

**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 BIOPSIJ 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.

**Wyniki:** U 92 pacjentów stwierdzono 99 sphywów, identyfikacja WW w 94,9 % sphywów, w 17 przypadkach (18,5 %) stwierdzono przerzut w WW i wykonano limfadenektomię przy czym w 13 przypadkach (76,5 %) WW był jedynym zwierającym meta. Wyniki fałszywie ujemne- 1 przypadek (1,01 %).

**Wnioski:**

1. Biopsja WW jest metodą wiarygodną w ocenie stanu regionalnych węzłów chłonnych w CS.
2. Aż w 76,5 % przypadków stwierdzano przerzuty tylko w węzle wartowniczym co świadczy o wartości biologicznej tego badania w ocenie stopnia zaawansowania .

**91.**

**EARLY TOXICITY IN 3 D CRT OF LUNG CANCER**

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**Aim:** Evaluation the influence of irradiated volume of lung on pneumonitis in 3D radiotherapy.

**Material/methods and Results:** We evaluated 49 patients with diagnosis of non-small-cell lung cancer (NSCLC) who were treated in our department between 1999 and 2000. The mean age of patients was 62 years. The Karnofsky index was documented in all patients before, during and after completion of irradiation. All patients represented IIIA clinical stage of lung cancer. Fourteen patients were irradiated postoperatively due to the residual tumour or massive nodal involvement. Thirty five patients were treated with exclusive radiotherapy. No patients have been treated by chemotherapy. We performed 3D CRT with total dose in range 60 to 66Gy in daily fractions of 2 Gy prescribed to isocentric point. Clinical and radiological evaluation of pneumonitis was performed. 21 patients of 49 had radiation pneumonitis, but intensity of pneumonitis was moderate. For better estimation the toxicity the dose volume histograms (DVH) were used. The volume of irradiated lung was an important factor for pneumonitis progress.

**Conclusions:** Dose volume histograms (DVH) with clinical evaluation can predict pulmonary toxicity (pneumonitis) and could allow us to evaluate volume of irradiated lung with the highest acceptable dose.

**92.**

**MEDULLOBLASTOMA IN MATERIAL OF GREATPOLAND CANCER CENTER BETWEEN 1990 AND 1997**

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**Introduction:** Medulloblastoma represents 4% of all primary brain tumours.

**Material and method:** Between 1990-97 7 adults with medulloblastoma were irradiated (4 males, 3 females). It represented 1.7% of all primary brain tumours (we had 400 cases of them during this time). Patients were aged between 18-35 years (median 27.4 years). 5 patients had radical surgical tumour removal. 4 patients had tumour in cerebellar hemispheres and 3 in cerebellar vermis. 1 patient was irradiated with Co 60 beams (the whole neuraxis); the others had irradiation of the whole brain and boost in posterior fossa with X6MV up to 56Gy and spinal cord with 18-24MeV electrons. In the same time 11 children with medulloblastoma (8 boys, 3 girls) were irradiated. During this time we had 101 children with all primary brain tumours aged between 2-16 years (median 8.5 years). Two of them were older than 14 years.

**Results:** The longest survival (113 months) had patient aged 18 years after nonradical surgery, irradiation with Co-60 and chemotherapy. 2 patients survived 58 months, 3 patients 44 months, 1 patient 28 months. Among children 3 boys survived 79, 54 and 26 months respectively. Other children died 2-24 months after treatment.

**Conclusions:** • Medulloblastoma is rare brain tumour. • Radiotherapy improved survivals fundamentally. • Analysis of the survivals shows that follow-up should be continued at least 10 years after treatment. • Young age is poor prognostic factor - children died during first two years after treatment.