tumor reduction rate gained at 14 Gy and 30 Gy in the radiotherapy group was similar at 11 Gy and 24 Gy in the thermoradiotherapy group. The reduced dosage of 3 Gy and 6 Gy, therefore, was achieved for the efficacy of combined thermotherapy. The efficacy of one time of heating correspond with 2.73 Gy and 2.5 Gy of irradiation dose.

Radiation therapy combined with hyperthermia was useful for the treatment of advanced cervical cancer patients.

330. Significance of Total Hysterectomy for Uterine Cervical Cancer of Local Recurrence in the Cervix after Radiotherapy

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The prognosis was examined in 41 patients who underwent total hysterectomy for localized recurrence following radiotherapy for cervical cancer. The clinical stage of the cancer prior to radiotherapy, its histological type, the time elapsed from the initial radiotherapy to recurrence, the extent of tumor removal upon hysterectomy, the maximum diameter of the tumor in the excised uterus, and the presence or absence of endometrial invasion were assessed as possible factors affecting prognosis. The following conclusions were reached:

- 1) The three-year and five-year survival rates of the 41 patients were 62.2 percent and 51.7 percent, respectively.
- 2) The clinical stage and histological type of the cancer prior to radiotherapy did not significantly affect the prognosis after total hysterectomy.
- 3) The time elapsed from the initial radiotherapy to the localized recurrence was not correlated with the prognosis.
- 4) The three-year survival rate for the patients in whom the tumor could be removed completely was 73.3 percent, while it was 14.3 percent among those in whom only subtotal removal was possible; the prognosis was clearly better (p<0.01) after total tumor resection.
- 5) The prognosis eas better (p<0.01) when the maximum diameter of the tumor in the excised uterus was less than 2 cm than when the maximum diameter was 2 cm or more.
- 6) The prognosis was clearly better (p<0.01) when endometrial infiltration was found in tissue

samples of the excised uterus than when there was no endometrial involvement.

331. Value of Long Term Administration of OK-432 in Gynecological Cancer

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The clinical values of OK-432 treatments were evaluated in 215 patients with various types of gynecologic cancer. Five KE OK-432 was administered by intramuscular injection every other day for up to 5 years, unless severe side-effects were observed. Fiftyone patients in the OK-432 group and 93 patients in the control group were eligible for evaluating the 5-year survival rates. The survival rates of the OK-432 group was significantly greater in the cervical cancer patients with stage III and IV than the control group, at the period from 20 to 29 months and from 37 to 42 months.

These results indicated that long period administration of OK-432 might improve the survival rate in patients with gynecological cancer, especially in those with advanced cervical cancer.

332. Role of X-ray CT in the Staging of Cervical Carcinoma

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X-ray computed tomography (CT) was performed in 132 cases of untreated cervical carcinoma, and the CT findings were compared with operative findings and pathological specimens in surgically treated cases, and with post-therapeutic CT findings in irradiated cases. The results were as follows:

- 1) The cervical image was significantly (p<0.01) enlarged in the group in which the diameter of the cancer in the specimen was greater than 2 cm. Accordingly, the cervical area exceeding 12.6 cm² was classified as enlargement of the cervix.
- 2) With respect to parametrial invasion in surgically proven cases (176 parametria), the diagnostic value of CT was manifested by a sensitivity of 58%, a