



IASO



INDIAN ASSOCIATION OF SURGICAL ONCOLOGY
(A section of The Association of Surgeons of India)

NEWSLETTER

19

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EDITORIAL

VIRTUAL DIAGNOSIS

PROFESSOR RAVI KANT

Virtual or, optical biopsy (1) is the current theme of research with likelihood of its becoming gold standard in future. However, except for fluorescence spectroscopy (1,2,3) high frequency ultrasound mini probe (1,5) optical coherence tomography (1,4) and virtual spiral CT Endoscopy (1,6) all other procedures are still not out of domain of laboratory.

OPTICAL PROCEDURES FOR TISSUE DIAGNOSIS

- 1.. Fluorescence spectroscopy
 - (a) With photosensitisers (photodynamic diagnosis)
 - (b) Without photosensitisers (auto fluorescence)
- 1.. Reflectance spectroscopy
- 2.. Raman Spectroscopy
- 3.. Infrared spectroscopy
- 4.. Elastic Scattering spectroscopy
- 5.. Frequency domain photon migration
- 6.. Optical zoom
- 7.. Electronic zoom
- 8.. Surface magnification
- 9.. Virtual spiral CT Endoscopy

OPTICAL PROCEDURES FOR TISSUE STAGING

- 1.. High frequency ultrasound mini probes
- 2.. Optical coherence tomography

AUTOFLUORESCENCE (AF) (1, 2, 3,)

AF is based on the fact that tissues in submucosa emit a natural fluorescence due to flavins, porphyrin, NADH, elastin, collagen and tryptophan. Normal area looks green when stimulated with blue light. Whenever tumor grows in the mucosa, the AF is no more transmitted, and on fluorescence Endoscopy green area is not visible anymore, and abnormal area is detected as black area (2).

Surveillance fluorescence bronchoscopy identified intraepithelial or invasive lesions in 17 % patients previously thought to be disease free (2). Sensitivity and positive predictive value of cancer plus dysplasia was 66% & 62% by standard bronchoscopy and 92% & 88% by the newly developed auto fluorescence system, without using any photosensitisers (3).

The present equipment allows the clinician to switch from normal Endoscopy to fluorescent Endoscopy by a simple button. Three equipments are in use today -(a) SAFE -1000 (Pentax), (b) Storz and (c) LIFE -light induced fluorescence Endoscopy.

HIGH FREQUENCY ULTRASOUND

20 MHz miniprobes are becoming increasingly popular but there is physical limit to the resolution at around 100 μ m, well above the level of histological resolution. This has become nearly a mandatory component of staging in lung, esophagus, stomach and colorectal cancer in dedicated cancer units (1,5).

VIRTUAL CT Endoscopy

Virtual spiral CT Endoscopy may replace conventional Colonoscopy and oesophagogastroscopy. It has been seen that at some places MR Endoscopy may give superior results than spiral CT Virtual Endoscopy (1,6).

REFERENCES:

1. Lambert R, Diagnosis of oesophagogastric tumors: A trend toward Virtual Biopsy. *Endoscopy*, 1999; 31 (1): 38-46.
2. Adachi Rensuke, Utsui Tetsuya, Furusawa Koichi, Development of the auto fluorescence Endoscope Imaging System. *Diagnostic and Therapeutic Endoscopy*, 1999; Vol. 5: 65-70.
3. Weigel Tracey Lee, Kosco Pamela, Dacic Sanja, Yousem Samuel, Luketich James, Fluorescence Bronchoscopic surveillance in patients with a history of Non Small cell lung Cancer. *Diagnostic and Therapeutic Endoscopy*, 1999, vol. 6:1-7.
4. Tearney GJ, Brezinski ME, Southern JF, et al, Optical Biopsy in human gastrointestinal tissue using optical coherence tomography. *Am J Gastroenterology*, 1997; 92: 1800-1802.
5. Yanai H, Matsumoto Y, Harada T, et al, Endoscopic ultrasonography and Endoscopy for staging depth of invasion in early gastric cancer: a pilot study. *Gastointest Endosc*. 1997; 46: 212- 216.
6. Debatin JF, Luboldt W Bauerfeind P. Virtual Colonoscopy in 1999: compound tomography or magnetic resonance imaging? *Endoscopy*, 1999;31: 174-179.



PRESIDENT'S MESSAGE

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It gives me immense pleasure to serve the IASO as a President. I thank all the members of our most prestigious Association of Onco Surgeons of India for reposing their confidence in me. I shall do my best to carry out my responsibilities as a President with the whole hearted cooperation and support by all of you.

Surgical Oncology is a dynamic speciality today. There is a complete turnabout from supra radical to the minimal but precise approach. Early detection of cancer and early surgical intervention have progressed simultaneously. However, formidable challenge to the therapy for cancer is still persisting. Modern technology has added dimension to both diagnosis and treatment of cancer with conspicuous improvements.

The concepts of cancer treatment are undergoing a rapid change. But it is essential to be cautious and judicious in choosing between the conventional and ultramodern approach.

I am sure that 'millennium conference' NATCON- IASO 2000 will provide excellent opportunity to the member of IASO for meaningful exchange of views and informative deliberation.

I wish NATCON-IASO 2000 a grand success. with best wishes.

**Brig. K K Maudar AMC,
Pune**



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SECRETARY'S REPORT

Dear Colleagues,

It gives me great pleasure in communicating with you through this report for the second year. I am happy to inform you that we have prepared an excellent scientific feast, mainly having theme of "Head & Neck Cancer" for Nat Con IASO 2000 to be held at Puri from September 15-17, 2000. Detailed program is enclosed in this newsletter. Dr. K. Panda and his team have done excellent work in making this conference a grand success. He has taken great pains in combining scientific events in the holy place of Lord Jagannath at our request.

I am happy to inform you that members have very actively participated in this meeting, which is evidenced by the fact that we have received 24 free papers for the meeting. We are having interesting symposia viz. Cancer of Oral Tongue, Cancer of Larynx, Cancer of Thyroid and PhotoDynamic Therapy in Head & Neck Cancer, apart from various guest lectures by International and National faculty members, and Motibhai Patel Oration to be delivered by Dr. J. J. Vyas, Mumbai.

This year we have enrolled 29 members making the total tally 357 members. I am happy to note that Dr. L. Sarangi is making great efforts in bringing out such an informative newsletter of the association, which I hope, will turn in to IASO journal eventually.

I am also happy to inform that we started our web site www.indiandoctors.com/iaso this will be officially inaugurated at this meeting and I request all the members to give their suggestions for improvement in the content of our website. I am now busy in charting out final program for IASO sectional meeting during the ASICON 2000 to be held at New Delhi from December 26-30, 2000.

It is for information for all that Dr. Rajendra Bahadur Singh from Lucknow is selected for Baroda traveling fellowship for the year 2000. Our association has introduced one time visiting fellowship at the Detroit Medical Center, Wayne State University for the year 2000-2001 with the great efforts of our worthy President Brig. Dr. K. K. Maudar. We have received 10 applications for the same. Selection of the candidate will be announced after the NatCon-IASO 2000 meeting at Puri. I hope you will continue to encourage me by your suggestions for better working of our association.

Wishing you and your family all the best for the fast approaching new millennium in 2001.

Dr. K. C. Kothari

RATIONALE OF LYMPHADENECTOMY IN EARLY GASTRIC CANCER

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Introduction

Early gastric cancer (EGC) is a unique form of gastric carcinoma confined to mucosa and submucosa (irrespective of the involvement of lymph nodes) with an excellent prognosis. Earlier, this tumor was most commonly diagnosed in Japan secondary to aggressive screening practices, [1, 2] but, now it is increasingly being recognized and diagnosed worldwide; [3-6] with an excellent prognosis (5 year survival >90%), similar to that in Japan. [7]

Controversy in the management of early gastric cancer

The extent of lymph node dissection remains a controversial issue in the management of early gastric cancer. A recent trend in the surgical treatment of early gastric carcinoma has been to limit surgery so that a complete cure is achieved and the patient's quality of life is optimized. [8, 9] The treatment of these tumors in Japan is becoming less aggressive as "good prognostic factors" are increasingly recognized. [7] Although regional lymph node metastasis from early gastric carcinoma (EGC) is less common, it is very important to clarify the characteristics of patients having lymph nodal metastases in order to determine appropriate therapy, [10] as the protocol of surgical treatment most appropriate for the treatment of early gastric cancer with lymph node metastasis is still evolving. [8, 9]

Survival in early gastric cancer

Many studies have shown that node-positive patients with early gastric cancer had a significantly poorer survival rate than node-negative patients ($p < 0.05$). [7, 8, 11, 12] In fact, it has been even suggested that the definition of EGC should be modified to "gastric carcinoma confined to mucosa and submucosa without the involvement of lymph nodes". [13, 14]

Patients with five or more positive nodes and positive nodes distant from the common hepatic artery have an extremely poor prognosis. [12, 15]

Incidence of lymph node metastasis in early gastric cancer

The overall incidence of metastasis reported in cases of

EGC is 5.7% to 13%. [8, 9, 16, 17] The reported rate of node metastasis for mucosal carcinoma is 1.2% to 2.6%, and that for submucosal carcinoma is 16.5% to 23.8%. [9, 13, 17, 18] with a significant ($p < 0.001$) difference of nodal involvement between the two.

Factors affecting lymph node metastasis in early gastric cancer

Basically, 5 factors affect lymph node metastasis in cases of EGC [7-10, 12, 16, 17, 19]:

1. Tumor size :

The incidence of undifferentiated carcinomas increases with tumor diameter, irrespective of whether they are mucosal or submucosal carcinomas, and they are significantly ($p < 0.001$ for mucosal carcinomas and $p < 0.05$ for submucosal ones) more node-positive than are differentiated carcinomas. [9, 20]

2. Depth of cancer invasion :

Patients with mucosal tumors show no relation between metastatic rate and tumor size, whereas those with submucosal tumors show an increasing metastatic rate with tumor size. [16] Research workers at the Memorial Sloan Kettering Cancer Center, New York, found that those tumors that were limited to the mucosa and less than 4.5 cm in size had a 4% rate of positive nodes. In contrast, those tumors that were 4.5 cm and larger and had penetrated into the submucosa had a 56% chance of positive nodes. [7] Patients with both slight invasion into the submucosa and less than 5 mm of horizontal expansion in the submucosa are often negative for lymph node involvement. [21] Submucosal carcinomas have been classified into three categories according to the depth of invasion by dividing the submucosal layer (sm) into three equal parts, sm1, sm2 and sm3; [13, 20] and found that the incidence of lymph node metastasis increases from 2% to 12% and 20% respectively. [20]

3. Macroscopic appearance :

The macroscopically elevated or compound-type carcinomas, 10 mm or less in diameter are all node-negative, whereas some depressed-type carcinomas are node-positive. Gross appearance of Type I, IIc + III or IIa + IIc are more likely to be node-positive. [19]

4. Histological growth pattern :

The undifferentiated carcinomas are significantly ($p < 0.001$ for mucosal carcinomas and $p < 0.05$ for submucosal ones) more node-positive than are differentiated carcinomas. [9] The occurrence of metastasis is highest for lesions of the macroscopically mixed type, microscopically diffuse type and with histologic ulceration of the tumor. [17]

5. Lymphatic invasion :

Involvement of lymph nodes depends on the severity of vessel invasion. [19] Lymph vessel invasion is significantly more common in node positive cancers than in node negative cancers. [8, 15, 20]

Yamao et al. from the National Cancer Center, Tokyo, from the univariate analysis of their data, showed that younger age (< 57 years), macroscopic depressed type, larger tumor size ($>$ or $= 30$ mm), undifferentiated histologic type, histologic ulceration of the carcinoma, and lymphatic vessel invasion had a significant association with regional lymph node metastasis. Their multivariate analysis revealed that lymphatic vessel invasion, histologic ulceration of the tumor, and larger size ($>$ or $= 30$ mm) were independent risk factors for regional lymph node metastasis. The incidence of lymph node metastasis from intramucosal EGC negative for these 3 risk factors was only 0.36% (1 in 277 patients). [10]

Lymph Nodes involved in early gastric cancer

The distribution of involved nodes for early gastric carcinoma is similar to that for advanced carcinoma, [17] and rarely Group 2 and 3 nodes are affected [12, 22]; metastases mostly being confined to lymph node stations defined as Group 1 locations. [16]

Decision making vis-a-vis conventional surgery or limited surgery

The carcinomas satisfying the following criteria are node-negative and eligible for limited (endoscopic mucosal resection or laparoscopic local resection) surgery:

- (1) mucosal carcinoma; (2) elevated or flat lesion < 10 mm in diameter; (3) differentiated adenocarcinoma; and (4) no ulcer or ulcer scar. The other carcinomas are potentially node-positive and standard surgery is recommended. [9, 16, 17] Yokota et al. [8] suggest 2 cms and Hochwald et al. [7] suggest 4.5 cms as the upper margin of the size of EGC (mucosal; elevated or flat type), which can be subjected to limited surgery. Most authors agree that there is no role of limited surgery for the submucosal carcinomas and these carcinomas should be subjected to standard surgery with gastrectomy and combined dissection of lymph nodes. [17, 23]

Some compelling arguments against limited resections are that :

1. Majority of noncurative resections have cancer cells at the resection margin, caused by inadequate resection. [18]
2. Operative mortality from extensive lymphadenectomy is almost the same as from simple gastrectomy. [11]
3. Since pre-operative and intra-operative assessment of the stage for gastric cancer is not always accurate, surgical intervention must be carried out in an oncological sense. [23] Preoperative endoscopic ultrasonography has a 55% diagnostic accuracy in determining tumor depth and only 15% sensitivity in diagnosing lymph node metastases. [16] About one fifth cases with macroscopic Stage 1 gastric cancer are understaged, hence it is suggested that whenever there is doubt regarding the accurate staging of EGC, gastrectomy plus radical lymphadenectomy (at least D2) should be the treatment of choice. [24]
4. Extensive nodal dissection appears to prevent recurrence and to significantly ($p < 0.005$) improve the cancer-specific survival in EGC patients with nodal metastasis. [11]

Based on retrospective discriminant analysis of their clinico-pathological data, research workers have attempted to predict the lymph node metastasis in cases of EGC, which then serves as a guideline for the need for the lymphadenectomy. [19] Now useful algorithms helpful in such a decision making, are increasingly available. [16, 25] (Table I)

Surgical management of EGC is the balance between maximum locoregional control and acceptable quality of life in patients who undergo an aggressive lymph nodes dissection. [8] Keeping this in mind, Miwa et al. have developed a vagus nerve-saving technique of D2 lymphadenectomy (VS-D2). This procedure constituted D2 and saving of hepatic and celiac branches of the vagus nerve, whereas conventional D2 consists of D2 and preserving hepatic branches alone of the vagus nerve. They found lower occurrence rate of postoperative diarrhoea ($p < 0.01$), postoperative incomplete weight regain ($p = 0.08$) and the incidence of formation of gallstones (3% versus 13%) in patients with VS-D2 than that in patients with conventional D2. [26]

Table I [25]

Decision making in early gastric cancer

•Mucosal Cancers

- Differentiated-Elevated, $< = 2$ cms \rightarrow Endoscopic Mucosal Resection
- Differentiated-Excavative, $< = 1$ cms \rightarrow Endoscopic Mucosal Resection
- Differentiated-Elevated, $< = 3.5$ cms \rightarrow Laparoscopic local resection
- Differentiated-Excavative, $< = 2$ cms \rightarrow Laparoscopic local resection
- Difficult Endoscopic Mucosal Resection \rightarrow D2 gastrectomy
- All other mucosal cancers D2 gastrectomy

Summary

Early gastric cancer is a unique form of gastric carcinoma confined to mucosa and submucosa (irrespective of the involvement of lymph nodes) with an excellent prognosis. The treatment of these tumors is becoming less aggressive as "good prognostic factors" are increasingly recognized, but the extent of lymph node dissection remains a controversial issue. Node-positive patients with early gastric cancer have a significantly poorer survival rate than node-negative patients. The overall incidence of metastasis reported in cases of EGC is 5.7% to 13%, with the reported rate of node metastasis for mucosal carcinoma at 1.2% to 2.6%, and that for submucosal carcinoma at 16.5% to 23.8%. Factors affecting lymph node metastasis in cases of EGC are tumor size, depth of cancer invasion, macroscopic appearance, histological growth pattern and lymphatic invasion. The small differentiated mucosal carcinomas are node-negative and eligible for limited surgery. Proponents of lymphadenectomy for every case of EGC argue that since pre-operative and intra-operative assessment of the stage for gastric cancer is not always accurate, and operative mortality from extensive lymphadenectomy is almost the same as from simple gastrectomy, surgical intervention must be carried out in an oncological sense.

References

1. Cuschieri A. Malignant tumours of the stomach. *Recent Prog Med* 1990; 81(6): 374-86.
2. Farley DR, Donohue JH. Early gastric cancer. *Surg Clin North Am* 1992; 72(2): 401-21.
3. Marczell AP, Rosen HR, Hentschel E. Diagnosis and tactical approach to surgery for early gastric carcinoma: a retrospective analysis of the past 16 years in an Austrian general hospital. *Gastroenterol Jpn* 1989; 24(6): 732-6.
4. Chissov VI, Vashakmadze LA, Averbakh AM, Stakhanov ML, Frank GA, Belous TA. The potentials for the organ-preserving treatment of early stomach cancer. *Khirurgiia (Mosk)* 1992; (3): 33-9. [Article in Russian]
5. Spataro V, Genoni M, Maurer C, Muller W. Stomach cancer: 10 years experiences with surgical treatment and possibilities for improving the prognosis. *Helv Chir Acta* 1993; 59(4): 589-95. [Article in French]
6. Pinto E, Roviello F, de Stefano A, Vindigni C. Early gastric cancer: report on 142 patients observed over 13 years. *Jpn J Clin Oncol* 1994; 24(1): 12-9.
7. Hochwald SN, Brennan MF, Klimstra DS, Kim S, Karpeh MS. Is lymphadenectomy necessary for early gastric cancer? *Ann Surg Oncol* 1999; 6(7): 664-70.
8. Yokota T, Saito T, Teshima S, Kikuchi S, Kunii Y, Yamauchi H. Lymph node metastasis in early gastric cancer: how can surgeons perform limited surgery? *Int Surg* 1998; 83(4): 287-90.
9. Namieno T, Koito K, Higashi T, Takahashi M, Yamashita K, Kondo Y. Assessing the suitability of gastric carcinoma for limited resection: endoscopic prediction of lymph node metastases. *World J Surg* 1998; 22(8): 859-64.
10. Yamao T, Shirao K, Ono H, Kondo H, Saito D, Yamaguchi H, Sasako M, Sano T, Ochiai A, Yoshida S. Risk factors for lymph node metastasis from intramucosal gastric carcinoma. *Cancer* 1996; 77(4): 602-6.
11. Miwa K, Miyazaki I, Sahara H, Fujimura T, Yonemura Y, Noguchi M, Falla R. Rationale for extensive lymphadenectomy in early gastric carcinoma. *Br J Cancer* 1995; 72(6): 1518-24.
12. Kitamura K, Yamaguchi T, Taniguchi H, Hagiwara A, Sawai K, Takahashi T. Analysis of lymph node metastasis in early gastric cancer: rationale of limited surgery. *J Surg Oncol* 1997; 64(1): 42-47.
13. Inoue K, Tobe T, Kan N, Nio Y, Sakai M, Takeuchi E, Sugiyama T. Problems in the definition and treatment of early gastric cancer. *Br J Surg* 1991; 78: 818-21.
14. Wang CS, Hsueh S, Chao TC, Jeng LB, Jan YY, Chen SC, Hwang TL, Chen MF. Prognostic study of gastric cancer without serosal invasion: reevaluation of the definition of early gastric cancer. *J Am Coll Surg* 1997; 185: 476-80.]
15. Kitamura K, Nishida S, Yamamoto K, Ichikawa D, Okamoto K, Yamaguchi T, Sawai K, Takahashi T. Poor prognosis in early gastric cancer complicated by five or more positive nodes. *Hepatogastroenterology* 1998; 45: 583-86.
16. Nakamura K, Morisaki T, Sugitani A, Ogawa T, Uchiyama A, Kinukawa N, Tanaka M. An early gastric carcinoma treatment strategy based on analysis of lymph node metastasis. *Cancer* 1999; 85(7): 1500-5
17. Namieno T, Koito K, Higashi T, Sato N, Uchino J. General pattern of lymph node metastasis in early gastric carcinoma. *World J Surg* 1996; 20(8): 996-1000
18. Kito T, Yamamura Y. Surgical treatment of early gastric carcinoma. *Gan No Rinsho* 1986; 32(3): 246-9. [Article in Japanese]
19. Ichikura T, Uefuji K, Tomimatsu S, Okusa Y, Yahara T, Tamakuma S. Surgical strategy for patients with gastric carcinoma with submucosal invasion. A multivariate analysis. *Cancer* 1995; 76(6): 935-40.
20. Kurihara N, Kubota T, Otani Y, Ohgami M, Kumai K, Sugiura H, Kitajima H. Lymph node metastasis from

- early gastric cancer with submucosal invasion. Br J Surg 1998; 85: 835-39.
21. Ishigami S, Hokita S, Natsugoe S, Tokushige M, Saihara T, Iwashige H, Aridome K, Aikou T. Carcinomatous infiltration into the submucosa as a predictor of lymph node involvement in early gastric cancer. World J Surg 1998; 22(10): 1056-1059; discussion 1059-1060.
 22. Isozaki H, Okajima K, Ichinova T, Fujii K, Nomura E, Ohyama T. Distant lymph node metastasis of early gastric cancer. Surg Today 1997; 27: 600-605.
 23. Raab M, Said S, Chiavellati L, Stutzer H. Insufficiency of local approach regarding treatment of early gastric cancer. Ital J Gastroenterol 1991; 23(4): 187-93.
 24. Baba H, Ohshiro T, Yamamoto M, Endo K, Adachi E, Kakeji Y, Kohnoe S, Maehara Y, Sugimachi K. Clinicopathological characteristics of stage 1 gastric cancer: comparison of macroscopic and microscopic findings. Hepatogastroenterology 1997; 44(14): 554-8.
 25. Sharma Dhananjaya. Japanese philosophy of gastric oncosurgery : Why their results are better ? In Sharma Dhananjaya (ed) Debates in Gastro Intestinal Surgery, B D Bhanot & Co Jabalpur 1998; 77-85.
 26. Miwa K, Kinami S, Sato T, Fujimura T, Miyazaki I. Vagus-saving D2 procedure for early gastric carcinoma. Nippon Geka Gakkai Zasshi 1996; 97(4): 286-90.[Article in Japanese]

WELCOME

TO

THE MILLENNIUM CONFERENCE

NATCON - IASO 2000

15th - 17th Sept' 2000

AT

TOSALI SANDS, KONARK MARINE DRIVE,
PURI (ORISSA)

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SALIVARY GLAND TUMOURS

DR. S.P. KHAREY, M.S.

Chief of Medical Services

Western Railway, Mumbai

(Text of Smt. Radha Devi Memorial Oration delivered on 29th Dec. '99 at Madurai during ASICON)

Salivary gland tumours are uncommon. They vary considerably in their site & manner of presentation. Variability in behaviour exists even amongst histologically similar types & yet histological criteria are often poor prognostic indicators. Treatment should thus be planned individually.

INCIDENCE: Accounts for 650 deaths per year in the USA. In USA: 3-4% of all neoplasms of the Head & Neck. In UK: 40 cases per year. At CRI, Varanasi: 1-4 new cases per year. Less than 1% of all registered malignancies.

CLASSIFICATION (WHO)

I. EPITHELIAL

A. Benign:

1. Pleomorphic adenoma
2. Monomorphic adenoma
 - Adenolymphoma (Warthin's tumour)
 - Benign lymphoepithelial tumour (Goodwin's)
 - Oxyphilic adenoma (Oncocytoma)
 - Basal cell tumour
 - Others

B. Malignant

- Acinic cell tumour
- Muccepidermoid carcinoma
- Carcinoma in pleomorphic adenoma
- Adenoid cystic carcinoma
- Lymphoepithelioma
- Metastatic tumours

II. NON-EPITHELIAL:

- Lymphomas
- Haemangiomas
- Lymphangiomas
- Neurofibromas
- Lipomas

(Other classifications of recent origin exist such as the one by Foote & Frazell & the AFIP one.)

AETIOLOGY: Largely unknown. Suggestions are:

- Epstein-Barr virus
- Childhood irradiation
- Nutritional deficiencies
- U.V. exposure
- Genetic

AGE & SEX DISTRIBUTION: Major salivary gland tumours;

Average age incidence:

- Benign: 40 yrs.
- Malignant: 55 yrs.

Male predominance in Warthins, **Female** predominance in Acinic cell tumours.

SITE & DISTRIBUTION:

Site	Distribution %	Malignant %
PAROTID	75-80	17-20
SUBMANDIBULAR	5-10	50
SUBLINGUAL	1-2	80
MINOR GLANDS	10-20	50

CLINICAL EXAMINATION:

- Local Examination including bimanual examination.
- Examination for nerve palsy
 - Cranial nerves-VII, IX, XII, mandibular br. of V nerve, Lingual
 - Sympathetic chain
- Regional nodal examination
- Systemic examination

Features and symptoms of malignancy:

- Unremarkable mass at the site of origin
- Mild intermittent pain.
- Nerve involvement
- Dysphagia
- Skin ulceration
- Symptoms due to surrounding structure involvement
- Sudden rapid growth in previously slowly growing tumour.

INVESTIGATIONS:

1. Biopsy
 - FNAC-useful for preoperative evaluation of salivary swellings & for documenting of recurrent & metastatic disease.
 - Limitation: pathologist should be familiar with it. Accuracy-90%. It is of special significance in our country where tuberculosis & metastatic SCC involving perisalivary lymphonodes are common.
 - Trucut- For parotid, submandibular glands
 - Open- For minor salivary gland tumours
2. CT SCAN with contrast/3D reconstruction
3. MRI

4. Sialography
5. Gallium scan

STAGING (UICC 1987):

- T1- ≤ 2 cm All categories are divided into
 T2- $> 2-4$ cm a) No extension
 T3- $> 4-6$ cm b) extension
 T4- > 6 cm

- N1- Ipsilateral single ≤ 3 cm
 N2- Ipsilateral single $> 3-6$ cm
 Ipsilateral multiple ≤ 6 cm
 Bilateral contralateral ≤ 6 cm
 N3- > 6 cm
 M0- No distant metastasis
 M1- Distant metastasis

Mode of spread of malignant salivary tumours:

- By expansion
- By local infiltration
- By recurrence-multiple nodules in the gland & overlying skin
- By perineural infiltration- **characteristic** of adenoid cystic tumours
- By lymphatics

TREATMENT MODALITIES:

SURGERY:

- Superficial parotidectomy
- Total parotidectomy
- Radical parotidectomy
- Submandibular triangle dissection
- Wide excision of minor gland tumours
- Functional or radical neck dissection

RADIOTHERAPY:

PROGNOSTIC FACTORS:

- Location of primary tumour
- Extent of primary disease
- Lymph nodal status

- Adequacy of surgery
- Histopathology

POST OPERATIVE COMPLICATIONS:

Early:

- Infection
- Hematoma
- Injury to nerve-VII,XII, Lingual, Mandibular br.of V.
- Injury to the VII N. (neurapraxia) can occur even after adequate exposure & may take upto 6 months to recover. If detected at surgery, primary suture grafting can be taken (Gr. Auricular, sural N.).

Other options:

- Fascia lata sling
- Muscle transfer using temporalis, masseter etc.
- Lateral tarsorrhaphy.
- External salivary fistula
- Local sensory loss

Late:

- Recurrence
- Frey's syndrome
- Ocular damage
- Factitious damage to pinna
- Markus-Gunn phenomena

INDICATIONS FOR POST OPERATIVE RADIOTHERAPY

- AS AN ADJUNCT TO SURGERY
- AS A PALLIATION IN INOPERABLE TUMOURS

a. In benign mixed tumours:

- Presence of residual disease
- After excision of recurrent tumours

b. In malignancy:

- Recurrent tumours
- Positive margin after surgery
- Narrow margin on facial nerve
- Multiple nodal metastasis
- Perineural invasion
- Submandibular tumours

PRINCIPLES OF TREATMENT FOR PAROTID AND SUBMANDIBULAR CARCINOMA
TUMOUR TYPE FOR TREATMENT GROUP

I	II	III	IV
PAROTID GLANDS			
T1 & T2 LOW-GRADE MUCOEPIDERMOID LOW GRADE ACINOUS CELL	T1 & T2 HIGH-GRADE ADENOCARCINOMA MALIGNANT MIXED UNDIFFERENTIATED SQUAMOUS CELL	T3 NO or N+ ANY RECURRENT TUMOURS NOT IN GROUP IV	T4
SUPERFICIAL OR TOTAL PAROTIDECTOMY PRESERVATION OF SEVENTH NERVE	TOTAL PAROTIDECTOMY WITH RESECTION OF FIRST-ECHELON LYMPHNODES	RADICAL PAROTIDECTOMY SACRIFICE OF SEVENTH NERVE WITH IMMEDIATE RECONSTRUCTION NECK DISSECTION FOR N+ NECK ONLY POSTOPERATIVE IRRADIATION	RADICAL PAROTIDECTOMY WITH RESECTION OF SKIN, MANDIBLE MUSCLES AS INDICATED SACRIFICE OF SEVENTH NERVE WITH IMMEDIATE RECONSTRUCTION NECK DISSECTION POSTOPERATIVE IRRADIATION

SUBMANDIBULAR GLAND

T1 & T2 LOW-GRADE MUCOEPIDERMOID LOW GRADE ACINOUS CELL	T1 & T2HIGH-GRADE ADENOCARCINOMA MALIGNANT MIXED UNDIFFERENTIATED SQUAMOUS CELL	T3 No or N+ ANY RECURRENT TUMOURS NOT IN GROUP IV	T4
SUBMANDIBULAR TRIANGLE RESECTION	WIDE EXCISION OF SUBMANDIBULAR TRIANGLE PRESERVE NERVES UNLESS INVOLVED, POSTOPERATIVE RADIATION THERAPY	RADICAL NECK DISSECTION TO INCLUDE 12th NERVE & LINGUAL NERVE POSTOPERATIVE RADIATION THERAPY	SURGERY TO FIT DISEASE EXTENT

**THE CRI EXPERIENCE IN MANAGING SALIVARY
GLAND TUMOURS**

I. Frequency:

Year	Total registration	Malignant salivary	Total benign & malignant tumours
1990	470	5	6
1991	580	6	6
1992	674	0	1
1993	760	4	4
1994	801	4	6
1995	784	5	6
1996	904	4	4
1997	875	1	1
1998	918	1	2
1999	908	6	6
Total	7674	28	33

II. Patients presenting first time treatment: 16 (Group I)
 Patients presenting after treatment outside 12 (Group II)

III. Treatment approach:

Intent	Group I	Group II	Total
Curative	13(81.2%)	9(75%)	22(71.4%)
Pallative	3	3	6

IV. Malignant tumours: Treatment with Radiotherapy alone. (N=8)

Tumour type	No.
Lymphoma	2
Minor SGT	1
Postop. RT	3
Sq. cell Carcinoma	1*
Nodal recurrence	1*

*No cross reference with surgeon.

CONCLUSIONS:

Salivary gland tumours though less common, are encountered in our country. Problems in their management are largely related to the facial nerve. A proper consent should thus be taken from the patient before embarking on surgery for these tumours & should be managed preferably at centers where expertise to handle complications resulting from surgery can be tackled in a proper & judicious way.

REFERENCES:

1. Oxford Textbook of Oncology Vol. I 1995.
2. Archives of Otolaryngology-Head & Neck Surgery Vol. 15 March 1989.
3. Journal of Surgical Oncology 45:52-55 (1990)
4. American J. Surgery Vol. 164:623-628 (1992)
5. Principles of Surgery, 7th Ed. 1999 vol. I Schwartz et al Ed.
6. Comprehensive Text book of Oncology. Moosa et al Ed. (1991)
7. Scott-Brown's Otolaryngology Sixth Ed. 1997 Butterworth Heinemann.

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PHOTODYNAMIC THERAPY

Dr. L. Sarangi, M.S.

Indian Railways Cancer Institute & Research Centre, Varanasi

In recent years a lot of interest has been generated on application of photodynamic therapy (PDT) in both diagnosis and treatment of neoplastic lesions. PDT is an anticancer technique that has been known for a century and which is increasingly applied in dermatology, urology, gastro-enterology, ophthalmology and neuro surgery. Now it is breaking new grounds in oncological surgery.⁽¹⁾

Photodynamic therapy is systemic administration of a photosensitiser, which is preferentially taken up by tissues of strong mitotic activity and pathological stroma.⁽²⁾ Photosensitisers develop no spontaneous toxicity; they must be excited by photons to produce cytotoxic free radicals, such as singlet oxygen and superoxide radicals. These radicals selectively destroy the neoplastic cells having strong mitotic activities. Secondly excitation of the photosensitisers by an incident photon produces re-emission of a fluorescent photon, which can be used to demonstrate small tumour deposits, micro-metastasis, extent of the primary disease as well as incomplete excision and extent of the residual disease left after radical surgery. So PDT may represent the technique which can be applied for both diagnosis, detection and destruction of micrometastases and residual disease. It has the potential for use as an adjuvant per-operative treatment.

The first full clinical report of PDT dates from 1976. Haematoporphyrin derivatives, a complex mixture of porphyrins, was initially used as a photo-sensitiser. An enriched fraction (Porfimer sodium) is now the most commonly used clinical agent. After systemic administration, porphyrins bind to albumin and lipoproteins that accumulate mainly in tumours and organs of reticulo-endothelial systems.⁽³⁾ The light of an argon dye laser can be turned to the appropriate wavelength and delivered either superficially, interstitially and interluminally. Light distribution can be assessed by using a radiation transport model and tissue optical properties, or direct measurement with light detectors.

Various photo sensitisers that are in experimental stage besides Porfimer sodium are:- Photolocyanines, Chlorins, Purpurins, Bacterochlorins, Verdins or Protoporphyrin IX endogenously produced from aminolevulinic acid (ALA)⁴. The ideal properties of a photosensitiser are :- Clinical purity, minimal dark toxicity,

significant absorption at wavelengths above 650 nm, high quantum yields for generation of desired photochemical reactions, preferential tumour localisation and rapid clearance from normal tissue. Amongst the above enumerated photosensitisers, ALA induced photosensitisation is most promising for selective photodynamic therapy.

Various laser systems that are being used are Argon dye laser, KTP laser, Diode laser. The Argon dye laser is expensive and clinically not easy to handle. KTP laser is relatively complex and large. Diode laser is somewhat suitable, though it has its own disadvantages. The main advantage of Diode laser are low capital cost, negligible running cost, high reliability and portable in nature.

The effects of PDT depend in a complex way on characteristics, tissue concentration and localisation of the photosensitisers; the target tissue optical properties and oxygenation; activation wavelength; power density and treatment regimen.

Although it has been clearly demonstrated that PDT can cause significant tumour destruction, most clinical studies to date have involved patients who have failed other standard therapies. The likelihood of tumour control in these patients is accordingly low. It is being applied as phase II & III trials in advanced cancers of oral cavity, esophagus, bronchus, colon, pancreas, skin^(5,6,7,8). Attempts have been made to apply PDT intra-operatively mainly in advanced malignancy of pancreas, ovary as an adjuvant to radical surgery. By this approach the residual disease and micrometastases can be detected intra-operatively and selectively destroyed. However, large scale randomised clinical trials are required to provide a clear evaluation of the potential curative and palliative role of PDT.

Suggested readings:-

1. Hillegersberg R.V., Kort W.J., Paul Wilson J.H.: Current status of photodynamic therapy in Oncology: *Drugs* 1994;48(4): 510-527.
2. Bugelski PJ, Porter CW, Dougherty TJ: Autoradiographic distribution of hematoporphyrin derivative in normal and tumour tissue of the Mouse Cancer. *Res* 1981; 41: 4606-12.
3. Gomer CJ, Dougherty TJ: Determination of hematoporphyrin derivative distribution in malignant and normal tissue cancer. *Res* 1979; 39:146-51.

4. Kreimer-Birnbaum M, Modified porphyrins, chlorins, phtalocyanins, and purpurins: Second generation photosensitisers for photodynamic therapy: Semin Hematol 1989; 26: 157-73.
5. Pass HI. Photodynamic therapy in oncology: Mechanisms and clinical use. J Natl Cancer Inst. 1993; 85: 443-56.
6. Dougherty TJ. Photodynamic therapy. Photochem Photobiol 1993;58: 895-900.
7. Puolakkainen P., Schroder T. Photodynamic therapy of gastrointestinal tumours: a review. Dig. Dis 1992; 10: 53-60.
8. Evrad S. Aprahamian M, Marescaux J. Intra-abdominal photodynamic therapy: From theory to feasibility. Br. J. Surg. 1903; 80: 293-303.

IASO BALANCE SHEET

INDIAN ASSOCIATION OF SURGICAL ONCOLOGY 01.01.1999 To 31.12.1999

Receipts		Payments.	
By Membership Fees a/c.	30,560	To Stationery Exp.	4,100
By Fix Deposit Int.	46,784	To IASO Newsletter Exp.	3,000
By Fix Deposit Int.	3,970	To Salary to Clerk cum Computer operator	9,000
		To Postage & Misc. Exp.	2,750
		To Deharadun Con. Exp.	2,000
		To President Visit Deharadun	1,500
		To Bank Charges	375
		To Net Profit	58,589
	81,314		81,314

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COMBINED LOW DOSE IMMUNOTHERAPY (BCG + Interferon- α -2b In Magement Of Superficial Transitional Cell Carcinoma Of Bladder)

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ABSTRACT

Bladder malignancy is the 11th most common cancer worldwide with more than 2,00,000 new cases diagnosed every year. 90% of these are superficial in nature.

Our aim in this study was to find the efficacy, safety and cost effectiveness of a low dose intravesical immunotherapy with BCG (60mg) + Interferon- α -2b (5 million IU) in prevention of its recurrences and prolong disease progression free interval.

From Jan.'94 to Dec.'94, 100 patients of superficial TCC (T_a, T_1) of urinary bladder with or without T_{is} after transurethral resection of the tumor underwent intravesical instillation of BCG (60mg) combined with Interferon- α -2b (5 million IU) weekly for eight weeks, fortnightly for eight weeks, monthly for eight weeks followed by maintenance therapy at the end of 9th, 12th, 18th & 24th months with an average follow up of 60 months.

Results

At the end of 60 months of follow up showed 36 patients (36%) showed complete response, 44 patients (44%) showed partial response resulting in a total response rate of 80% while 20% progressed to higher grade and stage. Patient's tolerance was good and adverse reaction was low -19%.

Conclusion

This study has shown that a low dose combined therapy with BCG and Interferon- α -2b is not only safe, well tolerated, cost effective as compared to high dose Interferon- α -2b when used as a single drug therapy, but also is highly effective in prevention of tumor recurrences in 36%, maintaining superficial nature of the disease in another 44% with a disease progression free interval of five years in 80% of cases.

INTRODUCTION

Bladder cancer is the 11th most common malignancy in the world with more than 2,00,000 new cases diagnosed every year. In U.S.A. it is the 2nd most urological malignancy. About 90% of bladder carcinoma are transitional cell type of which 75-80% are superficial in nature at the time of their first presentation. Recurrences of these superficial tumors occur within 6 months following transurethral resection of tumors (TUR) with approximately 20% of them progressing to higher grade in that period. Till date many intravesical instillation of drugs

has been carried out for the past one and a half decade to prevent recurrences and prolong disease progression free interval. Though transurethral resection of these tumor remains the first line of therapy, intravesical therapy to prevent its recurrence is necessary.

The role of immuno modulators has recently been accepted as the latest adjuvant therapy for preventing recurrences. BCG has been tried as a single immuno modulator since 1979 with good results but with higher rate of toxicity, while Interferon- α -2b though less

efficient as compared to BCG in term of preventing tumor recurrences has an advantage of being less toxic, as a 2nd line of therapy after BCG recurrence, but is costly when used as a single drug therapy.

Since the mode of action of BCG and that of Interferon are different and in BCG recurrence cases, Interferon has shown good response and vice-versa, it was thought that by combining low dose of BCG with Interferon one can achieve less toxicity, would be more economical when compared to Interferon as a single drug therapy with better efficacy in preventing recurrences and delay disease progression free interval in these malignancy.

BCG is a biological response modifier when given intravesically produces a complex local immune reaction by producing local inflammation leading to secretion of multiple cytokins including interleukin (IL-2, IL-12), Interferon, tumor necrosis factor with an increased CD4/CD8 T cell ratio.

Previous work has shown that BCG produces a complete response rate of 55-60% but toxicity in the form of dysuria, frequency, haematuria, cystitis, spesis is 30-35%. On the other hand the role of Interferon- α -2b has shown specially to augment the immuno modulatory effect of BCG by amplifying the production of cytokins such as IL-2, IL-12, Interferon gama apart from having direct inhibitory effect on the proliferation of tumor bladder cancer cells. Intravesical Interferon- α -2b increases the cytotoxic activity of T-lymphocytes, Natural Killer Cells (NKC) by increasing infiltration of these cells into bladder wall. Further more recent studies suggest that combination of these two drugs in a lower dose have shown better response rate than with either agent alone. With the above facts in mind we undertook a study of a low dose combined intravesical immunotherapy using 60mg of BCG with 5 million IU of Interferon- α -2b (Intron-A - Fulford Scherring) to achieve low toxicity, better efficacy in the form of longer tumor free recurrence rate and prolonged disease progression free interval keeping in view the cost factor.

MATERIALS & METHODS

Between Jan.'94 till Dec.'94, a total number of 121 patients diagnosed as superficial TCC of urinary bladder (T_a , T_1) with or without associated C_{is} were included in this study. This large number may be explained due to the fact that our hospital is a large referral hospital. All these patients after a detail history and clinical examination had routine haematological, Liver Function Test (LFT) and renal function studies, before being subjected to Transabdominal Ultrasonography, Urine for Cytology for malignant cells, Bladder Tumor

Antigen stat (BTA), CT scan of abdomen and X-ray chest for an accurate clinical staging followed by Cystopanendoscopy (CPE) with biopsy as an outpatient procedure under Local Anaesthesia (LA) was done in all cases, not only to reach a histopathological diagnosis but also to know the number, size and appearance of the tumor mass.

Once the diagnosis and clinical staging was established as T_a & T_1 transitional cell carcinoma (TCC) of urinary bladder, they were subjected to transurethral resection of tumor (TUR) under spinal anaesthesia/general anaesthesia (SA/GA). All resections were done by the author only to have an uniformity. Meticulous care was taken to completely resect the tumor mass alongwith base, so as to give enough tissue for histopathological study.

Within one week of resection the histopathology report confirming the superficial nature of the tumor, these patients were subjected to intravesical instillation of 5 million IU of Interferon- α -2b (Intron-A - Fulford Scherring) diluted with 30 ml of physiological normal saline in combination with 60mg of BCG mixed in 30 ml of normal saline, under all aseptic measures through a 8F red rubber catheter after evacuating the residual urine, as a day care procedure weekly for eight weeks, fortnightly for eight weeks, monthly for eight weeks, at the end of 9th, 12th, 18th and 24th months following resection as maintenance dose - a total of 18 instillation in 2 years. Each instillation was for 2 hours duration during which the patient was asked to lie for half hour in prone, supine, left lateral and right lateral position so as to allow the drug to reach each quadrant of the bladder.

- Fresh haemogram estimation was done at the beginning of each instillation
- During follow up periodic check cystoscopies were carried out during the therapy at the end of 3rd, 6th, 9th, 12th month during the first year, six monthly for next two years and yearly thereafter.
- In event of any recurrence the patients were subjected to transurethral resection of tumor and if histopathology proved it to be still low stage and low grade, the patients were continued in the same schedule, i.e. for T_a , T_1 stage.
- In case histopathology showed progression of the disease to higher stage i.e. T_2 , T_3 , T_4 the patients were excluded from the study.

Response Criteria

Our result was evaluated as complete response, partial response or no response.

Complete response was defined as normal appearance of the bladder at follow up check cystoscopy with or without biopsy with no tumor recurrence with urine cytology & BTA stat being also negative. Tumor recurrences of similar or lesser stage and grade on histopathology were designated as partial response while progression to higher grade and stage was termed as no response. Toxicity was evaluated through patients report, observation by the investigators and local systemic reaction.

OBSERVATION

The initial 121 patients of superficial TCC diagnosed in 1994 and who were expected to complete a five year follow up by 1999 were regularly followed up and included in this series. Out of the total number of 121 patients, there were 21 dropouts/deaths during follow up, leaving a total number of 100 patients who could actually complete a sixty months follow up by 1999.

Eighty patients were male twenty were females, making the sex ratio as M:F :: 4:1.

Maximum incidence in female was in 5th decade, a decade earlier than their male counterpart.

All the 100 patients under study had at least one episode of haematuria, which was the commonest symptom. Associated symptoms were increased frequency of micturition, anaemia, fever and weakness (Table I).

Table I

Clinical features of patients with TCC

Clinical Features	No. of Patients	Percentage
Haematuria	100	100
- Frequency of Micturition	48	48
Dysuria	20	20
Weakness	24	24
Anaemia	06	06
Fever	08	08

Out of the 100 patients, 36 patients were of stage T_a, 56 patients stage T₁, and 8 patients of stage T₁ with T_{is}.

The WHO has proposed that TCC be divided into three grades (I, II, III) on the basis of urothelial architecture like cell size, pleomorphism, nuclear polarization and hyper chromatism; and the number of mitosis present. Basing of the above criteria our patient's histopathology reports were graded as Grade I, Grade II and Grade III as follows :

Grade I : Well differentiated cells with their fibrovascular stalk, thickened urothelium, having more than 7 cell layers with slight anaplasia, pleomorphism and mitotic figures with increased nuclear to cytoplasmic ratio and prominent nuclear membrane.

Grade II : Moderately differentiated cells with wider fibrovascular stalk, greater disturbance of the base to the surface cellular maturation, loss of cell polarity. Nuclear to cytoplasmic ratio is higher with more nuclear pleomorphism and prominent nucleoli.

Mitotic figures are frequent.

Grade III : Poorly differentiated cells without any differentiation of base to surface cellular maturation with marked pleomorphism, high nuclear to cytoplasmic ratio and more frequent mitotic figures.

A strong co-relation do exist between the stage and grade of the tumors.

With above grading criteria, out of the 100 patients, 52 patients belonged to grade I, 44 patients were of grade II and 4 patients were of grade III.

Higher the number, higher was the grade without any statistical significance.

Table II shows the relationship between the stage and grade of our 100 patients.

Table II

Stage and Grade of Tumors

Stage	Grade			Total
	I	II	III	
T _a	26	10	Nil	36
T ₁	24	30	02	56
T ₁ +T _{is}	02	04	02	08
	52	44	04	100

History revealed 60% were ex-tobacco smoker, 24% were present smoker of tobacco, while 16% were non-smokers, thereby revealing tobacco smoking is a significant co-factor in developing cancer bladder.

RESULT

The response to treatment was evaluated by referring to the duration of disease free survival, the number of recurrences and time interval and progression of the disease.

Complete response rate which was 84% at the end of 1st year dropped down to 36% at the end of 60 months follow up while partial response 16% at the end of 12 months follow up rose to 44% at the end of 60 months, while during the first year none of the patients progressed to higher grade/stage, but subsequent progression to higher stage was observed resulting in 20% progression to higher stage at the end of 60 months follow up.

Side Effects

The total incidence of side effects was 19%, the most common being dysuria with UTI, followed by urgency and frequency. Minor side effects like headache, itching, myalgia and general weakness was also observed and one patient had hepatitis in whom the drug was withdrawn temporarily (Table III).

Table III

Side Effects	No. of Patients	Percentage
Dysuria	19	19%
UTI	19	19%
Frequency	18	18%
Urgency	17	17%
Headache	03	03%
Itching	02	02%
Mayalgia	02	02%
Hepatitis	02	02%

DISCUSSION

The primary aim of this clinical trial was to establish the safety and efficacy of the low dose combination therapy of BCG + Interferon- α -2b therapy at a low cost, so as to achieve a longer period of tumor free recurrence rate and prolonged disease progression free interval in patients with confirmed bladder malignancy.

- Morales et al[2] in 1976 first used BCG in management of superficial TCC with an optimal dose of 120mg of BCG, the toxicity was high. In order to reduce toxicity and simultaneously increase the efficacy, a second immunomodulator in the form of Interferon- α -2b is currently used with introduction of maintenance dose by many workers (Morales et al[1]).
- Catalona et al[3] used high dose of Interferon as a monotherapy to achieve good result but it was costly. Similarly Glashan et al[4] and Distasi[5] using high dose of Interferon achieve good result.

Stricker P et al[6] have shown that the additive antiproliferative effect of BCG + Interferon- α -2b on cell line derived from human bladder cancer cells. A

combination of BCG + Interferon- α -2b at simulated clinical concentration had a similar anti proliferative effect to a double dose of BCG alone.

- BCG and Interferon- α -2b have a direct anti proliferative effect on bladder tumor cells. In addition, these cells which are unresponsive to BCG previously became susceptible to combined anti tumor activities of BCG plus Interferon. Our observation augment the clinical trials with combination of BCG & Interferon- α -2b in the hope to reduce the BCG associated toxicity.

There is a considerable evidence to suggest that Interferon- α -2b + BCG both at low dose has better efficacy in the treatment of superficial TCC.

We achieved a good overall result, 60 months of recurrence free interval in 36% and disease progression free interval in 80% of our patient in the study. Our study shows similar results as to that shown by Bercovich et al[7], O'Donnell[8], Engelmann[9].

One of our aim was to reduce toxic effect of the therapy with low dose of both the drugs was well perceived as only 19% of our patients had the adverse effect as compared to 40% by Lamm et al[10].

Finally by reducing the dose of both the drugs, the cost of the therapy was reasonable low.

- Our study has achieved a complete tumor free recurrence rate of 36% at the end of five years follow up with another 44% having superficial tumor recurrences, thereby giving a 80% disease progression free interval on five years follow up.

Table IV

Five year follow up of 100 Patients yearwise.

Response Rate	End of 1 st Year	End of 2 nd Year	End of 3 rd Year	End of 4 th Year	End of 5 th Year
Complete Response	84%	70%	58%	44%	36%
Partial Response	16%	25%	34%	40%	44%
No Response	Nil	5%	8%	16%	20%

CONCLUSION

In conclusion our study has shown that a low dose combination immunotherapy of BCG + Interferon- α -2b is not only safe, economical but also very effective in

achieving a longer tumor free recurrence rate and a prolonged disease progression free interval with very little adverse effect, but to achieve this maintenance dose at a periodic interval after initial therapy seems to be mandatory.

REFERENCES

1. Morales A et al. Intracavitary bacillus calmettee - Guerin in the treatment of superficial bladder tumors. J Urol 1976; 116:180-183.
2. Morales A et al. Dose response of Bacillus Calmette Guerin in the treatment of superficial bladder cancer. J Urol 1992; 147:1256-58.
3. Catalona et al. Risk and benefits of repeated course of intravesical bacillus calmettee - Guerin therapy for superficial bladder cancer. J Urol 1987; 137:220-24.
4. Glashen et al. A randomised controlled study of intravesical a-2b Interferon in carcinoma-in-situ of the bladder. J Urol 1990; 144:658-661.
5. Distasi SM et al. Intralesional alpha Interferon in papillary superficial TCC of the bladder - A pilot study. Br J Urol 1992; 422-426.
6. Stricker P et al. Bacillus Calmette Guerin + Intravesical Interferon-a-2b in patient with superficial bladder cancer. Urol 1996; 48(b):957-61, discussion 961-2.
7. Bercovich et al. BCG vs BCG+Interferon-a-2b recombinant net tumor superficial della vesica. Arch Ital Urol 1995; 67:257-260.
8. O'Donnell HA. Experimental and clinical evidence of enhancement of BCG efficacy by adding Interferon-a-2b. J Urol 1997; 2,157:382.
9. Engelmann U et al. Interferon-a-2b instillation prophylaxis in superficial bladder cancer - a prospective controlled three armed trial. Anti Cancer drugs Suppl 3 : 33; 1992.
10. Lamm DL et al. Long term results of intravesical therapy for superficial bladder cancer. Urol Clin North Am 1992; 19 : 573-580.

INFORMATION

IX BIENNIAL NATIONAL CONFERENCE

OF

INDIAN SOCIETY OF ONCOLOGY, ISOCON 2000

AT

HOTEL KRISHNA OBEROI, HYDERABAD

ON

9th - 12th NOV' 2000

HOST

APPOLO HOSPITALS, HYDERABAD

CONTACT :

**DR. MOHAN VAMSY
ORGANISING SECRETARY, ISOCON 2000
APPOLO CANCER HOSPITALS
JUBILEE HILLS, HYDERABAD-33**

Minutes of the General Body & Executive Committee Meeting held at ASICON'99 Madurai

Agenda for IASO General Body Meeting

1. To confirm the minutes of last General Body meeting held at Ahmedabad.
2. Anything arising out of it.
3. To discuss matters regarding NatCon-IASO 2000 to be held at Puri, report by Dr. K. Panda.
4. To decide the speaker for Motibhai Patel oration and topics and moderators of symposia NatCon-IASO 2000
5. To consider application for IASO travelling fellowship.
6. To consider application for different vacant posts including election if needed.
 - (a) Executive Committee members - 4.
 - (b) Vice President - 1.
7. Approval of the membership applications received.
8. Accounts for the current year.
9. To discuss the applications for the venue of NatCon IASO 2001.
10. To discuss proposal for printing of journal with European Journal of Surgical Oncology.
11. Any thing with the permission of the chair.

Attendance :

The Executive Committee Meeting was held on 28th December 1999 at 5:30PM.
The Executive Committee Meeting was attended by following members :

Brig. K. K. Maudar
Dr. K. Panda
Dr. S. P. Kharey
Dr. K. C. Kothari
Dr. Ravi Kant
Dr. L. Sarangi
Dr. I. M. S. Narula

Dr. Dileep Acharya
Prof. J. B. V. Rao
Prof. P. M. Divedi
Dr. K. K. Pandey
Dr. A. K. Dewan
Dr. Dhananjay Sharma

The General Body Meeting was held on 29th December 1999 at 4:30PM.
The General body Meeting was attended by following members :

Col. A. K. Chaturvedi
Dr. P. M. Trivedi
Dr. R. I. Dave
Dr. M. R. Patil
Dr. L. Sarangi
Dr. Ravi Kant
Dr. M. Iqbal Ahmed
Dr. R. B. Singh
Dr. Hemant Raj
Dr. B. Mohanprasad
Dr. K. Panda
Dr. S. Sadasivam

Dr. Gopinath K. S.
Dr. Varsha Sagdeo
Dr. I. M. S. Narula
Col. P. J. Vincent
Dr. T. Gunasagaran
Dr. J. Sree Ram Reddy
Dr. Manoj Pandey
Dr. V. V. Subbarao
Dr. Suresh Venkatchalam
Dr. S. P. Kharey
Dr. K. C. Kothari

Minutes :

1. Bri. K. K. Maudar chaired the meeting in absence of Brig. P. Subhash
2. Condolence was observed for the demise of son of Brig. P. Subhash
3. Dr. K. Panda gave the logistics to hold the NatCon IASO 2000 conference at Puri, Orissa. It was decided to hold the two and half day conference on 15, 16 and 17th September 2000 accordingly with the following outline :
 - Theme of the conference : Head and Neck Cancer
 - Symposia to be held - Carcinoma larynx (Dr. L. Sarangi)
Carcinoma Tongue (Dr. K. C. Kothari)
 - Panel discussion - Carcinoma Thyroid (Dr. Gopinath)
4. It was decided that Dr. J.J.Vyas would be the speaker for the Motibhai Patel Oration lecture.
5. It was proposed that Dr. Ashoka Shaha would be asked for a guest lecture at ASICON 2000
6. IASO travelling fellowship was awarded to Dr. Rajendra Singh from lucknow
7. Dr. R.I. Dave from Ahmedabad was elected as Vice President IASO. Dr. Gopinath withdrew in favour of Dr. R.I. Dave
8. The following were elected as members for the executive committee for the year 2000 -2001
 - Dr. T. Gunasagaran, Chennai
 - Dr. Hemant Raj, Chennai
 - Col. A. K. Chaturvedi, VSM, Pune
 - Dr. B. K. Mohan Prasad, Madurai
9. Topics and moderator for Symposia for ASICON 2000 to be held at New Delhi were discussed. The following was decided
 - Topic: 1. Soft Tissue Sarcoma - Moderator (s) Dr. Iqbal Ahmed
Dr. K.S. Gopinath
 - 2. "What is new?" - Dr. T. Gunasagaran
10. The accounts for the current year were audited and it was decided to increase the salary of the Secretary from Rs. 750/- to Rs. 1000/-.
11. Rohatak, Hariyana was decided as the venue for the NatCon IASO 2001.
12. Dr. K. Panda agreed to donate Rs. 10,000/- and the amount to be awarded as prize money for Onco Quiz in ASICON 2000 in his name
13. Dr. K. S. Gopinath agreed to donate Rs. 10,000/- and the amount to be awarded as prize money for Onco Quiz in NatCon IASO 2000 in his name
14. Dr. Maudar informed that Dr. David from Department of Surgical Oncology, Wayne State University, Detroit has agreed to give a Fellowship of US \$ 1000/- to one young surgeon for training at the institute for one month. Dr. Maudar has been authorized to decide the minimum criteria for the candidate.
15. Regarding proposal of publishing of European Journal of Surgical Oncology to be published from India, Dr. K. S. Gopinath suggested to work out the exact amount to be incurred and then put it up for the General Body Meeting.
16. The winners for the Onco Quiz in ASICON'99 were
 - First : Dr. A. S. Ramakrishan, MS, PG Student, Chennai
 - Second : Dr. Arun Geethayan R. A., MS, PG Student, Chennai
 - Third : Dr. Kirubanand, PG Student, MS, PG Student, K M C, Mangalore

Dr. Kiran Kothari
Secretary, IASO

NATCON IASO - 2000
Toshali Sand Resorts, Puri, Orissa
September - 15, 2000 (Friday)

Time			
08.00	Registration		
09.30	Inauguration : Hon'ble Governor , Orissa		
10.40	Tea / Coffee Break		
11.00	Motibhai Patel Oration :		Chairpersons
	J.J. Vyas, Mumbai ,	Lessons learnt in last century in Breast Cancer	K.K. Maudar M.S. Khadanga
11.40	Chair persons : N.C. Mishra & R.I. Dave.		
	Guest Lecturers :		
	R.S. Rao, Mumbai	Human & Social Aspects Of Cancer Care.	
	S. Pradhan Mumbai	Recent Trends In Head & Neck Oncology.	
	R.K. Vyas Ahmedabad	Role Of Stereotactic Radiotherapy In cancers of head & neck.	
13.00	Lunch Hour		
14.00	Symposium : Cancer Of Oral Tongue.		
	Convenor : K.C. Kothari, Ahmedabad		
	K.C. Kothari	Introduction , Surgical Anatomy & Staging.	
	Vikram Sanghvi	Decision making in Treatment Planning & Surgical Treatment for Primary.	
	R.I. Dave	Management of Neck Nodes.	
	K.C. Kothari	Results of randomized Trials for Primary Surgery vs. Primary Radiotherapy.	
	Devang Bhavsar	Role of Radiotherapy. Discussion, Questions & Answer session.	
16.00	Chair Persons : R.S. Rao & Ravikant		
	Guest Lecturers :		
1	R.M. Tiwari	Bangalore	Cancer base tongue
2	S.K. Sukla	Nagpur	Salivary Gland Tumours
3	D.D. Patel	Ahmedabad	Tumour Markers
4	B.R. Das	Bhubaneswar	Implection of molecular markers in diagnosis and prognosis of oral squamous cell carcinoma.
5	A.K. Gupta	Mumbai	Refinements in microsurgical reconstruction for mandibular defects
6	R.K. Mohapatra	Chennai	Newer Chemotherapentics in Head & Neck Cancer.
19.00	Cultural programme & Entertainment		
21.00	Dinner		

NATCON IASO - 2000
Toshali Sand Resorts, Puri, Orissa
September - 16, 2000 (Saturday)

Time			
08.30	Symposium : Cancer of Larynx		
	Convenor : L. Sarangi , Varanasi		
	L. Sarangi,	Varanasi	Introduction on Surgical Anatomy and staging workup.
	A. Bhatnagar	New Deihi	Decision making and treatment planning.
	A. D'Cruz	Mumbai	Voice preserving in Laryngectomy.
	G. K. Rath	New Delhi	Chemoradiation for Organ Preservation.
	S. Saini,	Dehradun	Speech Rehabilitation.
	M. Ganguly,	New Delhi.	Chemo prevention.
			Discussion & Concluding remarks.
10.15	Tea / Coffee Break		
10.30	Chair Persons : J.J. Vyas & P.N. Agarwal		
	Guest Lecturers :		
	James C. Rucinki	USA	Impact of mammography in Breast Cancer.
	K.K. Maudar,	Pune	Sentinel lymph node mapping in Breast Cancer.
	Lee Sangoil	Korea	
	Simon Ellebogen	USA	Evolution of Surgical Treatment in Breast Cancer
	S.K. Bose	Chandigarh	Locally advanced breast cancer (LABC)
	S.H. Advani,.	Mumbai	Newer approach in management of Breast Cancer.
12.20	ONCO QUIZ : Quiz Master :- K.C. Kothari & Somesh Chandra, Ahmedabad.		
13.00	Lunch Hour		
14.00	Symposium : Cancer of Thyroid		
	Chair Person : K. S. Gopinath , Bangalore		
	Vijaaya Kumar	Bangalore	Cost effective evaluation in management of solitary nodule thyroid.
	Niranjan Rout	Cuttack	Controversies in FNAC and biopsy of thyroid tumours.
	Deepak Parikh	Mumbai	Management of well differentiated Thyroid Cancer
	Ravikant	New Delhi	Management of medullary cancers of Thyroid
	Sanjiv Mishra	Lucknow	Extended Resections for invasive Thyroid Cancers
			Discussion, concluding remarks
15.45	Tea / Coffee Break		

16.00	FREE PAPER SESSION - I. Chair Persons : B.K.C. Mohan Prasad / L.M. Mukharjee		
1.	Sunil Saini Arun Ciri , Mayani Srivastava.	Dehradun	Head & Neck Cancer.
2.	Sanjay Panda R.N. Biswal. A.K. Kar,	Cuttack.	Premalignant lesions of oral cavity with reference to submucous fibrosis.
3.	Rahul Khanna. A. Rai, G. Rao, S. Khanna,A.K	Varanasi	Hpv 16 Dna Sequence In Oral Cancer.
4.	Pawan Gupta R.Nayyar, S. Patel, D. Bhansali, R.A. Tankshali, H. K. Shukla, M. Trivedi. R.I.Dave	Ahmedabad	Oral tumours with unusual pathology.
5.	S. Sadasivam Suresh Venkatachalam. K. Senthil Ganesh	Coimbatore	Reconstructive methods in advanced Head & Neck Malignancies.
6.	Subodh K Singh. L. Sarangi, P.K. Mishra, A. Bhatnagar.	Varanasi	Intra -Oral Reconstruction with Loco-Regional Flaps.
7.	Jalaj Baxi, K.C. Kothari, Mahesh H Patel Umang Desai	Ahmedabad	Total Laryngopharyngectomy with Esophagectomy & Gastric Pull-Up for Post Cricoid Carcinoma.
8.	Subodh K Singh. L. Sarangi, P.K. Mishra, A. Bhatnagar.	Varanasi	Radial artery forearm free flap for intra-oral reconstruction in oral Cancer.
9.	J. P. Doshi	Rajkot	D. L. Scopy under LA using Fiberoptic Bronchoscope.
10.	Neela Cathrine , V. Srinivasan	Chennai	Scope Of Transhiatal Oesophagectomy In Oesophageal Lesions.
11.	Sharad Desai	Maharashtra	Recurret Laryngeal Nerve Injury-A Prognostic Indicator In Transhiatal Esophagectomy.
12.	N.R. Pradhan, S.Panda, C. Panda, P.K. Panigrahi, S.P. Pattnaik, L.M. Mukharjee	Berhampur	A correlative study of FNAC, Ultrasonography, operative finding & histopathology in solitary thyroid nodule.
19.00	Entertainment		
21.00	Dinner		

NATCON IASO - 2000
Toshali Sand Resorts, Puri, Orissa
September - 17, 2000 (Sunday)

Time			
08.00	Symposium : Photo Dynamic Therapy (PDT) in Head & Neck Cancer		
	Convenor : Anil D'Cruz , Mumbai		
	J.V. Goswami	Ahmedabad	Introduction
	Somesh Chandra	Ahmedabad	Physics, Biology & Photo sensitizers
	Anil D'Cruz	Mumbai	The Indian Scene
	Iqbal. Ahmed	Trivendrum	Present problems' reality & future prospects
			Discussion.
9.30	Guest Lecturers / Chair persons : S.K. Sukla & A.K. Sharma		
	Sanjay Sharma	Mumbai	Surgery in Cervical Esophagus.
	K.K. Pandey	New Delhi	Management of Cancer esophagus with Esophago-tracheal fistula.
10.20	Tea / Coffee in the hall.		
10.30	Chair persons : A.P. Majumdar & S.P. Kharey.		
	H.K. Sukla	Varanasi	Cancer of Gall Bladder
	D.W. Weaver,	USA	Surgery for Pancreatic Cancer Pitfalls & Management.
	G.S. Bhattacharya	Calcutta	Chemotherapy in hepatobilliary & Pancreatic Cancer.
	B.A. Mukherjee	U.S.A	Role of Laparoscopic surgery in G.I. Malignancy.
	G.S. Bhattacharya	Calcutta	A new platinum analogue in management of advanced colo-rectal cancer.
12.30	FREE PAPER SESSION - II.		
	Chair persons : H.K. Sukla & K.K. Pandey		
1.	S. Panda , K. Panda	Cuttack	Pattern of practice in surgical oncology
2.	Lt.Col.Manomoy Ganguly Brig. P. Subhash.	New Delhi	Locally advanced breast cancer
3.	A. K. Sharma	Kathamandu	Breast cancer-nepalese Perspective
4.	Sakti P. Das, Ram N. Mohanty Sanjay K.Das & B.R.Avadhani	Cuttack	Resection Arthodesis Of Knee For Giant Cell Tumour.
5.	S. Agarwala.M. Srinibash, M.Bajpayee, V.Bertangar, D.K. Gupta & D.K. Mitra	New Delhi	Outcome of surgical treatment of pediatric clear cell sarcoma of kidney.

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|-----|---|------------|--|
| 6. | A. Lal, S. Agarwala,
A.C. Robert A. Puri, M.
Srinibash & D.K. Gupta | New Delhi | Lipoblastoma and
lipoblastomatosis in children :
significance in relation to
Liposarcoma. |
| 7. | S. Agarwala, M. Srinivas,
M. Bajpai, V. Batnagar,
D.K. Gupta, D.K. Mitra. | New Delhi | Results of treatment of
advanced neuroblastoma in
children. |
| 8. | Anand K Mishra G. Agarwal,
A. Mishra, A. Agarwal, Sk
Mishra, V. hatia | Lucknow | Pediatric pheochromocytoma :
a referral center's experience |
| 9. | K. Bhattacharya
B. Krishna Rau | Chennai | Leser in tracheobronchial
Tumors. |
| 10. | Anjali Mishra
S.K. Mishra | Lucknow | Total thyroidectomy for
differentiated thyroid cancers |
| 11. | Vivek Agrawal.
Deborshi Sharma | Delhi | Double malignancy. |
| 12. | S. Sadasivam,
Thulasi | Coimbatore | Management of salivary gland
malignancies with
conservative approach. |

14.00

Valedictory session & Lunch

This newsletter of IASO is going to be a regular feature and will be published twice a year. It will contain relevant professional news, events and recent topics of common interest. Members are requested to make use of the newsletter for dissemination of any valuable information.

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ONCOINFOSCAN

Dr. R. Sekhar, MS(Cal), FRCS(Glasg), FRCS(Edin)
Surgeon, Jagjivan Ram Hospital, Mumbai.

BREAST CANCER:

1. According to one study from New York, Monthly breast cancer pain may signal lower breast cancer risk. One suggested reason was that painful breasts may have greater infiltration with immune competent cells or express pain modulation cytokines such as TNF-alpha.
2. Over expression of the antiapoptotic protein BAG-1 seems to have a paradoxical association with improved breast cancer survival. A retrospective analysis of patients with early stage breast cancer showed BAG-1 positive patients to have an 81% 10 yr. Overall survival, compared with 43% for BAG-1 negative patients. Laboratory studies show that BAG-1 overexpression in breast cancer cells may inhibit metastasis.
3. In a 15 year study of 520 women less than 40 yrs of age, pregnancy after being diagnosed with breast cancer & successfully treated, did not increase the patients risk for recurrence or death from disease, particularly in women with local disease at diagnosis.
4. According to an interim analysis of the ZIPP (Zoladex in Premenstrual Patients) trial in London, Goserelin-an estrogen suppressor used in premenstrual patients gave a significantly prolonged event free life, especially if young & ER+ve. Though it might not produce better results than adjuvant chemotherapy in younger women, **Goserelin** is a reversible form of ovarian suppression & does potentially offer a choice for the very young women who wishes to retain her fertility.
5. Brown sea weed & soy may contribute to lower rates of post menopausal breast cancer in Japan. Of particular interest in the study was that women with breast cancer showed lower ratio of 2-Hydroxyestrone to 16-alpha-hydroxyestrone. Sea weed & soy favourably increased this ratio.
6. A new biopsy technique, the stereotactic large core approach, in addition to being minimally invasive, retains tissue architecture unlike most FNAC samples, uses computer co-ordinates to localize lesions, takes only one hour and does not require intravenous anaesthesia. It is cheaper than taking a surgical biopsy.

SALIVARY TUMORS:

There is some evidence suggesting that hair dressers are at a higher risk of getting salivary gland cancer than the normal population. One of the incriminating agents suggested is the sprays & lacquers they use on their customers.

OESOPHAGEAL CANCER: An Irish study evaluated the results of Chemotherapy plus Radiation followed by resection and compared it to results with surgery alone in **adenocarcinomas**. Of 113 patients, 58 were randomly allocated to the first group & received 5FU+ cisplatin+4000cGy from day one. 55 cases were subjected to surgery alone. Patients had to be less than 76 yrs of age, had all the mandatory preoperative evaluation including a physical evaluation for fitness for surgery was given for two cycles along with RT & surgery performed 8 wks after beginning treatment. The median follow-up was 10 months.

Post operative complications were respiratory in 28 cases in the first group & 32 in the second group. Other minor complications were common in both groups. In 25% of case in the first group, there was a complete response to CT + RT, i.e., no evidence of tumor at subsequent surgery. Survival rates at 3 yrs was 37% for the first group & only 7% in the group of surgery only. They suggest that multimodal therapy should be advised to all adenocarcinomas of esophagus where tumor is confined to the esophagus & draining lymphnodes, provided the patient has adequate physiological reserve to withstand the treatment.

BILLIARY & PANCREATIC CANCERS:

Biliary tract drainage, with or without placement of an endoprosthesis, is used as a palliation therapy for malignant biliary obstruction. Metallic stents have a long term patency of 6 to 8 months. At present, it appears that unresectable pancreatic cancers should be palliated with endoscopically placed plastic or metallic stents, whereas those with malignant obstructions higher in the biliary tree are probably better managed with transhepatically placed stents. The combination of brachytherapy plus external beam radiation followed by implantation of **Gianturco** metal stents may be a viable approach to treating obstruction from cholangiocarcinomas. For noncholangiocarcinomas, particularly when life expectancy exceeds anticipated stent patency duration, the **Wallstent** may be the device of choice.

COLONIC CANCERS:

1. A phase III trial conducted at Pennsylvania found that the OncoVAX colon cancer vaccine reduced the 5-year recurrence rate of stage II colon cancer patients by 61% & improved cancer-free survival rate by 50%. OncoVAX

is an active specific immunotherapeutic that is prepared for each patient using the patient's own surgically removed tumor. The tumor is treated with enzymes to separate the tumor cells. The cells are then frozen for vaccine preparation, & beginning 4 weeks after surgery, the patient receives four injections over a 6-month period. The vaccine has been approved for use in The Netherlands.

2. Newer chemotherapeutic drugs:

- * Raltitrexed- a thymidylate synthetase inhibitor, in combination with 5FU or oxaloplatin or Irinotecan. Given as a 15 min infusion, repeated every 21 days. Max. tolerated dose was 5.5mg/m². Being used for advanced colon cancers, Muscositis, diarrhoea can be severe, kidney functions are to be adequate as drug is excreted through kidneys.
- * Gemcitabine- a nucleoside analogue, inhibits deoxycytidine kinase, a key enzyme in the salvage pathway of pyrimidine synthesis. Given along with 5-FU.
- * Trimetrexate- a folate antagonist. 10 times more cytotoxic than methotrexate. Used as a biological modulator of 5-FU in advanced colonic cancers.

Adjunct drug in F A P-COX-2 inhibitor- CELECOXIB- this cyclooxygenase inhibitor in a dose of 400mg B.D. significantly reduces the number of adenomatous colorectal polyps by an average of 28% - compared to a 5% reduction with placebo.

RENAL CELL CARCINOMAS:

Surgical resection remains the cornerstone of management. No effective post surgical adjuvant has been established in cases with locally advanced disease who have a high chance of recurrence. Interferon alfa & interleukin -2 benefit relatively few. Research is being directed to novel vaccine therapy targeted at both renal epithelium & vascular antigens.

PROSTATE CANCER:

1. A team of researchers led by Patrick Walsh of John Hopkins Hospital have found three factors could be used to reliably predict recurrent disease- the amount of time elapsed after surgery for PSA level to rise above zero,

time it took for PSA to double and the patient score. The men at greatest risk were those with Gleason scores, a rise of PSA within 2 years after surgery, and a doubling of PSA in less than 1 year. The findings will reassure patients that a rise in PSA is not necessarily a death sentence & will give surgeons a framework more accurately base decisions on PSA levels. 2. A Chicago based study suggests that 3-D ultrasound of seminal vesicles biopsy by transchiorectal route can be done for all cases after a positive diagnosis of prostate cancer and prior to implementation of treatment options. It states that at least 10% of cases are upstaged with this procedure.

TESTICULAR TUMORS:

Both retrospective single institution studies & prospective unselected, consecutive patients have confirmed that vascular invasion, lymphatic invasion, presence of embryonal carcinoma are predictive of metastasis in patients with low-stage nonseminoma. Lymph node staining, which identifies Ki-67 antigen in conjunction with a low percentage of embryonal carcinoma in testicular specimen is predictive of low probability of metastasis. CT scan is a useful staging tool. Laparoscopic retroperitoneal lymphadenectomy appears to be a feasible tool with acceptable short term morbidity. Primary chemotherapy is not recommended for low stage. It has not been proven to be superior in patients with high clinical stage I nonseminomas and can cause significant long term sequelae.

REFERENCES

1. Oncology News; Vol. 8, no. 12, DEC. 1999.
2. Oncology News; Vol 9, no. 1, Jan, 2000.
3. Oncology News; Vol. 9, no. 2, Feb, 2000.
4. Oncology News; Vol. 9, no. 3, March, 2000.
5. Oncology News; Vol. 13, no. 3, April, 2000.
6. Oncology News; Vol. 14, no. 2, April, 2000.
7. Oncology News; Vol. 20, no.1, April, 2000.
8. Oncology 14(1): 29-35, 2000.
9. Oncology 13(12):1689-1694, 1999.
10. Oncology 9(6): 493-504, 1999.
11. MJolecular Medicine 4:40-45, 1999.
12. Journal of Urology, October, 1999.

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RAVI KANT, EDITOR

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MEMBERSHIP APPLICATION FORM

REQUEST FOR CHANGE OF ADDRESS

Dr. Kiran Kothari
 Kothari Onco Surgical Hospital
 Sakar Complex, First Floor, Near Krishnabaug,
 Maninagar, Ahmedabad-380 008, Gujrat, INDIA
 Tel. : 079-546 3874, 079-546 7238 (R) 079-546 8983
 Fax : +91 - 79 - 546 1596
 Email : kotharikiran@usa.net

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Dear Sir,

I wish to be a member of Indian Association of Surgical Oncology as life member and I am enclosing a draft/cheque/money order of Rs. 1000.00 (Rs. 40/- to be included if a cheque is drawn) towards subscription and enrolment on being elected.

Name in Full (in Block) :

Date of Birth :

Qualifications :

ASI Regd. No. & State where registered :

Address for correspondence (in Block Letters) :

Position engaged in Teaching/Research/Practice etc. :

Practice of Oncology or related speciality (%age)

Sub-speciality if any :

Sponsored by (1)

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Date of

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Home Address :

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Street _____

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Office Address

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Home

Office

Please mail this to :

Dr. Kiran Kothari
 Kothari Onco Surgical Hospital
 Sakar Complex, First Floor, Near Krishnabaug,
 Maninagar, Ahmedabad-380 008, Gujrat, INDIA
 Tel. : 079-546 3874, 079-546 7238 (R) 079-546 8983
 Fax : +91 - 79 - 546 1596
 Email : kkothari@icenet.net

Name of Member ASI

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Bromelain	-	90 mg.
Rutin	-	100 mg.

Indications :

- *Edema and inflammation of traumatic origin, such as*
 - from contusions, lacerations, cuts
 - following surgery, tooth extractions
 - sports injuries, sprains
 - burns
- *Inflammatory episodes of rheumatic and degenerative conditions, such as*
 - rheumatoid arthritis
 - osteoarthritis
 - spondylopathies
 - tendinitis
 - bursitis
- *Supportive therapy for acute and chronic infections (in conjunction with antibiotics), such as*
 - inflammations of head & neck : sinusitis, Pharyngitis, tonsillitis, rhinitis.
 - inflammation of digestive tract : pancreatitis, hepatitis, gastritis, enteritis, colitis
 - inflammation of respiratory organs, urinary and genital system
- *Complementary therapy during circulatory disorders, such as*
 - varicose veins, varicose ulcers
 - inflammation of veins, arteries, lymphatics

WOBE-MUGOS E - TAB

Papain I.P.	-	100 mg.
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Indications :

- Adjuvant therapy before and after surgery for improved wound healing.*
- Complementary therapy before, during and after chemotherapy and radiotherapy to reduce acute side effects and delayed damages.*
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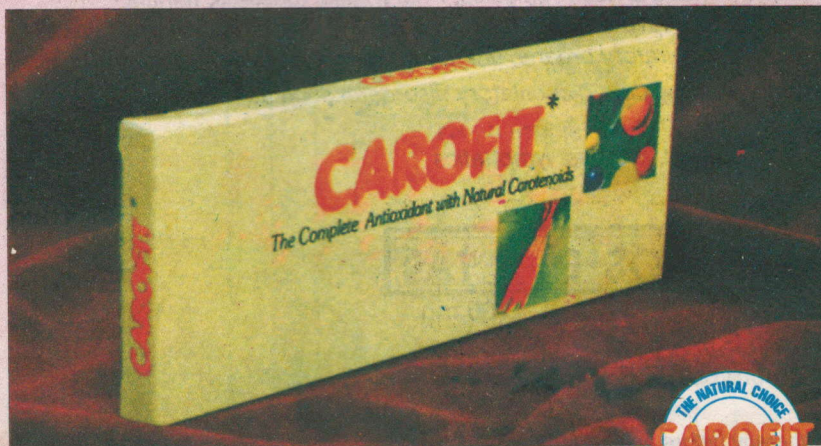
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