

treatment policies have changed considerably over the last years, in this retrospective study we analysed feasibility of radical radiotherapy and outcomes of patients treated in our institution between 1992 and 2000. Study group comprised 49 consecutive BC patients aged 43 to 80 years (median 71), including three cases with clinically involved pelvic lymph nodes. There were 45 urothelial, and four other types of cancer (grade 1- four, 2 - 21, 3-nine, and unknown -14 cases). Six patients were referred for radiotherapy after nonradical operation. Treatment was delivered with the use of ⁶⁰Co or LA five days a week, without planned interruptions. Thirty-two patients received elective irradiation of the pelvic lymph nodes to the dose 40 to 48Gy, followed by the boost to the bladder to the total dose 60 to 66Gy. Seventeen patients received total dose of 58 to 62Gy to the bladder and perivesical tissue. Fraction doses ranged from 1.8 to 2.0Gy. Treatment was prematurely stopped due to disease progression (PD), patient refusal, uraemia, in one case each, and intractable diarrhoea in six cases. After a median follow-up of 14 months (range 1 - 102) 23 patients died of PD. Median survival in the entire group is 159 months. Results of this study confirm relative efficacy of radiotherapy in BC. Further refinement of radiotherapy techniques is warranted to improve the outcome.

68.

ZASTOSOWANIE PAMIDRONIANU U CHORYCH Z PRZERZUTAMI RAKA DO KOŚCI

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Od października 1999 roku oprócz radioterapii zastosowaliśmy leczenie pamidronianem sodowym u 32 chorych z osteolitycznymi przerzutami raka do kości. Przyjęliśmy dawkę 90mg we wlewie dożylnym co 4 tygodnie, łącznie podano 166 kropliówek. Wiek chorych wahał się od 33 do 81 lat (mediana 62 lata). U 12 pacjentów rozpoznano raka gruczołu krokowego, u 6 - nerki, u 6 - sutka u kolejnych 6 - płuca, u 1 - ślinianki, a u dwóch nie znaleziono punktu wyjścia nowotworu (u jednego pacjenta rozpoznano dwa nowotwory - płuca

i gruczołu krokowego). Dwunastu pacjentom podano jeden lub dwa wlewy dożylne pamidronianu i w tej grupie aktualnie nie możemy oceniać wyników leczenia. Dwudziestu chorym podano większą ilość kropliówek (3 - 17). W tej grupie 13 nadal pozostaje w trakcie leczenia, z wycofaniem się bądź znacznym zmniejszeniem dolegliwości bólowych ocenianych według VAS (początkowo 4-8, aktualnie 0-3). Natomiast u 7 przerwano leczenie ze względu na progresję choroby i pogorszenie stanu ogólnego. U kilku chorych wykonane kontrolne zdjęcie radiologiczne kości wykazały częściowe uwapnienie przerzutu.

Obserwowaliśmy niewiele i słabo nasilonych objawów ubocznych leku (6 chorych - objawy grypopodobne, 2 - nudności).

Powyższa analiza zachęca do kontynuowania stosowania pamidronianu dwusodowego u chorych z przerzutami do kości w przebiegu raka o różnej lokalizacji.

69.

VARIANTS OF PREOPERATIVE THERMORADIOTHERAPY IN LOCALLY ADVANCED BREAST CANCER PATIENTS

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To improve treatment results of locally advanced breast cancer 60 patients with T3-4N1-2M0 TNM stage were undergone complex treatment at the Dept. of Radiotherapy of the CRC. The treatment complex included: radio- or thermoradiotherapy and polychemiohormone-therapy. All patients were subdivided into 3 groups. The first group of 20 patients received radiotherapy only, the second one (18 patients) - thermoradiotherapy, and the third group of 22 patients - thermoradiotherapy plus additional local irradiation of the primary and/or big lymphnode metastases. Radiotherapy was with 2 Gy fractions 5 times per week to the primary tumor and lymphcollectors. Total dose was 40-50 Gy. Results of the therapy were evaluated after 3-4 weeks and the patients were received a surgery. The second group of the patients received local hyperthermia after 2 weeks of conventional treatment. Primary tumor and big metastatic nodes were heated. Hyperthermia was performed 2 times per week, with duration of 60 minutes, 3 hours after irradiation. Temperature in tumor was 43-45C. In the third group of patients additional boost to tumor

and/or big metastatic nodes was performed with 2 Gy fractions. Total doses were the same as in first and second group, local tumor dose was 64-72 Gy. Complete or partial regression was more frequently registered in first and second group (39%, 62% respectively). In first group rate was 2%. Rate of postirradiation pathomorphosis of 3-4 grade was 35% in first group, 50% in second, 66% in third group. This data shows improvement of nearest treatment results.

70. MENINGIOMAS TREATED IN GREATPOLAND CANCER CENTER BETWEEN 1990-1997

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Introduction: We analyzed correlation between age of patient with anaplastic meningiomas, extension of tumor excision, histopathological recognition and time to recurrence and survival.

Material and methods: Between 1990-1997 7 patients with anaplastic meningioma, 3 patients with haemangiopericytoma, 2 patients with sarcoma meningeum (6 women and 6 men) have been irradiated. 7 patients underwent radical excision of the tumor, 5 patients non radical. The patients were irradiated from limited fields to total dose 56-60 Gy/T mostly by energy Co-60 (9 patients) and photons 9MV (3 patients).

Results: There are 6 patients with anaplastic meningioma still alive. 3 patients living 96-108 months, 3 other 30-39 months. Recurrence was confirmed in two male participants who underwent radical surgery in 12 and 29 month from the start of treatment. The first patient died after 16 months with recurrence of the disease. One patient (39 years old) with haemangiopericytoma lives 40 months after radical surgery without evidence of recurrence. Two patients died - one 11 months after radical surgery (41 years old) and the other one (42 years old) 21 months after non radical surgery. Both patients (24 and 59 years old) with sarcoma died (one after 8 months, and the other one after 21 months).

Conclusions: Patient with anaplastic meningiomas have long survival. The extension of tumor excision didn't influence on survival.

71.

THE RESULTS OF POSTOPERATIVE RADIOTHERAPY IN 63 PATIENTS WITH LOW-GRADE GLIOMAS TREATED IN GREATPOLAND CANCER CENTER

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Introduction: Low-grade gliomas represents 15% of all primary brain tumors.

Material and Method: Between 1990-97 63 patient with low-grade gliomas were treated in Greatpoland Cancer Center (39 males, 24 females; age between 20-60 year). 15 patients had undergone complete surgical excision, 48 partial or subtotal excision of tumor. The frontal lobe was affected in 33 patients, the temporal lobe in 14 patients. Patients received conventional irradiation of 60Gy.

Results: *Five patients with histologically verified pilocytic astrocytomas(I) were treated after partial excision, median of age 29.2year median survival 58 months(27-108) Only one patient died 27months after radiotherapy. *Thirteen patients with fibrillar astrocytomas(II)-11 post subtotal excision-median age 37.7year median survival 32.5months. Recurrent tumor in two patients. Five patients are alive. *Ten patients with protoplasmic astrocytoma(II)-7 post subtotal excision median of age 43.5year median survival 30.8months. Four patients alive. *Seven patients with gemistocytic astrocytomas(II) (6 post subtotal excision)-median age 36year, median survival 32months. Only one patient alive. *Eleven patients with oligoastrocytomas(II)-11 post subtotal excision, median age 38.6 year, median survival 43.9months. Two patients with recurrent tumor. Alive 8 patients. *Seventeen patients with oligodendrogliomas (11 post subtotal excision) median age 39 years, median survival 39months. One patient with recurrent tumor. Alive 8 patients.

Conclusions: *30 patients are alive(48%); *histopathologic diagnosis pilocytic astrocytomas associated with age 10 years younger than either low-grade gliomas and long-term survivors; *poor prognostic factor in gemistocytic astrocytomas-only one patient alive; *five patients with recurrent tumor among 17 to 49 months after radiotherapy.