1231 POSTER

Intravenous (IV) nedaplatin and intra-arterial (IA) cisplatin with transcatheter arterial embolization (TAE) for patients with locally advanced uterine cervical cancer

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Purpose: Nedaplatin is a platinum analogue with less renal toxicity and higher efficacy for cervical cancer than cisplatin. And IA cisplatin is more effective than IV cisplatin. In order to improve the prognosis of uterine cervical cancer, we studied combination chemotherapy of IV nedaplatin and IA cisplatin with TAE.

Method: Inclusion criteria were as follows: stages IB2-IV, 16-75 years of age, PS between 0 and 2, a Ccr > 40 ml/min, adequate bone marrow, adequate renal and hepatic function. Nedaplatin (30-70mg/m2) was administered intravenously on day 1, and cisplatin (70mg/m2) was administered IA via both uterine arteries on day 3 using the Seldinger method. This was then followed by TAE. This course of treatment was repeated every 3 weeks for 2 - 3 cycles. Written informed consent was obtained from all patients.

Results: A total of 32 patients were treated; age 29-72 (median: 55), stage 1B2: 7, 2: 11, 3: 8, 4A: 6 pts, SCC: 27, adeno and adeno-sq.: 5 pts.. The response to therapy was defined by MRI as follows: PR in 59% (19/32) and CR in 34% (11/32) of patients, and an overall response rate of 94% (30/32). Myelosuppression was manageable. Grade 2 neuro-toxicity was not observed in any patient. Median follow up period was 32 months (6-53), and overall survival of 1 year: 84%, and 2 year: 77%.

Conclusion: The combination chemotherapy of this regimen showed high response rate, but its influence on long term survival remains to be determined.

1232 POSTER

Complications of primary external radiation therapy followed by radical hysterectomy for bulky stage IB and II cervical cancer

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Purpose: Recent randomized published studies have demonstrated that concomitant chemotherapy and radiotherapy should be the gold standard for treatment of patients with bulky cervical cancer. The role of surgery following such treatment is questioned. The aim of this study was to evaluate complications of primary external pelvic radiotherapy (+/– chemotherapy) followed by radical hysterectomy as treatment for patients with bulky stage Ib and II tumor in order to precise the place and the type of radical surgery in these cases.

Materials: From 1985 to 1998, 233 patients with cervical cancer > 4 cm (stage Ib: n = 67 patients); stage II: n = 166 patients), were treated in two French anti-cancer Center (Institut Gustave Roussy and Centre Jean-Perrin), by primary external radiation therapy (20-35 Gy) +/– utero-vaginal brachytherapy followed by radical hysterectomy (type II: n = 30 or III: n = 203) with pelvic +/– para-aortic lymphadenectomy (in 155 patients).

Results: Ninety major complications were observed in 83 patients (35.6%). The most frequent complications were: lymphocysts (n = 33; 14.1%), urinary fistula (n = 16: 6.8%) and ureteral stenosis (n = 11: 4.7%). The rates and types of complications were not statistically different according to the center of treatment.

Conclusions: According to the high rate of complications observed in this series, place and interest of systematic radical surgery after external radiation therapy (+/– chemotherapy) for patients with bulky stage IB/II cervical cancer should be evaluated in prospective studies.

1233 POSTER

Results of a french survey assessing the role of post-operative high-dose-rate (HDR) brachytherapy (BT) in patients (PTS) with endometrial carcinoma (EC)

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Purpose: To analyze exclusive post-operative HDR BT in terms of technique, indications and results in EC in French centers.

Methods: A questionnaire was sent to the cancer centers, hospitals and private practice with HDR facilities in order to register all the cases of post-operative HDR in EC since their setting. Patient characteristics, BT indications, technical aspects, doses and results were registered.

Results: 655 pts were registered among 13 centers: 10 cancer centers, 2 private practices and 1 university hospital. The mean age was 64.5 years (+/–20.6). Surgery consisted of total hysterectomy in 99.5%, bilateral annexectomy in 93.6%, pelvic node dissection in 69.5%, and para-aortic node dissection in 2%. Stage distribution was IA in 11.3%, IB in 64.3%, IC in 16.2% and IIA in 5.5%, Post-operative BT was delivered with a median dose of 6 Gy per session (1 Gy–7 Gy) in a median number of 4 sessions (1–6). A cylindrical applicator (Nucletron) was used in 64%, while other types of applicators were used in 17% end mould applicator in 16%. The length of treated vagina was upper 1/3 in 16.6%, upper 1/2 in 57%, upper 2/3 in 1.8% and total vagina in 24.4%. Differences were observed according to centers. The dose was prescribed at 0.5 cm from the vaginal surface in 98.2%. With a median follow-up of 33 months, 37 carcinologic events occurred in 27 pts: metastasis: 10, centre-pelvic recurrence: 8, vaginal recurrence: 8, latero-pelvic recur: 4, para-aortic node: 2, unknown: 5. NED survival was 95% at three-years.

A total of 146 complications were registered. Distribution of complication site was: pelvic: 2, rectal: 4, intestinal: 6, bladder: 20 and vaginal: 114. 61% were grade 1, 31% grade 2 and 4 grade 3: 1 urinary and 3 vaginal. Differences were observed according to centers.

Conclusion: Exclusive HDR postoperative BT in 655 pts with limited stage EC evidenced a good local control with n low incidence of complications. Results were similar to those observed with low-dose-rate BT. Differences were observed between centers in terms of technique, treated volume, dose and complication assessment. As large treated volumes were not associated with better prevention of vaginal recurrences, a prophylactic treatment of the upper third of the vagina is recommended.

1234 POSTER

External radiotherapy and high dose rate brachytherapy concomitant to cisplatinum in cervical cancer - preliminary results - phase II study

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Objective: To study feasibility and acute toxicity of cisplatinum (CDDP) chemotherapy concomitant with external beam radiotherapy (RT) and high dose rate brachytherapy (HDR) in patients with cervical cancer.

Material and Methods: From Oct/99 to Sep/00, 22 patients with histological diagnosis of cervical carcinoma were submitted to a therapeutic protocol of radio-chemotherapy as follow: RT (45Gy - 25 fractions) + HDR (6Gy - four insertions - point A - weekly) + complementary boost to involved parametrium (9Gy -5 fractions) and chemotherapy (CDDP 40mg/m2 - weekly) concomitant - d1, d8, d15, d22, d30. Surgery: Total hysterectomy with salpingo-ooforectomy and pelvic lymphadenectomy (Piver II) for patients with surgical conditions after 2 HDR insertions (in this case, the treatment was interrupted after 45 Gy pelvic dose).Twenty two patients were admitted, with a median age of 45 years. The FIGO distribution was: Ib2 (1), IIa (3), IIb (6), IIIb (11) and IVa (1).

Results: Two patients did not complete the protocol program by nefrotoxicity. The median number of chemotherapy cycles was 4. The acute reactions observed were: fever (1 patient), diarrhea (1) and neutropenia (2). Thirteen patients received surgery and seven, definitive radiotherapy. Patients who underwent surgery, 5/12 (41,6%) did not present residual tumor on pathological specimen. In one patient the hysterectomy was not possible by adherences. Post-surgical complications occurred in six patients: abnormal bleeding (1), vaginal fistula (1), ureteral obstruction (2), cistitis and rectitis (2). Of patients treated by radical radiotherapy, two presented ureteral obstruction and one, a severe enteritis, requiring surgical repair.