

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.