29 Altered expression of four carbohydrate antigens and CEA between primary and metastatic lesions of uterine cervical cancers. H.Ogawa, M.Fujita, A.Nakazawa, H.Shimizu, M.Sawada, M.Inoue, G.Ueda, O. Tanizawa, Dept. Obst. and Gynec., Osaka Univ.Med. Sch., Osaka.

We performed immunohistochemical examination of serial sections of 24 cases of human adult cervical tissue as well as 53 cases of human cervical carcinoma including 36 cases with lymphnode metastasis, using monoclonal antibodies directed to Lewis-X, Lewis-Y, sialyl-dimeric Lewis-X, sialyl-Tn, and CEA. Sialyl-Tn and CEA antigens were expressed very weakly in normal cervical epithelium, but strongly in cancer tissue, indicating that they were oncogenic antigens of cervical squamous cell carcinoma. No significant difference in immunoreactivity was observed between primary and metastatic lesions of carcinoma as well as between primary lesions with and without metastasis. However, expression patterns of sialyl-Tn and Lewis-Y antigens were quite different between primary lesion and metastatic lesion. In primary lesion, cancer cell nests tended to be stained centrally, but in metastatic lesion, cancer cell nests tended to be stained peripherally. This finding may reflect an important role of these carbohydrate chains in the metastatic procedure of cervical squamous cell carcinoma to regional lymphnodes.

30 Indication for preoperative hypertensive intra-arterial chemotherapy for cancer of corpus uteri. N.Yoshino, O.Iwanari, J.Miyako, S.Nakayama, M.Moriyama, K.Ryukou, M.Moriyama, M.Kitao, Dept. Obst. and Gynec., Shimane Med. Univ. Shimane.

To determine the usfulness for preoperative hypertensive intra-arterial chemotherapy for cancer of corporis uteri, we evaluate the histological effect after treatment. Thirteen patients with uterine cancer (well differentiated endometrial adenocarcinoma 7 cases, moderate 3 cases, poorly 4 cases) and one carcinosarcoma were treated with cisplatin (CDDP) and adriamysin (ADM) using Angiotensin-II (AT-II). Mean arterial pressur increased to more than 50 mmHg with AT-II. In well differentiated endometrial adenocarcinoma, the histological effects were Grade 1a in 2 cases, Grade 1b in 1 case and Grade 2 in 2 cases. In moderate differentiated endometrial adenocarcinoma its effects were Grade 1a in 1 case, Grade 1b in 1 case and Grade 2 in 1 case. In poorly differentiated endometrial adenocarcinoma its effects were Grade 1b in 2 cases and Grade 2 in 2 cases of whom one had lynph node metastasis. Hypertensive intra-arterial chemotherapy should be administered to patients with poorly differentiated adenocarcinoma and carcinosarcoma and patients with lymph node metastasis.

31 Usefulness of implantable injection port for chemotherapy in patients with advanced gynecological carcinomas.
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Five patients with uterine cervical carcinoma (stageIIIb-IVa:3, recurrence:2), five patients with ovarian carcinoma (stageIIIc-IV:2, recurrence: 3) and one recurrent case of tubal carcinoma were enrolled in this study. In cervical carcinomas, we administered CDDP (100mg) and PEP (40mg) in both internal iliac arteries under hypertensive status induced by angiotensinII. Then we implanted a port subcutaneously for intra-arterial chemotherapy (i.a.). Every 28 days, cyclic one-shot i.a. (CDDP 10mg X 5days) and continuous i.a. (PEP 25mg and/or 5-FU 500mg) were performed through the port. In ovarian carcinomas, the intra-peritoneal chemotherapy (i.p.) that consisted of CDDP (100mg), 5-FU (500mg) and OK432 (10KE), was given through the port in 500ml of saline every 28 days for 3 to 6 cycles. Clinical responses (3 complete, 3 partial) were observed. Therapy-related toxicities were mild, consisting chiefly of myelosuppression in 37 courses of chemotherapy. Only two local toxicities(catheter obstruction and peritoneal abscess) were noticed. We conclude that the chemotherapy through implantablle port for advanced gynecological carcinoma may be of therapeutic benefit and lower toxicity.