—Preliminary Note—

Evaluation on multidisciplinary treatment in the carcinoma of urinary bladder

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The bladder cancer has been well recognized that the frequent recurrence of 45 to 80% will be take place which recieved surgical operation and proved to be tumor free status. Based on this fact, it is mandatory to prevent the frequent recurrence of the tumors who are suffering from urinary bladder tumor. We have designed a so-called multidisciplinary treatment for the bladder cancer and studied its effect for prevention of relapse of this disease and now reported is its result¹⁾.

The treatment was designed on the basis of the known relationship (tumor-host-drug relationship) mainly for immunochemotherapy with effort to make it effective for improving the immunopotentiality of the host as well as for annihilating the cancer cells. It was divided into 3 steps of induction, consolidation and maintenance therapy and for the cases made tumor-free operationally, administration of immunopotentiator OK 432²⁾ and Adriamycin³⁾ was prescribed as consolidation therapy and the patients were requested to come to our clinic regularly as out-patients for maintenance therapy of oral administration of immunopotentiator P.S.K.⁴⁾ and Carboquone (CQ)⁵⁾.

As we practiced this multidisciplinary treatment for the bladder cancer, we took as the method of assessing its effect the randomized controlled trial based on classification of the background factors involved. Taken up for our study this time were 39 male cases and 12 female cases, 51 cases in all, all being cases made in tumor-free status operationally and in stages of T_a-T₃.

In the previous communication, we decided to take for evaluation of the effect of our immunochemotherapy essential were naturally some nonspecific immunological parameters. We had already had a pattern of basic immunological parameters, having finished statistical treatment thereof, and the present study was conducted on the basis of the data thus obtained.

From the variations of various immunological parameters determined before and after administration of ADM and immunopotentiator OK 432 prescribed as consolidation therapy quite significant was the difference between the control group and the OK 432 group (the group with combined use of OK 432).

The side effect of loss of hairs and leucopenia are obviously inhibited by the combined

administration of the Adriamycin and OK 432.

The maintenance therapy which is constituted of immunopotentiator P.S.K. 3.0 g/day and CQ 0.5 mg/day for three years is installed and the follow-up study was made.

The group A received the maintenance therapy and the B group constituted the control and the background factors have been analyzed. Simultaneously, the immunoparameters have been investigated.

As to the PPD and PHA skin test findings, the differences noted were not quite significant as far as the maintenance therapy was concerned in the category of maintenance therapy.

Similar results are also observed in the reactivity ratio of Con A/PHA and Tr.

Then, frequency of recurrence in term of 3 years is evaluated in this newly developed multidisciplinary treatment. The frequency of the recurrence in A and B groups has been evaluated and ratios are 8% and 61% in former and latter groups respectively and distinct difference is encountered in both groups.

The period for tumor free status is being demonstrated by the survival rate, a significant difference is also discernible in both groups as well. Based on these observations, this newly designed multidisciplinary treatment appears to be very versatile in prevention of the recurrence of the bladder cancer.

Moreover, the combination of the immunotherapeutic agents such as P.S.K. and chemotherapy of minimal dosage, CQ is capable of maintaining the treatment for long period of term without noticeable side effect and may offer a very satiate therapeutic attempts in forming near future.

References

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