

PROGRESS IN GYNECOLOGICAL ONCOLOGY

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Between 21-24 April 1985 an International Meeting of Gynecological Oncology was held, dealing with the themes of: «New Trends in Integrated Therapies in Endometrial, Vulvar and Trophoblastic Neoplasias; Actuality of Surgical Staging in Gynecological Neoplasias».

The Meeting, organised by the European Society of Gynecological Oncology and under the aegis of the Ministry of Health, the UICC, the National Research Council, the Italian Society of Gynecology and Obstetrics and the Italian Society of Gynecological Oncology took place in the presence of 84 European and Overseas speakers.

At the first round table, dedicated to the treatment of endometrial cancer, after a panoramic review of a general order on the rationale of the integrated treatment developed by Barber (New York) the problem of endocrine treatment was faced (Bonte-Lovanio and Orlandi - Bologna), with special reference to the prognostic role of hormonal receptors (King - London). Joslin (Leeds) and Gerbaulet (Villejuif) dealt with the role of radio-therapy in relation to the presence of factors of prognosis of relapse. The report of Audet Lapointe (Montreal) was of particular interest, referring to the results of a Canadian co-operative study on the use of anti-estrogens and of the hormonotherapy-chemotherapy association in the treatment of advanced stage cancers.

The following panel discussion on surgical staging in endometrial carcinoma revealed how fundamental it is to have recourse to post-surgical staging in plann-

ing treatment, given the high incidence of understaging of the FIGO clinical classification (contributions from Dexeus - Barcelona; Gastaldi - Brescia; Onnis - Padua; Phillipp - Vienna).

The second round table was dedicated to the treatment of trophoblast neoplasias. Bagshawe (London) illustrated new stratifications in classes of risk of chorion-epithelioma, and referred to the results of new chemio-therapeutic combinations in the disease at high risk, in particular the VP 16 - Cisplatinum combination.

Goldstein (Boston) pointed to the necessity of a common classification of the disease with the aim of being able to make use of an instrument of more objective comparison of the results of various case series. Candiani (Milan) explained the present indications of surgical treatment in trophoblastic neoplasias. Mini (Florence) dealt with the role and mechanism of action of the pholates in the rescue of Methotrexate in high doses, speaking from the point of view of the clinical pharmacologist. Stoppelli (Verona) illustrated the pathological and clinical characteristics of the disease at high risk while Maggino (Padua) explained the diagnostic-therapeutic characteristics protocol and clinical results of chorionepithelioma treatment in the Gynecological Clinic of the University of Padua.

The third round table, dedicated to carcinomas of the vulva, studied specially the following themes: 1) the role of non-mutilating treatment of vulvar carcinoma in the initial stages (reports of Di Saia - Irvine; Lagasse - L. Angeles; Onnis - Padua and Di Paola - Buenos Aires); 2) problems in the treatment of carcinomas at risk of early relapse and in advanced stages (Pescetto - Genoa; Mangioni - Monza; Am-

New surgical trends and integrated therapies emerging from the "International Meeting of Gynecological Oncology", Venice 21-24 April 1985.

prosinì - Sassari); 3) biological problems related to the presence of vulvar hormonal receptors (report of Nardelli - Padua).

From the panel discussion it appeared that the adoption of widely demolitive therapies in initial stages is already anachronistic and that there was general agreement on the necessity of applying non-mutilating surgical techniques in respect to surgical radicality.

The fourth round table faced the problems of surgical staging in carcinomas of the ovary. Bush (Toronto) guided by the experience of the Ontario Cancer Institute outlined, beyond the state of the neoplasia spreading, the prognostic impact of some of the characteristic risk factors (residual tumor volume, histotype, histological grading, patient's age etc.).

Di Saia (Irvine) and Lagasse (Los Angeles) explained present orientations in surgical staging and the results of chemio-surgical integration. Gitsch (Vienna), Wiltshaw (London) and Carenza (Rome) discussed the role of second look in integrated treatment with special reference to the times and forms of its performance. Onnis (Padua) concluded, by explaining the rationale and results of repeated surgery and of second-line debulking in advanced. The speaker gave data from his own vast case records covering about 400 cases studied over the span of 23 years, whose results constituted the rationale of the protocol actually in use in the treatment of ovarian cancer in advanced stages.

There were, besides, particularly interesting reports from Fuller (Boston) on the biological rationale of cytoreductive surgery; Burghardt (Graz) and Di Leo (Catania) on personal clinical experience in integrated chemio-surgical treatment. The oncological group of Padua gave the results of chemotherapy alternating with surgery in advanced stages, with special reference to second and third line chemotherapy. Bianchi (Brescia) referred to the

preliminary results of a multicentric protocol of integrated radio-chemio-surgical treatment.

The fifth round table witnessed a lively debate on the problems related to surgical staging in cervicocarcinoma.

Burghardt (Graz) dealt with the problems of staging in microinvasive carcinoma. Barber (New York) dealt with the risk/benefit relation in para-aortic lymphadenectomy in the site of pre-treatment laparotomy. From the data emerging from literature, according to the speaker, no advantage would arise from such methods because of the rare incidence of lombo-aortic lymphnodal metastases in the initial stages, which would not justify its use, and because of the anyway unfavourable prognosis in the advanced stages, where treatment failed even in the pelvic site in a high percentage of cases. Lagasse (Los Angeles) illustrated the results of the Gynecological Oncology Group's studies regarding the index of correction of surgical staging vs. clinical staging. From the study it emerged that clinical staging failed analysis of the multi-centred American in the definition of real neoplastic spread in about 1/3 of cases. Lagasse also pointed out how the extra-peritoneal way for lombo-pelvic lymphadenectomy can significantly reduce the complications of successive radio-therapy.

Averette (Miami) confirmed how surgical staging revealed an error in clinical staging with an incidence that increases with the worsening of the stage. The speaker also indicated how surgical staging significantly modified therapeutical conduct.

Fuller (Boston) illustrated the prognostic significance of lymphnodal metastases and the problems related to their treatment.

Onnis (Padua) guided by the experience in the Gynecological Clinic of Padua showed the pathological prognostic risk factors and gave the rationale for primary

surgery as diagnosis and therapy for cervico-carcinoma. Gasparri (Florence) outlined the actual indications and counter-indications for pelvic evisceration, also referring to the problems of choice in urinary and intestinal derivations.

Finally Joslin (Leeds), Kovacic (Ljubliana) and De Britton (Panama) dealt with prognostic risk factors in reference to the planning of treatment.

In the panel discussion Ferraris (Turin) further underlined the necessity for a classification and pathological staging in cervico-carcinoma in order to have a more suitable planning of integrated radio-surgical therapy.

The speakers on the whole agreed that the FIGO staging, although providing a useful instrument to the end of prognostic stratification is actually inadequate for the identification of precise therapeutical categories, and how, with such an aim in view, the need for a classification of anato-mo-surgical order is needed.

The sixth round table was dedicated to the problems of treatment for mammary cancer in reference to the importance of surgical staging and to the biological and pathological characteristics of the neoplasia. Pinotti (Campinas - Sao Paolo) after fully considering the conditioning factors of the pathological stage and the lymphatic metastatisation paused over the role of pathological risk factors related to the neoplasia to the areola and the nipple. The speaker then explained the clinical results obtained with the radical mastectomy technique modified in respect to the classical radical mastectomy according to Halsted. The speaker's conclusions were in favour of radical surgical operations modulated in relation to the extent and biological characteristics of the neoplasia.

Gorins (Paris) expounding the data on the use of hormone therapy in mammary carcinoma laid particular stress upon the treatment with anti-estrogens and on the prospect of their use in combination with cytostatic chemotherapy. Magno (Varese) referred to present orientations in radio-treatment of mammary neoplasias with particular reference to the risk-benefit relationship of the various therapeutical integrations. Rosso (Genoa) reported the results of experimentation tending to place the rationale for the use of chemotherapy on the basis of cellular kinetics and on estron-induced proliferation. Sismondi (Turin) illustrated the prognostic significance of some clinical, histological, morphological and biological parameters in mammary carcinoma without lymphnodal involvement. Massi (Florence) pointed to the necessity for post-surgical pathological staging with the aim of reaching a more accurate stratification of patients in classes of risk. Kepke (Campinas - Sao Paolo), in conclusion, illustrated modern techniques of plastic reconstruction after radical mastectomy.

The presence among the speakers of some of the most highly qualified practitioners of Gynecological Oncology in the world recalled to Venice around three hundred participants from European and extraEuropean countries. The importance of the themes discussed and the quality of the contributions were the basis of the ample success of this meeting which has established a satisfactory summing-up of the state of the art.

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