

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/m<sup>2</sup> d 1 and 20 iv bolus plus 5-FU 1000 mg/m<sup>2</sup> 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 Vertgeim, 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.