

394 Role of MRI for evaluating the extent of endometrial carcinoma.

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Twenty-nine patients with histologically proved endometrial carcinoma were evaluated using MRI. There was a significant positive correlation between the MRI values and the measured tissue specimen values for minimum thickness of the residual myometrium ($r=0.8149$, $p<0.001$). Patients were divided into two groups by MRI findings. Thirteen patients who were considered as having no deep myometrial invasion (Group A). Sixteen patients were considered as having deep myometrial invasion (Group B). A significantly greater percentage of Group B patients had deep myometrial invasion (A:0%, B:69%, $p<0.001$). Vessel permeation, cervical involvement and metastasis were detected 5, 8 and 2 patients in Group B respectively while no patient in Group A had these findings. In 4 of 6 patients without myometrial invasion, junctional zone (j-zone) were intact. All ten patients were interrupted j-zone had myometrial invasion. In 8 of 9 Group B patient without j-zone endometrial and myometrial tissue in the whole uterine cavity were replaced by cancer. The accuracy of MRI evaluation in the cervical involvement was 0.86.

395 An analysis of the histopathologic factors of endometrial carcinoma.

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Eight major histopathologic factors (cervical invasion, tumor infiltrating lymphocytes, pelvic node metastasis, nuclear grade, histologic grade, muscle invasion, lymph-vascular space invasion and histologic type) of endometrial carcinoma were investigated in relation to the early recurrence (<2 years) and late recurrence (>2 years) in ninety-seven surgically treated patients.

Multivariate survival analysis with the proportional hazard regression model showed that the nuclear grade was significantly correlated with the prognosis throughout the periods ($p<0.05$).

The dense tumor infiltrating lymphocytes had suppressive effects on late recurrence ($p<0.01$), since pelvic lymph node metastasis was correlated with early recurrence ($p<0.01$) but had no relationship with late recurrence.

These results suggest that it is of great importance to consider these factors for each periods in managing adequate postoperative therapy.

396 A new combination chemotherapy for the refractory choriocarcinoma.

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The remission rates of choriocarcinoma have been improved with using effective anticancer drugs. Although about ten or twenty percent cases of choriocarcinoma, which are mainly recurrent or drug-resistant cases, still succumb to death.

In Chiba University, we have treated choriocarcinoma with MEA protocol, which is MTX (methotrexate), Act-D (actinomycin-D), Etoposide combination chemotherapy, during nine years. Up to now, nineteen cases with choriocarcinoma were treated and 18 cases (94.7%) were in remission after all, but 5 cases of those treated with MEA were become drug resistant, and one another case is recurrent within one year.

Total 7 cases (6: recurrent or drug resistant) with choriocarcinoma were treated with FA protocol, which is high dose 5-Fu and Act-D combination chemotherapy. Five of these were in remission but one case were dead and another case is recurrent. In addition, the anticancer effects of 5-Fu and synergistic effects with leucovorin in the choriocarcinoma cell lines were examined.