

UKRAIN TREATMENT IN CARCINOMA OF THE CERVIX (CASE REPORT)

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Summary: A grade IV Papanicolaou cervical cancer was treated with endocervical cone biopsy (electrocoagulation) in a 28 year-old lady. Three years later examination revealed cervical carcinoma in situ and a conization was recommended, which the patient refused. She was treated with Ukrain instead. The grading regressed steadily and after one year of Ukrain therapy all stagings were normal. Three years after the start of Ukrain therapy she gave birth to a healthy child. Eight years later she has no recurrence and is healthy.

Introduction

Cervical cancer is one of the most frequent causes of gynaecological cancer mortality. The prognosis of cervical cancer depends on the histologic type and grading. A new semisynthetic compound of *Chelidonium majus L.*, Ukrain, seems to have selective cytostatic and cytotoxic effects on malignant cells via its selective transport across the cell surface membrane and preferential binding to nuclear DNA (1, 2).

We describe a case of beneficial treatment of recurrent cervical cancer with prolonged Ukrain therapy in a young woman, followed by the successful birth of a healthy child.

Patient and methods

A 28 year-old lady underwent a prophylactic

cancer examination of the cervix in 1984. Suspicious cancerous cells were found and she started a treatment with Iscador, a mistletoe extract (3). As no change could be achieved by this treatment, electrocoagulation was carried out some months later with normalization of the status. In May 1985 the condition worsened but the patient was again treated with Iscador and half-year smears were taken. In October 1987 a conization was suggested. The patient refused by pointing to the fact that there might be child-bearing troubles in future. In December 1987 she started the first two Ukrain treatment courses: 15 times two ampoules (each ampoule consisting of 5 mg of Ukrain) each day, i.v., and 10 times two ampoules, i.v., each day. In 1988 she continued with four more treatment courses consisting of 10 times two ampoules, 14 times one ampoule, 20 times one ampoule and 10 times one ampoule per course, without any other treatment. The last course was carried out in February 1989: 10 times one ampoule, i.v.

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- 3/or cytotoxic to human tumour and HIV-infected cells but not human normal cells. Recent Advances in Chemotherapy. Proceedings of the 17th International Congress of Chemotherapy, Berlin, 2660, 1991.
- (2) Nowicky J.W. et al., *Evaluation of thiophosphoric acid aloid derivatives from Chelidonium majus L. (Ukrain) as an immunostimulant in patients with various carcinomas.* Drugs and Clin. Res., XVII, 139, 1991.
- (3) *Iscador - Mistelpraeparat zur Krebsbekaempfung. Dokumentation Nr. 10.* Schweiz. Rundsch. Med. Prax., 77, 69, 1988.
- (4) Levi F. et al., *Incidence, mortality and survival from invasive cancer in Vaud, Switzerland, 1974-1991.* Ann. Oncol., 5, 747, 1994.
- (5) Mitsuhashi N. et al., *Squamous cell carcinoma of the uterine cervix: radiation therapy for patients aged 70 years and older.* Radiology, 194, 141, 1995.
- (6) Poka R., Juhasz B., Lampe L. *Cervical cancer in young women: a poorer prognosis.* Int. J. Gynaecol. Obstet., 46, 33, 1994.
- (7) Tattersall M.H. et al., *Randomised trial of epirubicin and cisplatin chemotherapy followed by pelvic radiation in locally advanced cervical cancer.* J. Clin. Oncol., 13, 444, 1995.
- (8) Flay L.D., Mattheus J.H. *The effect of radiotherapy and surgery on the sexual function of women treated for cervical cancer.* Int. J. Radiat. Oncol. Phys., 31, 399, 1995.

Note: The patient was treated with Ukrain in Vienna, Austria, by a physician. Full information was given about the kind of treatment and it was carried out with the patient's consent. The ethical rules were followed in accordance with the Helsinki Declaration.

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Cytological reports before onset of Ukrain therapy:

May 1985. Severe dysplasia or carcinoma *in situ*, dyskaryosis in the superficial, intermediary and metaplasia cells. High oestrogen status. Grade IV (Papanicolaou).

July 1985. Severe dysplasia or carcinoma *in situ* suspected, dyskaryosis in the superficial, intermediary and basal cells. High oestrogen status. Grade IV (Papanicolaou).

August 1985: Cytological-histological picture of 9- and 12-o'clock position specimens. 9 o'clock: horning epithelia, spine-like cells in broad areas with clear dyskaryosis. No invasion into the stroma. 12 o'clock: the normal epithelial margin meets sharply margined papillary-growing epithelia without normal intraepithelial layers. Many mitoses. Diagnosis: simple to average dysplasia with horning and basal hyperactivity at 9 o'clock; severe dysplasia at 12 o'clock.

September 1985. After electrocoagulation nothing suspect. Grade I/II.

May 1986. Dyskarioses in the superficial and intermediary cells. Grade III D.

December 1986. Normal I/II.

August 1986: III D, dyskarioses in the superficial and intermediary cells.

December 1986: III D, amelioration.

June 1987: III D, dyskarioses in the superficial and intermediary cells.

September 1987. Severe dysplasia or carcinoma *in situ*, dyskarioses in the superficial and intermediary cells. Dyskarioses in the deeper layers. Grade IVA-IVB (Papanicolaou).

In December 1987 the patient started Ukrain therapy.

Results

After the onset of Ukrain treatments the report in March 1988 reads: medium to severe dysplasia, dyskarioses in the superficial and intermediary cells. Amelioration.

June 7 1988. Severe dysplasia. IV (Papanicolaou).

June 20 1988 and June 28 1988. Control inve-

stigations uncertain, III (Papanicolaou).

August 1988. Normal, I/II.

November 1988. Normal, I/II.

March 1989. Normal, I/II.

Subjective sensations during the first two courses of Ukrain therapy: strong feelings of warmth shortly after the injection. Feelings of "fluids of energy". Nausea. Rheumatic-like pains. The subjective sensations decreased after each treatment.

In April 1990 the patient became gravid. Late healthy child was born. December 1995 the patient is in excellent health without any signs of metastasis.

Discussion

Several factors have contributed to the decrease in mortality from cervical cancer registered in many areas of the world (4), e.g., improved sexual hygiene, changes in reproductive factors, cervical screening. Survival rates, patterns of failure and local control rates were not statistically significant for old and young women (5); comparison of survival of patients under 35 and over 35 years of age revealed no differences (6). However, in young women it is very important that future reproductive possibilities may limit some kinds of therapy. Patients who received primary chemotherapy had a significantly higher pelvic failure rate than those who received radiotherapy alone (7). On the other hand, radiotherapy caused sexual dysfunction in one-half of women (8); combined treatment with radiotherapy and surgery resulted in a higher survival than radiotherapy alone. The described case of improved treatment with Ukrain of recurrent cervical cancer with subsequent pregnancy and birth in a young woman shows the new possibilities of anticancer therapy. Ukrain therapy led to long remission without any side-effects. Pregnancy was possible. The full picture about indications and contraindications of Ukrain therapy can be given only after further clinical studies.

References

- (1) Liepins A, Nowicky J.W. *Ukrain is selectively cytotoxic*.