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PRIMARY RADIATION THERAPY OR SURGERY COMBINED OR NOT TO RADIATION THERAPY IN THE MANAGEMENT OF SQUAMOUS CELL CARCINOMA OF THE PENIS

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Purpose: To assess the prognostic factors and the outcome in patients with squamous cell carcinoma of the penis.

Materials & Methods: A retrospective review of 41 consecutive patients with non-metastatic invasive carcinoma of the penis, treated between 1962 and 1994, was performed. The median age was 59 years (range: 35-76). Eighty (20%) patients were circumcised, 30 (73%) were married, and only 2 (5%) had a history of venereal disease. Existence of a penile mass was the first symptom in 32 (78%) patients. The anatomic site was distributed as follows: glans in 17 (41%), prepuce in 9 (22%), shaft in 8 (20%), coronary localization in 4 (10%), prepuce and glans in 2 (5%), and shaft and prepuce in 1 (2%). According to UICC staging, there were 12 (29%) T1, 24 (59%) T2, 4 (10%) T3, and 1 TK (2%) tumors. The N-stage was distributed as follows: N0 (71%) patients with N0, 8 (20%) with N1, 3 (7%) with N2, and 1 (2%) with N3. Thirteen (32%) patients had grade 1, 7 grade 2, and 9 grade 3 tumors (grade was determined in 12). Forty-four percent (n = 18) of the patients underwent a curative surgery: partial penectomy with (n = 4) or without (n = 12) lymph node dissection, or total penectomy with (n = 1) or without (n = 1) lymph node dissection. All but 4 patients (operated) underwent primary (n = 23) or postoperative (n = 14) radiotherapy to the penis and inguinal lymph nodes (n = 20), penile alone (n = 9), or inguinal lymph nodes alone (n = 1). The median and mean follow-up period was 70 and 96 months, respectively (range: 20-331).

Results: In a median period of 12 months (range: 5-139), 63% (n = 26) of the patients relapsed (local in 18, loco-regional in 2, regional in 3, and distant in 3). Local failure was observed in 4 out of 16 (25%) patients treated with partial penectomy (3 postoperative radiotherapy vs. N-stage was distributed as follows: 29 (71%) patients with NO, 8 (20%) with N1, 3 (7%) with N2, and 1 (2%) with N3. Thirteen (32%) patients had grade 1, 7 grade 2, and 9 grade 3 tumors (grade was determined in 12). Forty-four percent (n = 18) of the patients underwent a curative surgery: partial penectomy with (n = 4) or without (n = 12) lymph node dissection, or total penectomy with (n = 1) or without (n = 1) lymph node dissection. All but 4 patients (operated) underwent primary (n = 23) or postoperative (n = 14) radiotherapy to the penis and inguinal lymph nodes (n = 20), penile alone (n = 9), or inguinal lymph nodes alone (n = 1). The median and mean follow-up period was 70 and 96 months, respectively (range: 20-331).

P-EFFICACY OF ADJUVANT PELVIC AND HIGH DOSE RATE INTRACAVITARY RADIATION IN PATIENTS WITH INTERMEDIATE TO HIGH RISK ENDOMETRIAL CANCER


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Purpose/Objective: To determine the efficacy of adjuvant whole pelvic radiation (WPT) in combination with high dose rate (HDR) vaginal cuff brachytherapy (VCB) in patients with intermediate to high risk endometrial cancer.

Material & Methods: From 4/23/90 to 5/6/96, forty-three patients with intermediate to high risk endometrial cancer received adjuvant radiation beginning 4 to 6 weeks after surgery. The following stages of disease were treated: Stage IIB (1 pt), Stage IC (7 pts), Stage IA (10 pts), Stage IIIA (18 pts) and Stage IIB (2 pts). Patients had the following histologies: grade 1 adenocarcinoma (14 pts), grade 2 adenocarcinoma (16 pts), grade 3 adenocarcinoma (8 pts), grade 2 adenosquamous carcinoma (1 pt), papillary serous adenocarcinoma (2 pts), papillary serous and clear cell adenocarcinoma (1 pt) and clear cell adenocarcinoma (1 pt). Patients were treated with WPT with a median dose of 51 Gy (1.7 Gy/Fx), in conjunction with 7 HDR VCB insertions utilizing molds where the dose was prescribed to the vaginal surface at 7 Gy/Fx (LDR equivalent of 20 Gy at 100 cGy/h). One patient with Stage IIB disease had para-aortic radiation to 59.5 Gy in 35 fractions. Surgery consisted of a TAH/BSO with an assessment of the pelvic lymph nodes in 29%, pelvic/para-aortic lymph nodes in 28% and/or peritoneal cytology in 37% of patients. The majority of patients treated in this study had their surgery elsewhere and were referred for adjuvant radiation. Complications were scored using the RTOG 5-tiered system. Three year clinical endpoints were calculated using the Kaplan Meier method.

Results: With a median follow-up time of 27 months (4-86 months range), the 3 year survival and relapse-free survival (RFS) were 89% and 82%, respectively. Two patients recurred in the pelvic: one in the lower 1/3 vagina (4 years after initial treatment) and the second along the entire vagina (both had synchronous distant metastases). One patient developed an isolated para-aortic recurrence. Seven patients had distant recurrences at the following sites: lung and colon (1), lung and vagina (1), bone and para-aortic (1), adrenal (1), biliary duct and para-aortic (1), and peritoneum (1). All these patients had papillary serous histologies and had an upper abdominal recurrence (colon, biliary duct and peritoneum). There was a single grade 3 small bowel complication that was treated medically.