400 Multidisciplinary treatment including hyperthermia for ovarian cancers. M.Iwata, K.Yonamine, N.Yoshida, T.Iida, K.Ishijima, M.Nagashima, K.Nagashima, K.saito, K.Hayashi, H.Hamada, M.Endo', Dept.Obst.and Gynec. and 'Dept. of Radiology, St. Marianna Univ.Sch.Med., Kanagawa.

On ovarian cancers, we performed hyperthermochemotherapy together with the reduction surgery and the lyphadenectomy. Subjects were 34 ovarian cancers. After the reduction surgery (often with the lymphadenectomy), we treated them with the CAP therapy until the total C-DDP amount exceeded 400 mgs, while concurrently conducting the regional heating utilizing TAGMED-TCA 434. In order to review the treatment effect, we performed the second look laparoscopy or laparotomy (sometimes with the lymphadenectomy). The clinical efficacy evaluation standard was Complete Response (CR) in 29 cases and Partial Response (PR) in five. This treatment did not result in decrease in WBC. This made it possible to maintain the once a week continuous treatment. Significant tumor degeneration and necrosis were observed in the two that had been treated with hyperthermochemoterapy prior to the surgery. The C-DDP concentration in the tumor was higher in the hyperthermo-CAP therapy than the single CAP therapy. This method has proved to be effective even with advanced ovarian cancers. With the method having no serious side effects, it enables us to shorten the treatment duration and, thus, to enhance the quality of life.

401 Trial of CDDP-STS-Angiotensin II combination therapy in advanced and recurrent ovarian cancer. K.Hirabayashi, E.Okada, Y.Akamatsu, Y.Nakazuma, M.Oota. Dept.Obstet.and Gynec., Fukuyama National Hospital, Hiroshima.

During IP infusion of CDDP(I20mg/$m^2$and I50mg/m^2in dose, 20 min.and60 min.in time), blood pressure was kept in 30% up condition by iv infusion of AT-II aimed to increase blood flow in tumor and also decrease in kidney. Immediately after IP infusion of CDDP, STS was given for neutralization of free Pt. in blood. This trial was performed on 9 cases of stage III and IV. The efficacy rate was 66.7%, comparable with that of CAP treatment. 6 recurrent and refractory cases to CAP treatment were tested resulting in efficacy rate 33.3%, relatively satisfactory. Renal damage and myelosupression were mild. Conclusively this method is recommendable to the refractory to CAP treatment. 8g + I0g infusion of STS was preferable, 20 min. administration of AT-II was suitable. A rapid decrease of Free Pt.in ascites was caused by mainly absorption and conjunction with albumin was 30% in 2 hours and decrease in biological activity of free Pt.in ascites was 40% in 2 hours. It was confirmed the protective effect of AT-II to renal damage and neutrilizing effect of STS were sure.

402 The hypertensive effect induced with angiotensin II on the pharmacokinetic aspects and toxicities of CDDP during two-route chemotherapy using CDDP and STS. K.Takizawa, M.Harada, J.Fujimaru, M.Satoh, I.Yokoo, Y.Shima, I.Ozaki, N.Matsushiro, T.Iguchi, Y.Takeda, Dept.Obst. and Gynec., Tokyo Women's Med.Col., Tokyo.

Thirty-six courses of two-route chemotherapy using CDDP and STS were performed in 31 postoperative patients with gynecologic cancer under the hypertensive condition of 20 minutes induced with angiotensin II (AT-II). Plasma CDDP levels serially determined at 15 and 30 minutes after intraperitoneal administration of CDDP (150mg/body) were significantly higher than under the same condition except for disusing AT-II. The extreme vasoconstriction in the kidney and other organs during AT-II induced hypertensin would protect these organs from CDDP induced toxicities. Furthermore, STS infused immediately after the cessation of AT-II could neutralize the CDDP preventing the occurrence of toxicities. However dose escalation of CDDP from 150mg/body to 150mg/m^2 could not succeed to protect the renal toxicities under the same hypertensive regimen.