I S-9 CONTINUOUS SUBCUTANEOUS INJECTION THERAPY WITH NATURAL TYPE INTERFERON- α FOR RENAL CELL CARCINOMA

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INTRODUCTION

We report favorable results of continuous subcutaneous injection with natural type interferon- α (IFN) on renal cell carcinoma.

PATIENTS AND METHODS

Of 193 renal cell carcinoma patients treated in Chiba Cancer Center Hospital, 84 were continuously treated with subcutaneous injection of IFN before and after nephrectomy. Histopathological examinations revealed adenocarcinoma in all these patients, lung metastasis in 24 and bony metastasis in 18. Nine of 24 patients with lung metastasis underwent resection of lung metastasis concomitantly. Of 18 with bony metastasis, 10 underwent radiotherapy, 6 underwent both radiotherapy and resection, and one underwent resection under IFN therapy. IFN was administered as follows: IFN 25 M unit dissolved in 60ml distilled water, was filled in an infusor and continuously injected (0.5ml/h) into the upper arm or precordium subcutaneously using a 23 gage needle. This five-day treatment was defined as one course and two courses were given preoperatively. IFN was amounted to 15. In cases of pT2 or more, and M1, IFN therapy was continued.

RESULTS

Of 84 patients IFN treated patients, 65 survived and 19 died. 12 survived of 24 with lung metastasis, and 12 survived of 18 with bony metastasis. CRs were 8 and 2 patients respectively. 10 patients discontinued the therapy because of side effects; 3 aggravated diabetes, 2 anorexia, 2 lung fibrosis, 1 depression, and 1 fever.

The five year survival rate was 69.5% in total, 59.1% in patients with bony metastasis and 55.5% in patients with lung metastasis respectively.

CONCLUSION

Continuous subcutaneous injection of IFN can reduce mortality and increase a long-term survival rate including CR cases even in renal cell carcinoma patients with bony or lung metastasis.

I S-10 CLINICAL REVIEW ON RENAL CELL CARCINOMA

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One hundred twenty-one patients with renal cell carcinoma (RCC) were treated at Showa University Hospital from 1974 to 1993. One hundred nine patients underwent surgery. The remaining 12 patients could not undergo surgery because of advanced disease or complications. The 5-year survival rate in 109 surgical cases was 73%. The numbers of patients with Robson's stage 1, 2, 3, and 4 disease were 61, 10, 10, and 16, respectively. The 5-year survival rates with stage 1, 2, 3, and 4 disease were 94%, 88%, 44%, and 32%, respectively. The numbers of patients with grade 1, 2, and 3 disease were 48, 53, and 7, respectively. The 5-year survival rates with grade 1, 2, and 3 were 87%, 62%, and 33%, respectively.

Forty-four cases were detected incidentally. The number of incidentally detected cases increased yearly. These cases had smaller carcinomas and less advanced diseases than symptomatic cases. The 5-year survival rates of incidental cases and symptomatic cases were 92% and 58%, respectively. Most incidentally detected RCCs were smaller. Therefore, patients with incidentally detected RCC live relatively longer.

I S-11 TRUS of the Prostate and PSA Ratio in Shin Kong Wu Ho-Su Memorial Hospital

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Transrectal ultrasonography (TRUS) and prostate specific antigen (PSA) and digital rectal examination (DRE) are usually used for screening of prostate cancer. Prostatic biopsy is performed when prostatic cancer is suspected. However, the selection of candidate for biopsy lacks sufficient specificity, resulting in approximately 5 biopsies are needed to detect 1 carcinoma. The free-to-total PSA ratio (percent free PSA) has been reported to increase the specificity to detect prostate cancer. Hopefully, application of percent free PSA (instead of total PSA only) may decrease unnecessary biopsies in patients suspected of prostate cancer (PSA of 4.0 to 10.0 ng/ml).

From August 1996 to July 1997, we have 84 patients with PSA range of 4 to 10 ng/ml. Among them, 65 patients received TRUS and biopsy and 12 were proved to have prostatic cancer. Of the men 10 had clinical stage T1c and 2 had stage T2 cancers. Meanwhile, we had 15 patients at this PSA range received 2 times of TRUS and biopsy, and showed negative of malignancy after all. A percent free PSA of 0.20 was used to evaluate the avoidance of unnecessary prostatic biopsy and the decrease of cancer detection. Surprisingly, in this limited series, a percent free PSA of 20% as a cutoff in the PSA range of 4 to 10 ng/ml, decreased the biopsies by up to 80% (12/15), and missed the cancer detection of 16.6% (2/12). If a 90% sensitivity was required, a 23% free PSA still may reduce 53.3% biopsy rate.

In conclusion, the percent free PSA may be used to decrease unnecessary biopsies in patients with PSA range of 4.0 to 10.0 ng/ml.

I S-12 Clinical Experiences of Germ Cell Tumor in Cryptorchid Testis

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Objectives To investigate the management and outcome of germ cell tumor in cryptorchid testis.

Patients 11 patients with cryptorchid tumor were treated at our hospital between 1973 and 1996. Mean patient age at diagnosis was 37.6 years (range 23 - 80). Of these patients 3 were found in the inguinal area and 8 were found in the abdomen. 6 occurred in the right cryptorchid testis and 5 in the left. 4 patients presented with stage I disease, 4 with stage II, and 3 with stage III. Mean follow-up period was 46 months (range 8-137 months).

Results All 3 inguinal cryptorchid tumors and 6 of 8 abdominal cryptorchid tumors were seminoma. Seminoma was the most common pathological type of cryptorchid tumor. Of 3 inguinal cryptorchid seminomas 2 patients with stage I treated with prophylactic radiotherapy to nodal areas and 1 patient with stage III treated with chemotherapy. 8 patients with abdominal cryptorchid tumor treated with multidisciplinary approach, including radiotherapy, cisplatin-based combination chemotherapy, and surgery. The overall survival rate for patients with inguinal and abdominal cryptorchid tumor was 81.8%. 2 patients with stage III disease died during treatment and the remaining 9 patients are alive 8 months to 22 years after treatment.

Conclusion Our data suggest that most of cryptorchid tumor is seminoma. Appropriate multidisciplinary treatment for such tumor has an excellent outcome.