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37 Advantage of intra-arterial CDDP infusion with venous hemodialysis as regards perfused tissue concentration. <u>T.Kurose, T.Igarashi, K.Fujita, T.Sasaki, A.Shiota, M.Hirokawa, M.Ohno, H.Tamotsu</u>, Dept.of Perinato-Gynecology, Kagawa Medical School, Kagawa.

This time we investigated tissue concentration after CDDP TAI into patients and rabbits, and then evaluated advantage of CDDP TAI with hemodialysis(HD). Nine patients with gynecologic malignancies received 100 to 300 mg/body of cisplatin over 30 to 90 min into the internal iliac artery while inferior vena cava drainage was pumped extracorporeally through a dialyzer. There was no serious side effects even 300 mg/body of CDDP. 4 out of 9 patients had been cured without recurrence. One patient with cervical carcinoma was received twice of 250mg CDDP TAI therapy, then she had an operation. Tissue concentration of uterine cervix was 66.2 mcg/g,which was about twice as much as that of a patient under twice 100mg TAI therapy without HD. While rabbits were received 2mg/kg of CDDP into abdominal artery. Tissue concentrations of uterus at just end of infusion and 60min after infusion were measured. Mean values were 4.40 mcg/g and 4.47 mcg/g respectively. Systemic circulation has little connection with tissue CDDP concentration of intra-arterial perfusion area.

A study on the optimal placement of the catheter and the effects of angiotensin II during arterial infusion in treating gynecological malignant tumors—A nuclear medicine evaluation of intra-tumor blood flow using 81<sup>m</sup>Kr—H.Utsuno, M.Machida, T.Iwasa, M.Nakajou, K.Ishikawa, T.Kubota, H.Takeuchi, Y.Sumi\*, Dept. Obst. and Gynec., Juntendo Univ. Sch. Med., \*Dept. of Radiology, Juntendo Univ. Sch. Med., Tokyo.

Arterial infusion is often performed in treating gynecological malignant tumors, and in this paper we conducted a basic study. The method used was to determine blood flow using the radio-isotope 81 MKr (6 ml/min). The subjects of this study were 14 patients with gynecological intrapelvic malignant tumors. First of all, the tip of the arterial infusion catheter was emplaced in the uterine artery, and blood flow was determined. Next, the tip of the catheter was emplaced in the internal iliac artery, and blood flow was determined. Finally, while the tip of the catheter remained in place in the internal iliac artery, angiotensin II was intra-arterially administered and the blood flow was determined. These treatments were performed on all 14 subjects. Blood flow reached its maximum when the tip of the catheter was emplaced in the uterine artery; the blood flow was 3.13 times that of emplacement in the internal iliac artery. When angiotensin II was administered in combination, the tumor blood flow rate increased. This increase was 1.58 times that during non-administration of angiotensin II.

The trial of intralymphatic administration of CDDP-LUF suspension for gynecological cancers. <u>T.Kuwae</u>, <u>H.Sudo</u>, <u>Y.Yorinaga</u>, <u>T.Shida</u>, <u>H.kitada</u>, <u>H.Ohtsuka</u>, Dept. Obst.and Gynec., Tokyo Metropolitan Fuchu Hospital., Tokyo.

The treatment is very difficult for metastatic lymph nodes of gynecological cancers. We make a trial intralymphatic administration of CDDP-LUF for 16 cases of gynecological cancers(12 ca.colli and 4 ovarian cancers), and measure its concentration of the blood. 8 of total 16 cases are preoperative and they are quantified its concentration of resected lymph nodes. The cases with metastatic nodes is investigated by CT scan. we take effective cases.

[Result] The mean blood levels are  $0.25\,\mu$  g/ml after one hrs.,  $0.29\,\mu$  g/ml after 3 hrs.,  $0.28\,\mu$  g/ml after 6 hrs.,  $0.38\,\mu$  g/ml after 12 hrs.,  $0.21\,\mu$  g/ml after 24 hrs.,  $0.31\,\mu$  g/ml after 48 hrs. It is very low and plateau.

after 24 hrs., 0.31  $\mu$  g/ml after 48 hrs. It is very low and plateau.

One, 14. takes side effect of nausea and vormitting. The size of metastatic lymph hodes in the case of ca. colli(stage IV b) reduced on CT scan. Ascites controlled during 2 months in the case of ovarian cancer recurrence.

cites controlled during 2 months in the case of ovarian cancer recurrence. [Conclusion] We suppose that CDDP-LUF suspension is released continuously in lymph nodes because of its low blood level.