

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

operated and 23.53% for patients treated only by RT) and the extent of the surgery (51% in case of radical surgery and 13.33% for other operations).

This study concludes that curative surgery might be indicated in the treatment of same stage III B cervix carcinoma and evaluates the selection criteria for the cases that would benefit of this therapeutic approach.

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PUBLICATION

Do most of endometrial cancers arise from adenomatous hyperplasia?

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Purpose: It has been considered that the majority of endometrial cancer arises from endometrial hyperplasia. Endometrial cancers with maximum diameters of less than 10 mm ("small endometrial cancer") were studied to elucidate the histogenesis.

Methods: The entire endometrium of 57 surgically removed uterus with "small endometrial cancer" was examined in each case. The number of paraffin blocks from which step sections were taken ranged from 10 to 18 according to the size of the uterus.

Results: Associated diffuse adenomatous endometrial hyperplasia was noted in 16 cases (group A), and absent in 41 cases (group B). Of 16 cancers in group A 15 (93.8%) were grade 1 and one (6.2%) was grade 2-3. Of 41 cancers in group B, 27 (65.9%) were grade 1, and 14 (30.8%) were grade 2-3.

Conclusions: Two distinct mechanisms are probably responsible for onset of endometrial carcinoma: Endometrial carcinoma occurring in diffuse endometrial hyperplasia, and endometrial carcinoma occurring ab initio in normal endometrium (de novo carcinoma). Our study strongly suggests most of endometrial carcinomas occur ab initio.

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PUBLICATION

Uterine leiomyosarcomas conservative treated and following pregnancies

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Leiomyosarcoma is a malignant tumor showing smooth muscle differentiation. Leiomyosarcomas are rare tumors representing only about 25 percent of all uterine sarcomas and mixed malignant tumors and slightly over 1 percent of all corporeal malignant tumors. They usually arise in postmenopausal women and are not known to be related to the known risk factors for endometrial carcinoma (nulliparity, obesity, diabetes mellitus, hypertension, etc.) or carcinosarcoma (prior radiation therapy). They may occur in uteri that also bear typical benign leiomyomas, but leiomyosarcomas rarely can be proven to have arisen in or from benign leiomyomas. We report two premenopausal women with leiomyosarcomas – out of totally 31 cases in our clinic from 1975–1995 – who got pregnant after surgical treatment preserving the uterus. They are alive without evidence of disease 3 and 6 years after surgical resection.

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PUBLICATION

Radical chemoradiation in stage III–IV cervix cancer: Pilot study

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Purpose: Simultaneous chemotherapy (using radiopotentiating agents) and radical radiotherapy in locally advanced cervix cancer has been explored in an effort to identify clinical tolerance and treatment results.

Methods: 18 stage III and 4 stage IV consecutive patients were entered in the study. Age ranged from 35 to 72 years. 20 were squamous cell carcinoma and 2 adenocarcinoma. Uropathy was present in 9 (40%) patients. Radical radiotherapy consisted in 50 Gy external pelvic irradiation plus 20 Gy endocavitary brachytherapy. Chemotherapy included Carboplatin 50 mg/m² d 1 and 20 iv bolus plus 5-FU 1000 mg/m² iv ci days 1–4, 20–24. A third course of chemotherapy was administered during brachytherapy admission. Surgery was never performed.

Results: Tolerance to treatment was acceptable. Clinical response assessed in the second month of follow-up was: 82% CR, 8% NC, 9% progression. Median follow-up of the entire group is 14.5 months (ranging from 4 + to 34 + months). Patterns of tumor recurrence has detected 2 local and 2 distant failures. Overall actuarial survival is projected 72% at 3 years.

Conclusions: Radical chemoradiation is feasible and acceptably tolerated in locally advanced cervix cancer. Preliminary data on tumor response (82%), pelvic disease control (91%) and survival are encouraging.

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PUBLICATION

Pathological changes of the cervix resembling malignant lymphoma

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Lymphomas are malignant diseases arising from lymphoreticular cells. Besides lymph nodes where lymphoreticular cells are primarily located, these cells have the wide distribution through the body. Therefore lymphomas may arise in extranodal and extralymphatic tissues such as lung, gastrointestinal tract, bone, testes and brain. Cervical localization of malignant lymphoma is particularly unusual and only a few such cases have been previously described.

The paper presents the cases of two patients, 35 and 38 years old who were referred to the Institute with the diagnosis of malignant lymphoma confined to cervix. Careful review of the pathological slides as well as new biopsy specimen, revealed two highly different conditions: chronic cervicitis in one and the poorly differentiated squamous invasive carcinoma in the other patient.

These case-reports highlight the importance of careful approach in histopathology diagnostics of cervical lesions, because the wrong diagnosis can mislead to inappropriate treatment.

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PUBLICATION

Radiomodifiers in radiotherapy of uterine cancer

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Purpose: The problem of radioresistance overcoming in locally disseminated forms of uterine cancer is still actual. One of the ways for the improvement of therapeutic effect of radiation is use of polyradiomodifiers.

Methods: The paper offers the method of the combined radiotherapy of locally disseminated forms of uterine cancer with 5 fluoracyl and SHF hyperthermy as modifiers. From January 1994 to December 1996 52 uterine cancer patients have been treated at the Ukrainian Research Institute of Oncology and Radiology with this method. In all cases the diagnosis has been verified histologically. The age of the patients was between 34 and 65. During the first stage of therapy teloradiotherapy of small pelvis by counter fields with single dose of 2–2.5 Gy has been given. Each session of radiotherapy was preceded by infusion of 5-Fu and session of hyperthermy. During the second stage 15 patients have been operated in the volume of extended panhysterectomy in accordance to Vertgaim, 37 patients continued to receive the combined radiotherapy in accordance with usual method.

Results: After the 1st stage of therapy tumor regression was from 20% to 50%. Radiation reactions were enterocolitis, rectitis, but their number did not exceeded as in standard method. Histology of postoperative material of radiation pathomorphosis showed in 3 patients full regression of tumor, in 7 – essential part of tumor necrotized and the remained solitary tumor cells were at a stage of dystrophy.