

history of orchiopexy. Tumor markers were elevated in 23 pts (34%) after surgery. The histology was combined germ cell tumor in 51 (76%); 20 pts (30%) had seminomatous and 15 (22%) choriocarcinoma components. Of the 44 pts with normal markers after surgery, 21 with no adverse prognostic factors were followed closely on a surveillance protocol. The follow-up included markers every month, chest x-ray every two months and abdomen ct every four months during the first year; markers and chest x-ray every two months and abdomen ct every six months on the second year; markers and chest x-ray every 3 months and abdomen ct every six months on the third year; and six-monthly visits thereafter to complete 5 years. Only one of the pts on surveillance (5%) relapsed and was treated with CT. Of 23 pts who received adjuvant CT (etoposide/cisplatin or bleomycin/etoposide/cisplatin) 2 had relapse. One of them died due to noncompliance, the other died very shortly after early development of massive liver metastases. Of the pts who received CT for elevated markers after surgery, 2 relapsed in the retroperitoneum; both were successfully salvaged by CT +/- retroperitoneal surgery. With a median follow-up of 46 months, median overall survival was 42 months, and the 5 year cumulative survival was 97%. Because of the very few number of events in this good-prognosis group, no difference in survival was detected between the surveillance and adjuvant CT groups. The survival data show that the patient selection for, and the policy of surveillance was justifiable. Randomized trials are needed for prognostic factor analysis in stage I NSTC.

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PUBLICATION

Chromosomal aberrations in bilharzial bladder cancer using fish technique

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Cancer of the bladder is a frequent malignancy in Egypt and other developing countries in which bladder infection with the parasite *Schistosoma haematobium* is common. Several epidemiological, histopathological and clinical characteristics of cancer of the bilharzial bladder suggest that it is distinct from bladder cancer in other places in the world.

No numerical aberration of chromosomes that might be specific for bilharzial bladder carcinoma has so far been established. In this study, we used fluorescence in situ hybridization (FISH) with centromere-specific probes for chromosomes 1-12, 15-18, x and y to detect numerical aberrations of these chromosomes in frozen samples of 31 Egyptian patients affected with bilharzial carcinoma. The most common observed chromosomal imbalance was a loss of chromosome 9 (48.4%), with numerical aberration of chromosomes y and 17 being the second most frequent anomalies (22.2% and 19.4% respectively). The presence of such anomalies especially losses of chromosome 9 are associated with younger age group of patients as well as with lower grade tumor and negative pelvic node affection by the disease.

FISH analysis thus proved to be a useful method for detecting numerical aberrations of individual chromosomes, with application to touch print preparations of frozen - stored tissue having the advantage of exact sampling of cancer foci. This result also suggests that the mechanism of genetic progression of bladder cancer is independent of its etiology.

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PUBLICATION

Dose intensity (DI) and total dose (TD) of VAB-6 regimen for metastatic germ-cell tumours

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Purpose: We have analyzed DI and TD in VAB-6 regimen with respect to tumour response and survival.

Patients and Methods: The retrospective study was performed on 70 metastatic germ-cell tumour patients (pts). Pts were given up to six courses of modified VAB-6 as the primary regimen (vinblastin 10 mg, actinomycin D 2 mg, cyclophosphamide 1000 mg D1, bleomycin 10 mg D1-6, cisplatin 50 mg D 7-10).

Results: The complete remission was achieved in 51/71 pts (73%). The overall 5-year survival rate was 68%, and 10-year survival rate was 64%. The average relative dose intensity (ARDI) of planned regimen was 0.75 of standard one. ARDI of applied regimen was 0.90 of planned VAB-6 regimen. The mean value of relative DI (RDI) for cisplatin was 0.88. Average TD/TD of standard regimen ratio for cisplatin was 1.77.

Comparing groups of pts received RDI ≥ 0.8 and RDI < 0.8 (for each drug, and for the regimen as a whole), no significant differences were noticed in terms of efficacy and survival.

Conclusion: Two third of pts who are alive 10 years after treatment with greater total dose of cisplatin received permit speculation that TD of cisplatin might influence more the regimen efficacy than ARDI.

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PUBLICATION

Gemcitabine (G) and vinorelbine (V) in pretreated or elderly transitional cell carcinoma (TCC) patients (PTS): A phase II study

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The aim of the study was to verify tolerability and efficacy of G and V combination in TCC pts relapsed after platinum-containing regimens (5 pts) or not amenable to platinum because of age > 70 years or poor performance score (5 pts). Mean age was 68.5 (51-78). M/F ratio 2/10; sites of metastases were lung (3 pts), lung and nodes (2), liver and lung (2), pelvis nodes and bone (1); 1 pt had synchronous kidney and lung metastases, 1 pt had locally advanced TCC. 5/10 were platinum pretreated. Mean disease free interval was 8 months (5-45). G (1000 mg/mq/d) and V (25 mg/mw/d) were given on day 1 and 8, every three weeks; no elective g-csf was used. All pts are evaluable for toxicity and response. Fortythree cycles were administered, with a mean number of 4.3 cycle/pt. Grade III-IV toxicities occurred in 1 pt (G IV emesis plus G III neutropenia in a 73 year old woman at the 5th cycle, after cPR); other toxicities were G II emesis (5 cases), G I fever (3), AST/ALT elevation (2), cutaneous rash (1). Responses were complete in 2 pts (1 in lung and liver, 8 months duration; 1 in lung, 8+ months); partial in 5 (mean duration 6+ months); 2 stable disease, 1 progression (liver). This treatment seems feasible and active; further studies with larger number of patients are needed.

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PUBLICATION

Value of humoral immunity, angiogenesis and basement membrane changes in the prediction and prognosis of bladder carcinoma

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Purpose: The aim of this work was to assess the value of immunoglobulin secreting cells (mediators of humoral immunity), angiogenesis and basement membrane changes in the prediction and prognosis of neoplastic bladder lesions.

Methods: 23 specimens (sp.) of TCC stage pTa, pTis, pT1, 39 sp. of non malignant urothelial abnormalities with atypia either with mild, moderate (26 sp.) or severe (13 sp.) atypia and 7 normal control sp. were subjected to direct immunofluorescence technique using antihuman polyvalent Ig. Positive cells were scored/HPF. Also the sp. were processed for ultrastructural study.

Results: Although a significant increase in the number of Ig secreting cells was elicited in neoplastic and dysplastic bladder lesions versus the benign lesions with mild or moderate atypia ($P < 0.01$), yet no significant difference was detected between the different grades or stages of the studied TCC or between them and the severe dysplastic lesions. On the other hand, the appearance and the increase in the number of abnormally thickened and chained microvasculature just beneath the urothelial BM correlated with the severity of BM involvement in severe atypia and tumor lesions as detected by electron microscopy.

Conclusion: Apart from the detected prognostic value of ultrastructural changes seen in BM of tumor lesions, the appearance of abnormal microvasculature with the occurrence of small vacuoles or irregular thinning in the BM and increase in Ig secreting cells in severe dysplastic lesions may be a predictor factor for a malignant behaviour.

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PUBLICATION

Contribution to split-course method in radiotherapeutic treatment for bladder cancer

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Background: Bladder carcinoma is a rare carcinoma relatively, about 5% malign tumor in males and 3% in females. It has been most frequent in the seventh and eighth life decades. In the last decades an increased number