

Wyniki: U 92 pacjentów stwierdzono 99 spływów, identyfikacja **WW** w 94,9 % spływów, 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.