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FREE COMMUNICATION

1. A Study of Risk Factors Relating to Metastasis of the Uterine Cervical Cancer

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In order to know the pretreatment estimation of the lymph node metastasis in patients with cancer of the cervix, we studied the cases involved Virchow's node and pelvic lymph node by means of clinicopathologic analyses.

The number of cases was 33 (operation 11, radiation 22) for Virchow's node metastasis and 64 for pelvic node metastasis.

The results were as follows:

- 1. For the clinical parameters obtained in pretreatment state of both groups, it revealed that the febril condition, ESR, CRP were important.
- 2. Histologically, the following five items were considered to be significant factors in lymph node metastasis;
- 1) In histological classification, lobular type was the highest incidence for metastasis (60% in the former group, 58% for the latter).
- 2) In CPL classification, L-type was pointed out (63% and 58% respectively).
- 3) In the stromal reaction, poor or minimal reaction was also risk factor (80% and 60% respectively).
- 4) In the size of cancer nest, large nest was obvious (57% and 70% respectively).
- 5) In the connectivity of cancer nest with stroma, loose connection was poor factor (83% and 90% respectively).
- 3. In the histological appearance of primary lesion, pelvic lymph node and Virchow's node, lobular type was dominant in the former, and comedo type was the latter two.

These clinicopathologic analyses were showed very important factors regarding to lymph node metastasis.

2. Aminopeptidase as Marker Enzyme of Ovarian Cancer

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Aminopeptidase (AP) activity in female reproductive organs and various cancer tissues was examined using L-leucine-\(\beta\)-naphthylamide. Placenta, amnion, endometrium relating active secretion showed high AP activity. Most of ovarian cancer and human ectopic choriocarcinoma cell line (SCH) also showed high AP activity than normal ovary. To investigate the characteristics of cancer AP, AP in ovarian adenocarcinoma was partially purified by ethanol fractionation, zinc acetate fractionation and Sephadex G-200 gel filtration. Two peaks of Fr I and Fr II with AP activity were separated by gelfiltration. Fr II enzyme was heat labile, ophenanthroline sensitive and resistent to L-methionine, puromycine and EDTA. It's molecular weight was 280,000 and optimum pH at 7.5. These properties of Fr II enzyme corresponded that of oxytocinase (EC 3.4.11.3.). But this Fr II enzyme moved much faster than non pregnant arylamidase in polyacrylamide gel electrophoresis. Then we considered the Fr II enzyme as the variant of oxytocinase. Fr I was heat stable, sensitive to L-methionine, puromycine and bestatin as the aminopeptidase M (EC 3.4.11.2.). Electrophoretic mobility of Fr I was between non pregnant serum aminopeptidase M and oxytocinase.

3. Lymphogram and the Prognosis in Cervical Cancer

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To discuss the diagnostic value of lymphography in cervical cancer in relation with the prognosis, retrospective series of 86 cases of advanced cervical cancer were investigated. For the objective evaluation of lymphograms, scoring method was applied, classifying into 3 groups such as considered to be positive metastasis (group-A), equivocal (group-B) and negative (group-C). And both the score of paraaortic and intrapelvic lymphatics were separately achieved.

1) In regard to paraaortic scores, 5 year survival rate of group-A (20 cases) was 35.0%, compared to group-C (28 cases) of 67.9%, showing a significant

difference between both the groups (p<0.01).

- 2) In regard to intrapelvic scores, 5 year survival rate of group-A (34 cases) was 32.4% and that of group-C (10 cases) was 70.0%, giving presumable correlation with the prognosis without any statistical evidence.
- 3) There were 15 cases (39.5%) died with cancer in paraaortic group-B (38 cases), and 10 cases of them were also belonged to intrapelvic group-A.
- 4) There were no significant differences in 5 year survival rate between the group with and without performation of lymphography, in each stage of cervical cancer.

From the above results, lymphography should be more attended and considered especially in paraaortic findings when the choice of treatment is decided.

4. Usefulness of Hysteroscopy for Detection of Cancer in the Endocervical Canal

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Cancerous lesions located in the endocervical canals were observed hysteroscopically in 24 out of 72 cases of carcinoma in situ, 9 out of 16 cases of microinvasive carcinoma and 32 out of 44 cases of invasive squamous cell carcinoma. Preoperative hysteroscopic findings were compared retrospectively with post-operative histologic findings of the cancerous lesions in the endocervical canal. Among the hysteroscopic findings of the endocervical cancerous lesions, white epithelia were more frequently observed than mosaics and punctations. Abnormal gland openings were observed in 41.7% of carcinoma in situ, 22.2% of microinvasive carcinoma and 0% of invasive squamous cell carcinoma.

Atypical vessels were observed predominantly to a mild degree in carcinoma in situ, to a moderate degree in microinvasive carcinoma and to a marked degree in invasive squamous cell carcinoma. Whiteness, opacity, coarseness, unevenness of surface contours and necrosis of the endocervical wall were observed predominantly in invasive squamous cell carcinoma.

The results indicated that hysteroscopy was useful in detection of cancerous lesions localized in the endocervical canal, in examinations of discrepancies between cytological and histological diagnoses and in decisions concerning the omission of conization or the upper limit of the endocervical canal to be coned.

5. On the Prognosis of Patients Received Urinary Diversion

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One hundred and seventy-two cases received urinary diversion among 2900 cases of carcinoma of the uterine cervix, treated in National Cancer Center Hospital between June 1962 and December 1980, excluding the cases of pelvic exenteration or of surgical injury to the urinary tract.

One hundred and forty-five nephrostomies were performed, ureterocutaneostomies in 33 cases and other methods were performed in 5 cases.

Urinary diversions were performed in 125 cases of obstructive nephropathy (group 1), 35 cases of urinary fistula (group 2) and 12 cases of radiation injury (group 3).

Among group 1, 7 are living and median survival days were 148, while among group 2 and group 3, 4 and 7 are living and median survival days were 181 and 160, respectively.

Twenty-three patients received urinary diversion before or during the initial treatment for the carcinoma showed longer survival time than 124 patients operated when they had persistent or recurrent tumors.

Among the group 1 patients, survival times showed reverse correlation to preoperative BUN values.

Whether the renal function is reversible after urinary diversion was not clearly diagnosed only by the preoperative BUN and/or electrolites values.

Combination of the transition of laboratory data and clinical states is more useful to omit the patients out of indications.

6. Antitumor Activities Evaluated by Combined DNA and Protein Cytofluorometry with Autoradiography

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Antitumor activities of cytosine arabinoside, puromycin, mitomycin C, cis-platinum and pepleomycin were evaluated by combined DNA and protein cyto-