with metastatic cancer of the uterine cervix have a limited survival. Thus, new chemotherapeutic agents and combinations are needed to improve patients outcome.

Methods: Twenty-seven patients with stage IV primary or recurrent cervical cancer were assigned to chemotherapy with MVAC consisting of methotrexate 30 mg/m² iv on days 1, 15 and 22, vinblastine 3 mg/m² iv on days 2, 15 and 22, doxorubicin 30 mg/m² iv on day 2, and cisplatin 70 mg/m² iv on day 2. Granulocyte colony-stimulating factor (G-CSF) was given subcutaneously on days 6 to 10 at a dose of 5 µg/kg. The treatment was given on an outpatient basis and courses were repeated every 4 weeks for a maximum of 6 cycles.

Results: After a median of four cycles, we observed objective responses in 14 patients (52%), including three complete responses (11%), and eleven partial responses (41%). Median overall survival was 11 months (range, 4 to 18+), and median progression-free survival of the responding patients was 8 months (range 6 to 18+). Grade 3 or 4 toxicities (WHO): neutropenia 45%, thrombocytopenia 19%, anemia 15%, Mucositis 22%. There were no treatment related deaths.

Conclusion: MVAC is an active regimen in patients with advanced or recurrent cervical cancer. It produces responses in one-half of them, and can be safely administered on an outpatient basis.

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PUBLICATION

Detection and typing of human papillomavirus type 6/11, 16 and 18 infection in squamous cell carcinoma of uterine cervix in Taiwan

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Purpose: Ample evidence has shown that HPVs are etiological agents of human cervical cancer. In this study, thirty biopsied specimens of invasive squamous cell carcinoma of the uterine cervix were examined for the presence of human papillomavirus (HPV) DNA.

Method: We used three types of HPV probes (HPV-6/11, 16 and 18) to detect the prevalence of HPV infections by less stringent dot blot hybridization. HPV DNA could be found in 25 (83%) of 30 cases. The typing of HPV was performed by both above methods under highly stringent conditions.

Results: There are 8 cases with HPV-16 infection, 2 cases with HPV-6/11 infection and one case contained HPV-6/11, 16 mixed infections. There was no HPV-18 infection in our studies.

Conclusion: Less stringent conditions allowed hybridization of weakly homologous regions and so permit detection of multiple HPV types with any one HPV probe. They are employed for screening specimens. Stringent conditions were employed for detection of specific HPV types.

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PUBLICATION

Therapeutic approach in stage III of cervix carcinoma

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Currently, radiotherapy (RT) associated with chemotherapy is considered to be the main therapeutic attitude and according to some authors the only one in stage III B of cervix carcinoma.

The aim of this study is to define the place of surgery in the therapeutic approach of stage III B cervix carcinoma.

This paper evaluates 5 years survival related to the treatment on 147 patients with stage III B cervix carcinoma treated between 1990-1991 in the Institute of Oncology Bucharest.

Treatment was initiated with RT (external irradiation delivering on average 50 Gy to the pelvis followed by intracavitary irradiation up to 30 Gy). Based on good response to RT, in 79 selected patients the treatment was followed by surgery with curative intention. Only in 49 cases radical colpohysterectomy with pelvic lymphadenectomy was possible.

Overall survival was 40.13% at 3 years and 30.61% at 5 years. 5 years survival relates to the therapeutic approach (36.71% for those patients