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VI.09.05

THE HALIGNOTOXIC AND IMMUNE MODULATING PROPERTY OF THE ALKALOID-DERIVATIVE UKRAIN.

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Novicky, V. Hiesmayr.

The compound Ukrain was evaluated by various experiments concerning direct and mediated cytotoxicity on cancer cells. Cell cultures of more than 60 human cancer lines, cis-platinum resistant lines and animal cancer cells were compared to cultures of normal cells. The data analysis of the effects of Ukrain on cancer cells concerns the concentration of the drug which produces 50% inhibition of cell growth (GI50); the total cell growth inhibition (TGI) and the lethal concentration of the drug which produces 50% loss of cell biomass (LC50). Concentration values of Ukrain which are lethal to all kinds of cancer cells in the culture do in no way affect normal cells. The values of GI50, TGI and LC50 in the most effective experiments are 0.8, 3.1 and 11.4 μ M respectively. In these experiments all human cell lines were sensitive to Ukrain in terms of growth inhibitory effects; practically all cell lines attained not only 50% growth inhibition (GI50), but total growth inhibition (TGI) with only a few exceptions. Ukrain caused cytotoxicity in the majority of cell lines. The types of cancer that display greater sensitivity to this drug are small and non-small cell lung cancer, melanoma, colon cancer, ovarian cancer, renal cancer and CNS cancer. The mean values for the GI50, TGI and LC50 cell growth parameters are: 10, 10, and 10 μ Molar.

Immune mechanisms are activated by Ukrain in vivo: increase in NK cells and Th cells with decrease of Ts cells. Objective tumor regression is observed in at least 75% of patients treated with Ukrain.

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VI.09.07

PALLIATION OF ADVANCED RECTUM CARCINOMA IN THE ELDERLY - OPERATIVE TREATMENT VERSUS LASER THERAPY
Th. Hölting, K. Buhl, P. Schlag

Introduction: Surgical management of advanced rectum carcinoma in elder patients carries a high mortality rate. Endoscopic laser therapy is an efficient alternative under palliative intention.

Patients and methods: Between 1985 - 1991 107 patients were treated for advanced rectum carcinoma (with stenosis, metastases). Sixty-eight patients were treated operatively. Twenty-eight of which had a potentially curative operation (histology: pT₄, metastases). Thirty-nine patients received endoscopic Nd:YAG-laser vaporisation (indications: refusal for operation: n=23, risk factors: n=6, surgical incurability: n=10). The median age in the operative therapy group was 73 years versus 77 in the endoscopic therapy group.

Results: The median survival time in the surgical group with potentially curative therapy (n=28, 23 resections, 5 extirpations) was 15 months. In cases of palliative therapy (n=40, 17 resection, 7 extirpations, 16 colostomas) the median survival was 5 months. Postoperative morbidity was depending on tumor spread - 14% in curative versus 33% in palliative cases. The operative mortality was 7% (curative) in contrast to 23% (palliative). Stenosis in cases of local recurrences could be treated successfully with endoscopic laser therapy (n=2 - curative group, n=6 - palliative group).

The median survival time in the endoscopic laser therapy group (n=39) was 7 months with a median stenosis free period of 4 months. Complications were treated successfully endoscopically, only in 4 cases could a colostomy not be avoided.

Conclusion: Under curative intention operative treatment of rectum carcinoma still remains first choice. In palliative cases endoscopic laser therapy is an efficient alternative to operative management with its high perioperative morbidity and mortality in the elderly.

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VI.09.06

SURGICAL TREATMENT OF COLON CARCINOMA IN OCTOGENERIANS

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In the Federal Republic of Germany by the year 2000 approximately 500.000 persons will have reached the age of ninety years. Accordingly, the appropriate surgical resources will be required to provide optimal care. In this regard, carcinoma of the colon assumes a particularly important role with an increasing incidence and mostly in patients over 60 years of age. At the Munich-NEUPERLACH City Hospital, since 1975, more than 460 patients over the age of 80 years have undergone surgery for carcinoma of the colon. There were 30% more women than men. With only slightly more than 65% of the tumors localized in the sigma and rectum as compared to younger patients the distribution was shifted to the right. In 396 (86%), the tumor was amenable to resection. The procedure was limited to palliation without resection in only 14%.

Impaired wound healing was observed in 11%, 6% had anastomotic leak.

With hospital mortality of 3.3% and a 5-year survival rate of 42% after definitive surgery in patients of 80 years of age, 80% of these reached their theoretically-predicted maximal life expectancy.

Thus, even in very elderly patients, surgical intervention, according to standard staging guidelines, is warranted.

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VI.09.10

MINIMAL INVASIVE SURGERY OF CARCINOMA OF THE UPPER AERODIGESTIVE TRACT OF THE ELDERLY-PATIENT.

Petra Ambrosch and W. Steiner

The treatment of malignant tumors of the upper aerodigestive tract, especially in advanced stages, is generally based on aggressive combined therapy. Severe functional disorders are inevitable, therefore the use of surgical treatment declines with increasing age. Mostly geriatric cancer patients are referred to primary radiation therapy, which offers less chances of cure.

In recent years great advances were made in microendoscopically controlled laser surgery of early and advanced tumors. The oncological long-term results seem to be equivalent to external conventional surgery. However, the minimal invasive tissue-saving microsurgery allows preservation of swallowing and vocal function and because of the preservation of function with high oncological safety, primary surgery can be chosen for treatment of the elderly. Thus following the principal "to prolong life worth living".

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