

gęstości. Badanie z kontrastem wprowadzane jest do systemu jako badanie referencyjne. Wspólny układ współrzędnych dla obydwu badań jest definiowany poprzez wprowadzenie trzech par punktów na dwóch przekrojach z kontrastem i bez. Punkty muszą znajdować się w dwóch różnych warstwach poprzecznych. Obrys pęcherza moczowego wprowadzany jest przez radioterapeutę na obrazach z kontrastem i następnie automatycznie przenoszony na odpowiednie przekroje bez kontrastu. Dalszy proces planowania leczenia nie odbiega od przyjętych standardów.

Podsumowanie: Dotychczas planowano leczenie z wykorzystaniem nakładania obrazów z kontrastem i bez dla 22 pacjentów. Zaznaczenie pęcherza moczowego na obrazach z kontrastem bardzo ułatwia pracę i umożliwia dużo precyzyjniejszą lokalizację napromienianego narządu. Moduł do łączenia obrazów jest zaimplementowany we wszystkich systemach TMS zainstalowanych w polskich ośrodkach i może być wykorzystywany w celu poprawy jakości leczenia.

87.

HIGH DOSE RATE ENDOBRONCHIAL BRACHYTHERAPY IN THE MANAGEMENT OF ADVANCED BRONCHIAL CANCER - COMPARISON OF DIFFERENT DOSES

J. Skowronek, K. Adamska,
#G. Zwierzchowski, *S. Cofta, *K. Świerkocki,
*T. Piorunek, *W. Młynarczyk

I Department of Radiotherapy, # Department of Physics, Greatpoland Cancer Center, Garbary str.15, Poznań, *Pneumonology Clinic, University of Medical Sciences, Poznań

Introduction: In palliative treatment of lung cancer one of most efficient methods in overcoming difficulties in breathing caused by endobronchial obstruction is brachytherapy. From regard on location of the change on some of the patients brachytherapy is a treatment from choice. Brachytherapy in single cases is performed as radical treatment, in most of cases due to advanced clinical stage has an palliative aim. Because of lack of clear consensus regarding value of doses used in brachytherapy there are different fraction doses used in clinical treatment. The work is about result (t of palliative treatment with high dose rate brachytherapy using different treatment schemas.

Material and methods: From May 1999 to February 2000 in Greatpoland Cancer Centre were treated 69 patients on bronchial cancer using high dose rate brachytherapy. They were disqualified from radical treatment due to advanced clinical stage. The age of the patients ranged from 39 to 76 years, average 53,2 years. 51 patients received total dose of 22,5 Gy in 3 fractions every week, 18 patients received one single fraction of 10 Gy. Patients were divided into two groups according to clinical stage and Karnofsky score for single fraction patients were qualified when Karnofsky score was smaller then 50. They have undertaken clinical and endobronchial observation with rating of local remission and retiring difficulties with breathing, cough and hemoptysis in thirist, third, sixth and twelve month of observation.

Results: After 4 weeks from the end of the treatment in 61/69 (88,4%) patients has been ascertained subjective improvement (retiring of all symptoms). In 12 cases was found out complete remission (CR), in 49 partial remission (PR) of tumour. During one year of observation 45 patients died, in 10/24 cases we observed still an improvement of dyspnoea, in 14/24 cases we observed recurrence and progression of disease. There was no statistical difference in survival between two groups of patients treated with different schema.

Conclusions:

1. Brachytherapy in advanced lung cancer was an efficient method that caused in many patients retiring of the symptoms and improvement of life quality.
2. Both treatment schema had similar efficiency in overcoming difficult breathing.
3. High local dose did not influenced the growth of the frequency of complications.

88.

COMPARISON RESULTS OF DIFFERENT STRATEGIES OF RADIOTHERAPY IN NASOPHARYNGEAL CARCINOMA

D. Fundowicz, A. Kruk-Zagajewska,
E. Adamiak, M. Matecka-Nowak, P. Milecki,
G. Stryczyńska

Radiotherapy Department, Medical University, Poznań

Aim: Evaluation results of radiotherapy in nasopharyngeal carcinoma in years; 1980-1990 (before CT era) vs 1991-1995.

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

E. Adamiak, D. Fundowicz,
M. Matecka-Nowak, P. Milecki,
G. Stryczyńska

Greatpoland Cancer Centre, Poznań

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)

P. Murawa, A. Gracz, M. Mańczak,
W. Nowakowski, J. Wasiewicz, J. Malicki

I Oddział Chirurgii Onkologicznej Wielkopolskiego Centrum Onkologii w Poznaniu.
* Zakład Fizyki Wielkopolskiego Centrum Onkologii w Poznaniu

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.