

**Material/methods:** One hundred eighty eight patients treated in our centre were included in this analysis. Two groups of patients were distinguished: I-st - 128 patients (treated between 1980-1990) and II-nd - 60 (treated between 1991-1995). The possibilities of diagnosis and radiotherapy techniques were different in both groups. In the II-nd group; the shrinking field technique, CT in diagnosis and target delineation and also higher total dose (mean 66 Gy) were applied.

**Results:** For all patients 5-years disease free-survival was 30%. During follow-up the first two years were crucial, because 80% of failures occurred. The causes of failures were as follow: the local recurrence (43%), metastases to lymph nodes (39%) and distant metastases (18%).

**Conclusions:** Introducing CT into diagnosis and target delineation, the shrinking field technique and higher total dose of irradiation caused in improvement of results of radiotherapy in nasopharyngeal carcinoma.

## 89.

### RESULTS OF THE BREAST CONSERVING THERAPY IN EARLY BREAST CANCER

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**Aim:** Evaluation outcome of treatment (surgery and radiotherapy) in early breast cancer.

**Material and methods:** We performed this analysis on sixty eight women with clinical and pathological diagnosis of the early breast cancer (tumour up to 3 cm and without metastases to the axillary lymph nodes) who were treated in our centre between 1993 and 1995. For all patients in the first phase of treatment the breast conserving surgery (quadrantectomy and axillary dissection) was performed. All patients received radiotherapy (Co60 or photons 6MeV) to total dose 50,4 Gy, daily fractionation 1,8 Gy prescribed to ICRU point. The electron boost to the tumour bed in some cases was applied. The acute and late morbidity were good, without any grade III (RTOG scale). The follow-up was in range 5 - years.

**Results:** 5 (7%) patients of 68 patients had local recurrence and in these cases total mastectomy was performed. 7 (10%) of 68 patients had distant metastases without loco-

regional recurrence and chemotherapy in these cases were introduced chemotherapy. Patients with the local recurrence only still alive, but 7 patients with distant metastases died. Conclusions: Crucial for the outcome of treatment early breast cancer is presence of micrometastases before or during local treatment. The results of combined local treatment were good and in case of local relapse the additional surgery give a chance for cure.

## 90.

### OCENA WIARYGODNOŚCI BIOPSJI WĘZŁA WARTOWNICZEGO (WW) W CZERNIAKU ZŁOŚLIWYM SKÓRY (I STOPIEŃ ZAAWANSOWANIA KLINICZNEGO)

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**Cel:** Potwierdzenie wiarygodności biopsji węzła wartowniczego (WW) w ocenie stanu regionalnych węzłów chłonnych w czerniaku skóry (CS).

**Materiał:** W okresie od 07.1998-12.2000 r. ogółem wykonano 99 biopsji węzła wartowniczego w czerniaku skóry.

**Czerniak skóry** - Biopsję węzła wartowniczego wykonano u 92 pacjentów w I stopniu zaawansowania klinicznego. Były to 53 kobiety i 39 mężczyzn (K:M 1,35:1), w wieku 22-85 (śr. 46,1). Lokalizacja zmiany pierwotnej: kończyna dolna 40 (43,5 %), tułów 37 (40,2 %), kończyna górna 15 (16,3 %). Stopień zaawansowania: wg Breslow'a 3,1 mm (0,3-17 mm), poziom naciekania wg Clark'a CII 3 (3,3 %), C III 56 (61 %), C IV 18 (19,6 %), C V 10 (10,9%), NSKL 5 (5,4 %).

**Metoda:** W przeddzień operacji podanie Technetu z koloidem ( Nannocol) śródskórnym po obu stronach blizny po biopsji lub guza, wykonanie limfocyntygrafii dynamicznej. Bezpośrednio przed operacją podanie śródskórne barwnika (Patent BlauV). Przy użyciu ręcznej sondy (Navigator) zlokalizowanie i usunięcie WW z minimalnego cięcia. Rutynowe badanie hist.-pat. + immunohistochemiczne. W przypadku stwierdzenia przerzutów odroczone klasyczna lymfadenektomia.