

gęstości. Badanie z kontrastem wprowadzane jest do systemu jako badanie referencyjne. Wspólny układ współrzędnych dla obydwu badań jest definiowany poprzez wprowadzenie trzech par punktów na dwóch przekrojach z kontrastem i bez. Punkty muszą znajdować się w dwóch różnych warstwach poprzecznych. Obrys pęcherza moczowego wprowadzany jest przez radioterapeutę na obrazach z kontrastem i następnie automatycznie przenoszony na odpowiednie przekroje bez kontrastu. Dalszy proces planowania leczenia nie odbiega od przyjętych standardów.

Podsumowanie: Dotychczas planowano leczenie z wykorzystaniem nakładania obrazów z kontrastem i bez dla 22 pacjentów. Zaznaczenie pęcherza moczowego na obrazach z kontrastem bardzo ułatwia pracę i umożliwia dużo precyzyjniejszą lokalizację napromienianego narządu. Moduł do łączenia obrazów jest zaimplementowany we wszystkich systemach TMS zainstalowanych w polskich ośrodkach i może być wykorzystywany w celu poprawy jakości leczenia.

87.

HIGH DOSE RATE ENDOBRONCHIAL BRACHYTHERAPY IN THE MANAGEMENT OF ADVANCED BRONCHIAL CANCER - COMPARISON OF DIFFERENT DOSES

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Introduction: In palliative treatment of lung cancer one of most efficient methods in overcoming difficulties in breathing caused by endobronchial obstruction is brachytherapy. From regard on location of the change on some of the patients brachytherapy is a treatment from choice. Brachytherapy in single cases is performed as radical treatment, in most of cases due to advanced clinical stage has an palliative aim. Because of lack of clear consensus regarding value of doses used in brachytherapy there are different fraction doses used in clinical treatment. The work is about result (t of palliative treatment with high dose rate brachytherapy using different treatment schemas.

Material and methods: From May 1999 to February 2000 in Greatpoland Cancer Centre were treated 69 patients on bronchial cancer using high dose rate brachytherapy. They were disqualified from radical treatment due to advanced clinical stage. The age of the patients ranged from 39 to 76 years, average 53,2 years. 51 patients received total dose of 22,5 Gy in 3 fractions every week, 18 patients received one single fraction of 10 Gy. Patients were divided into two groups according to clinical stage and Karnofsky score for single fraction patients were qualified when Karnofsky score was smaller then 50. They have undertaken clinical and endobronchial observation with rating of local remission and retiring difficulties with breathing, cough and hemoptysis in thirist, third, sixth and twelve month of observation.

Results: After 4 weeks from the end of the treatment in 61/69 (88,4%) patients has been ascertained subjective improvement (retiring of all symptoms). In 12 cases was found out complete remission (CR), in 49 partial remission (PR) of tumour. During one year of observation 45 patients died, in 10/24 cases we observed still an improvement of dyspnoea, in 14/24 cases we observed recurrence and progression of disease. There was no statistical difference in survival between two groups of patients treated with different schema.

Conclusions:

1. Brachytherapy in advanced lung cancer was an efficient method that caused in many patients retiring of the symptoms and improvement of life quality.
2. Both treatment schema had similar efficiency in overcoming difficult breathing.
3. High local dose did not influenced the growth of the frequency of complications.

88.

COMPARISON RESULTS OF DIFFERENT STRATEGIES OF RADIOTHERAPY IN NASOPHARYNGEAL CARCINOMA

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Aim: Evaluation results of radiotherapy in nasopharyngeal carcinoma in years; 1980-1990 (before CT era) vs 1991-1995.