403 High-dose chemotherapy (HDC) with autologous bone marrow transplantation (ABMT) in patients with Stage III/IV ovarian cancer. M.Murakami,S.Yonemoto,K.Ebisawa,T.Shinozuka,A.Fujii, Dept.Obst.and Gynec.,Tokai Univ.Sch.Med.,Kanagawa.

We treated twenty eight patients with stage III/IV ovarian cancer with HDC and ABMT following primary surgery. Regimen of HDC is a combination of cyclophosphamide (1600-2400mg/m^2), adriamycin (80-100mg/m^2) and cisplatin (100-150mg/m^2). All patients received two courses of the HDC and the bone marrow was administered 48 hours after each chemotherapy. Survival rates of 18 patients with stage III were 1-year:100%, 2-year:85.7%, 3-year:63.6% and 4-year:55.6%. In 10 patients with stage IV, survival rates were 1-year:100%, 2-year:75%, 3-year:50% and 4-year:0%. Nine patients with no residual tumour were received HDC as adjuvant use. 1-, 2-, 3- and 4-year survival rates of the 9 patients were 100%, 87.5%, 83.3% and 80.0%. On the other hand, the survival rates of the other 18 patients with macroscopic residual tumour were 100% at 1-year, 78.6% at2-year, 44.4% at 3-year and 12.5% at 4-year. HDC with ABMT seems effective to ovarian cancer, especially in patients with no residual tumour after successful reduction surgery.

404 Long-term results of immunochemotherapy for advanced ovarian cancer. H.Nishimura, K.Hamaguchi, N.Tateno, T,Matsumura, N.Okura, N.Iwanaga, M.Yakushiji, M.Yokoyama*, Dept.Obst.and Gynec.,Kurume Univ.Sch.Med., Fukuoka,*Dept.Immunol.,Kurume Univ.Sch.Med.,Fukuoka.

We evaluated the usefulness of immunochemotherapy by alternate day administration of OK432 in 51 patients with stage III and IV ovarian adenocarcinoma who were followed up for 5 years more.

These patients were allocated by the envelope method to the immunochemotherapy or chemotherapy group. After excluding 8 who discontinued receiving the therapy or dropped out, 43 patients were analyzed. Immunochemotherapy was performed in 22 patients, and chemotherapy alone in 21. The background factors were similar between the two groups. The survival curve was slightly better in the immunochemotherapy group (p=0.059). In patients with a tumor of 2 cm or less in diameter, the outcome did not significantly differ between the two groups. However, in patients with a tumor of more than 2 cm, the outcome was significantly better in the immunochemotherapy group (p=o.o38). No changes were observed in the OKT4/8 ratio. However, in patients who survived for 5 years, the OKT4/8 ratio returned to normal earlier in the immunochemotherapy group.

405 Multidiscipliary treatment for ovarian cancers with liver metastasis ---Chemotherapy with an intra-arterial infusion through the proximal brachial artery by a vascular access device(VAD). T.Iida,N.Yoshida, M.Tokuyama,M.Iwata,K.Nosaka,M.Nagashima,I.Sato,K.Saito,K.Hayashi,H.Hamada, Dept.Obst.and Gynec., St. Marianna Univ. Sch. Med., Kanagawa.

On ovarian cancers with liver metastasis, we performed the hyperthermochemotherapy to the primary lesion after the reduction surgery. At the same time, catheterization was performed to the liver metastatic lesion through the proximal brachial artery approach by the Seldinger technique and the tip of the polyethylene catheter was placed in the common hepatic artery via aorta and celiac artery. The other end of the catheter was connected subcutaneously with a VAD embedded in the anterior chest. The periodic intra-arterial infusion chemotherapy was performed. According to the metastatic lesion reduction rate, an embryonal carcinoma was 57.1%, an endometrioid carcinoma 100% and a serous cystic adenocarcinoma 99.7%. After the first confirmation of liver metastasis, those embryonal carcinoma and endometrioid carcinoma died after 14 and 27 months respectively while the serous cystic adenocacinoma has been surviving for 44 months. This method enables the multiple chemotherapies to be performed, also makes the long-term continuous treatment possible and it has proved to be effective to the liver metastatic lesion.