

49 Study on the long term prognosis of cervical cancer. T.Fujii, H.Kioka, N.Nagai*, T.Murakami**, A.Fujiwara**, Dept. Obst. and Gynec., Kure National Hosp., Hiroshima, *Dept. Obst. and Gynec., Hiroshima Univ. Sch. Med., Hiroshima, **Dept. Obst. and Gynec., Onomichi General Hosp., Hiroshima.

During a period from 1971 to 1984, 952 patients with invasive carcinoma of the cervix were treated. The overall 5 year survival rate was 71.6%. The 10 year survival rate of 612 patients treated from 1971 to 1979 was 59.8%. In patients with stage I to stage III, 10 year survival rate was significantly lower than 5 year survival rate ($p < 0.01$). Patients with adenocarcinoma had worse 5 year and 10 year survival rates than patients with squamous cell carcinoma, but the difference was not statistically significant. Pelvic lymph node (PLN) metastases were found in 10.5% of stage I cases and in 34.9% of stage II cases, who had lymphadenectomy. Patients with negative PLN metastasis had significantly better 5 year and 10 year survival rates than those with positive metastasis ($p < 0.01$). Patients with two or more positive PLN metastases had worse survival than those with one positive metastasis. In patients who had radiotherapy only, 10 year survival rate was significantly lower than 5 year survival rate ($p < 0.01$). In conclusion, the long term prognosis of cervical cancer was considered to be related closely to clinical stage, lymph node metastasis and method of treatment.

50 Adenocarcinoma of the uterine cervix: a clinico-pathological study in 155 cases. J.Higashihara, N.Tsuruchi, A.Kurano, T.Gima, S.Amada, Y.Koyama, S.Jimi, Dept. Gynec., National Kyushu Cancer Center (NKCC), Fukuoka.

The purpose of this study was to clarify prognostic factors of adenocarcinoma (adenoca.) and mixed type adeno- and squamous cell carcinoma -SCC- (mixed type ca.) of the uterine cervix. From 1972 to 1988, 155 patients with cervical adenoca. or mixed type ca. were treated at NKCC. Of these, 4 were in clinical stage 0, 12 in stage Ia, 59 in stage Ib, 45 in stage II, 18 in stage III, and 17 in stage IV. The incidence of stage 0 and Ia in adenoca. and mixed type ca. group (11%) was significantly less than that in SCC group treated in the same period (40%) ($P < 0.001$). The adenoca. group revealed poorer prognosis in stage II than in the other two groups. A higher incidence of lymph node (LN) metastases which involved multiple LN regions occurred in adenoca. and mixed type ca. than in SCC. When LN metastases were not detected, the 5-year survival rate was over 80% in both adenoca. and mixed type ca.. When LNs were involved, the 5-year survival rate for the mixed type ca. was 60%, whereas for the adenoca., it was as low as 16%. Patients treated mainly by surgery had a better prognosis than those treated by radiotherapy. It is suggested that the poor prognosis of adenoca. is, in part, due to resistance to radiotherapy.

51 X-ray Computed Tomography in the Evaluation of Prognosis of Cervical Carcinoma. E.Yamada, K.Takahashi, Y.Kojima, M.Matsubara, Y.Iizuka, A.Nagai, Y.Miyasaka, I.Yamauchi, Y.Yoshimura, Y.Nakamura, M.Suzuki, Y.Furuya*, Dept. of Obst. and Gynec., Kyorin Univ. Sch. Med., Tokyo, *Dept. of Rad., Kyorin Univ. Sch. Med., Tokyo.

In 129 patients with cervical cancer, nine CT findings before treatment were analyzed on the basis of the prognosis during a 5 year follow up period (75 survivals, and 54 deaths).

1) The incidence of abnormal CT findings in the patients with poor prognosis was significantly higher than that of the survivals in every 9 parameter.

2) CT score for prognostic discrimination of cervical cancer was prepared using multivariate analysis. The discrimination ratio for the prognosis of cervical cancer was 82.9%.

3) The score obtained by multivariate analysis showed significant increases according with the stage. Even in the same stage, there were significant differences between the scores for survivals and deaths.

The survivals period in the poor prognosis group was correlated with the score, especially in the cases treated with radiotherapy ($r = -0.54$, $p < 0.01$).