

DOSES IN CRITICAL ORGANS AS LIMITS OF THE TOTAL DOSE IN THE TREATMENT OF WOMEN WITH INOPERABLE ENDOMETRIAL CARCINOMA

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Surgery is the cornerstone of the treatments for endometrial carcinoma. However, about 20% of women must be treated with radiotherapy alone. They are patients in III FIGO stage and women in stage I and II with co-existing medical problems. The primary treatment of endometrial carcinoma is a combination of brachy- and teletherapy. During teletherapy the patients receive the total dose of 40-44 Gy to the treatment volume in pelvis with the use of the 4 beams-box technique. The second part of the treatment is intracavitary brachytherapy using two curved intrauterine applicators. The placing of the applicators in both corners of the uterus and individualized distribution of active sources in catheters make it possible to approximate the shape of isodoses to the size and shape of the uterus. On the basis of the AP and lateral radiographs with the

parameters of the uterus we are able to plan the treatment according to the ICRU 38. The 50-55 Gy dose is distributed in two series with weekly intervals. We do not have much influence on the doses in the limiting organs (rectum, bladder) achieved during teletherapy. Only the doses from brachytherapy can be modified during treatment planning.

Doses in critical organs are limiting factors for the administered total dose from brachy and teletherapy. Using the Target 2 Plus system enables to obtain combined isodoses from two parts of the treatment. This approach makes it possible to determine the dose in the points in the limiting organs. The doses at points of maximum exposure, as well as the modification of that dose allow us to avoid the possible complications.

LIFE QUALITY OF THE ADVANCED EAR CANCER PATIENT TREATED WITH COMBINED RADIOTHERAPY AND CHEMOTHERAPY

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A 43 years old woman was admitted to our hospital in July 1996 with large, ulcerated infiltration of the external, middle and internal ear. A cortical bone of the temporal pyramid was involved and destroyed from the inside of the skull.

Cancer of the ear was preceded by a discoid lupus erythematoses lesion. Histopathological examination confirmed the diagnosis - keratinized squamous cell cancer.

The patient was treated with radiation therapy (3 Gy per day, Co-60, isocentre technique, total dose of 54 Gy was delivered with two-week rest) and chemotherapy (MTX and BLEO once a week) concurrently.

The follow up in January 1997 with CT examination revealed a small lesion in the external auditory meatus. The patient was proposed a wide surgical excision of the recurrence. She denied surgery and was irradiated using small fields, 2 Gy per fraction to the total dose of 14 Gy.

Presently, the patient is living without pain. There is small pus discharge from the external auditory meatus. The lupus lesions in the irradiated volume are healed.

In conclusion, the palliative radiotherapy was a reasonable alternative to the extensive surgical excision.