43 Management of cervical dysplasia and carcinoma associated with pregnancy. K.Saito,M.Iwata,M.Tokuyama,T.Iida,K.Ishijima,M.Nagashima. K.Hayashi,H.Hamada,M.Tadokoro*, Dept.Obst.and Gynec.,St.Marianna Univ.Sch. Med.,Kanagawa,*Dept.of Pathology,St.Marianna Univ.Sch.Med.,Kanagawa.

Recently,dysplasia and carcinoma of the uterine cervix are being identified with increasing frequency in association with pregnancy,and their management is assuming an increasingly important role in the practice of obstetrics.A retrospective study of patients with 63 dysplasia and 27 carcinoma(including 22 cases of CIS and 8 microinvasive ca.) of cervix with pregnancy was carried out in our institute from 1975 to 1990.35% of dysplasia(14/40) has progressed to CIS after delivery.4 in 6 cases of CIS and 3 in 4 cases of microinv. ca.who desired live birth were not managed until after pregnancy were terminated. We did not experienced any cases of cone biopsy performed during pregnancy in above cases.2 cases of invasive ca. discovered in 2nd trimester were terminated in 38w and 32w,respectively to secure live fetus,and followed immediately by radical hysterectomy. The prognosis of them is good so far. Even though the lesion is invasive,it may be reasonable,especially if the pregnancy is a premium one,to allow a brief delay for primary treatment in order to secure a live fetus when a strict follow up with cytology and colposcopy guided biopsy should be performed.

44 A combination chemotherapy consisting of 5-Fluorouracil, Doxorubicin, Cyclophosphamide, and Vincristine for Advanced or Recurrent Squamous Cell Carcinoma of the Uterine Cervix

N.To, T.Kamura, K.Sugihara, T.Saito, T.Kaku, N.Tsukamoto, H.Nakano. Dept.Gynec.& Obst., Facult. of Med., Kyushu Univ., Fukuoka, Japan.

Fifteen patients with advanced or recurrent carcinoma of the uterine cervix were treated with a combination chemotherapy consisting of 5-fluorouracil, doxorubicin, cyclophosphamide, and vincristine. Two complete responses (CR) and four partial responses (PR) (response rate 40%) were noted. The median duration of response was 9.5 months(6 and 13) in CR patients and 1.5 months(1-2) in PR patients. The most sensitive site for this therapy was lung metastasis (response rate 83%), whereas only 17% of the tumors located in the pelvis responded. Dose limiting toxicity was myelosuppression; median nadir of WBC and platelet were 820(400-2300) and $106x10^3$($22-275x10^3$). There was no toxic death. It is concluded that this combination therapy is effective in advanced or recurrent squamous cell carcinoma of the uterine cervix and needs further study with more cases.

45 Treatment of advanced or recurrent cervical cancer by a new "BOMP" Regimen consisting of bleomycin, vincristine, mitomycin-C, and cisplatin.

Y.Shimizu, K.Nakayama, J-T, Chen, I.Fujimoto, K.Hasumi, K.Masubuchi, Dept. Gynec.,Cancer Institute Hospital, Tokyo.

Twenty-five patients with cerivcal cancer were treated with a new BOMP consisting of bleomycin(5mg/m^2, day 7), mitomycin-C (7mg/m^2, day 7), vincristine(0.7mg/m^2, day 7), and cisplatin(10mg/m^2,day 1-7). Fifteen (79%) of the 19 evaluable patients responded, including 6 with a complete response (CR) lasting over 15 months. In particular, lesions confined to the lung had a 100 % CR when the size of each tumor was under 2 cm in diameter even in the case of multiple metastasis. In contrast, 9 patients with pelvic disease had a 56 % response with only 1 CR who had no previous radiotherapy. Such a poor response in the pelvic disease was considered to be due to vascularity reduced by prior radiotherapy. The important factors affecting the response to the present protocol were found to be lesion size, prior radiotherapy, and the site of lesion. The dose limiting factor was hematologic toxicities. Other toxicities including nausea, renal dysfunction, pulmonary fibrosis, and loss of hair were acceptable. Thus, the decrease in the PS of patients was minimal. It is suggested that this regimen will be useful as a neoadjuvant chemotherapy for advanced cervical cancer.