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**Introduction.** Now the cervical cancer wins first place in the world and the second main place in the Russian Federation among all malignant new growths of female genitals. Thus in our country, on the average only at 10% of patients fixed preinvasive stage of tumoral process, that is absolutely inadequate to opportunities of modern medicine and testifies to a low level of screening. The analysis of age structure of microinvasive cervical carcinoma patients, led in the middle of 80th years of the last century, has shown, that it basically of the woman of 40-49 years, i.e. the most active creative and able-bodied age. Now the adequate and standard volume of surgical intervention at microinvasive cervical cancer T<sub>1</sub>A<sub>1</sub> stages is simple gysterec-tomy without ovarioectomy at women of reproductive age and with ovarioectomy – at patients over 50 years. And, only at women of genital age, at persevering desire of the patient to keep fertility, surgical intervention in a similar situation can be limited of cervix conysa-tion or cervix amputation. At the same time, for last years in the domestic and foreign literature there was published the significant number of works in which the opportunity of organsaving treatments carrying out in patients with the given pathology was substantiated. Besides biological features and a rarity metastasis of microinvasive cervical cancer, the essential argument for reduction of volume of medical influences is extremely high frequency of 5-years recovery – 96,8%

**ORGANSAVING TREATMENT OF MICROINVASIVE CERVICAL CANCER OF T<sub>1</sub>A<sub>1</sub> STAGE**

on the average for all methods. Besides many authors fairly mark a plenty of complications after application of radical programs of cervical cancer treatment.

**Material and methods.** For the period from 1983 till 2002 in oncogynaecological department of N.N.Petrov scientific research institute of oncology 177 patients with diagnosis of cervical cancer of IA1 stage had been surveyed and treated. Further all of them have been subjected of dynamic supervision during the period from 3 till 10 years, at average term of observation – 5 years.

**Results.** 120 patients (67,9%) was at age group till 49 years. More than at half patients (54,2%) the disease proceeded latently, and was located on ectocervix (69,5%). Squamosus changes were revealed in 92,1% of cases, adenogenius – in 6,2%, and, only in 1,7% of cases were revealed adenosquamosus changes. Uterine cervix conization was executed in 42 patients, hysterectomy was made at 51 patients and 84 patients had been subjected of Werthaim operation. The 5-years DFS was: 97,62% in case of uterine cervix conization, 96,08% – at hysterectomy, and 98,81% – in group of patients after Werthaim operation. Statistical comparison of parameters of the 5-years DFS depending on a kind of treatment was not revealed authentic distinctions.

**Conclusions.** This results allow to recommend to use organsaving operations as the basic method of treatment of microinvasive cervical cancer of T<sub>1</sub>A<sub>1</sub> stages.

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**MINIINVASIVE SURGICAL INTERVENTION IN DIAGNOSTIC AND TREATMENT OF THE PATIENTS WITH OVARIAN MALIGNANT TUMOUR OF STAGE IV**

A laparoscopy methods have more and more importance in treatment of the patients with malignant tumors of women reproductive system.

**The purpose of research** – to estimate an opportunity and expediency of application diagnostic laparoscopy at the patients with stage IV of ovarian malignant tumor.

**Object and methods of research.** The cogort research included patients whith malignant tumors of ovary, who were treated in MMCH by name N.N. Burdenko since 01.01.1988 till 01.06.05. 80 (23%) patients had stage IV of disease. 77 patients had epithelial tumors, 3 – not epithelial. The treatment was begun from attempt of cytoreductive operation in 50 patients; diagnostic laparoscopy with biopsy of a tumor with subsequent neoaduvant chemotherapy and cytoreductive

operation were done in 22. 8 patients were executed a laparocentes with an evacuation of liquid and subsequent induction of chemotherapy or combined treatment. The criteria of an estimation of efficiency of a method were volume of cytoreductive operation, the time before the beginning of antitumour treatment. The statistical processing of results was carried out by not parametrical methods with account of average, relative sizes, exact criteria Fisher and Mann-Whitney.

**Results of research.** In group of the patients, where the treatment was begun from laparotomy the cytoreductive operation were performed in 33 (66%), and 17 patients (34%) was underwent an explorative laparotomy due to technical difficulties. In group of the patients, where the treatment was begun from diagnostic laparoscopy with subsequent neoaduvant chemothera-

py all 22 (100%) patient were underwent by cytoreductive operations ( $p < 0,05$  between groups). The time before the beginning of antitumour therapy was  $7,8 \pm 1,2$  days in group of the patients, where the treatment was begun from laparotomy. In group of the patients, where the treatment was begun from diagnostic laparoscopy the period before an antitumour therapy was  $4,8 \pm 1,1$  days ( $p < 0,05$  between groups). In one patient with malignant germ cell tumor, who was underwent laparocentes neoduvant chemotherapy was performed not in standart protocol because of inconsistent cytologic data. In group of the patients, where diagnostic laparoscopy with biopsy of a tumour were carried out

all patients were treated on the standard protocol. There were no complications at realization of diagnostic laparoscopy with biopsy of a tumor.

**Conclusions.** 1. Diagnostic laparoscopy with biopsy of a tumor is an effective method allowing to estimate the possibility of patients with stage IV of ovarian malignant tumors to be operated; also, this method allows to define the histological type of a tumor and to choose an adequate program of chemotherapy.

2. At realization of diagnostic laparoscopy in comparison with laparotomy in the patients with stage IV of malignant tumors of ovary reduces the period prior to the beginning of antitumour treatment.

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## THE EXPERIENCE OF REPEATED LAPAROSCOPIC OPERATIONS IN PATIENTS WITH MALIGNANT OVARIAN TUMORS

**Aim:** to evaluate possibility and effectiveness of laparoscopic surgery in patients with early stage ovarian malignancies after non-radical surgical treatment of ovarian malignancies.

**Material and methods.** We performed 52 repeated laparoscopic operations in patients at the age of 16 to 65 years, who had had non-radical surgical treatment of I stage malignant ovarian tumors. Patients underwent non-radical operations in gynecological clinics of general profile concerning first diagnosed ovarian tumors and cysts. In most cases the only performed procedure was unilateral removal of adnexal mass and ovarian malignancy was revealed only after postoperational histological examination of the removed ovary. Repeated laparoscopic operations, the purpose of which was adequate staging of tumor process and observance of treatment radicalism, were performed within 12 – 280 days after non-radical operations. During repeated laparoscopic operations ontological principles were kept: careful inspection of abdominal cavity, intraoperational cytological examination of peritoneal fluid, washings and peritoneal biopsies, intraoperational histological

examination of removed ovaries, infracolic omentectomy. In all cases laparoscopic ultrasound examination of pelvic and paraaortic lymph nodes was performed. For evacuation of specimens out of abdominal cavity we used special containers.

**Results.** The average duration of surgery was 164 min. Conversions was made in 9 cases: 4 – in relation with tumor dissemination, 3 – concerning widespread adhesions, 2 – regarding intraoperational complications (bleeding from left gastroepiploic artery). Postoperational complications were observed in 3 patients and did not required surgical correction. The patients were discharged from the clinic within 4-5 days after surgery. The usage of laparoscopic surgery has made it possible to reduce rehabilitation period more than in two times in comparison with the similar indexes in case of laparotomy. Restaging was performed in 10 (19,7%) cases.

**Conclusions.** The usage of laparoscopic surgery in the purpose of restaging in patients who underwent non-radical operations in relation with malignant ovarian tumors let to increase the quality of patients' lives without any prejudice to oncological radicalism.

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## THIRTY-YEARS EXPERIENCE OF ORGAN-SAVING TREATMENT IN ONCOLOGICAL GYNECOLOGY

**The aim.** To analyzed one of the aspect of the medical-social rehabilitation of the patients after organ-saving treatment of gynecological neoplasms.

**Methods and material.** We have analyzed comprehensive clinical data of 971 women of reproductive age with early gynecological cancer who were treated in the Department of Oncogynecology of P.A.Hertsen Moscow Oncological Institute in 1975 – 2004. The first

group included 688 women with precancerous lesions and early cervical cancer (severe cervical dysplasia – 90 (13,1%), cervical cancer in situ – 342 (49,7%), cervical cancer stage Ia1 – 246 (35,6%), cervical cancer stage Ia2 – 4 (0,6%). The mean age of patients was  $33,6 \pm 1,2$  y.o. The second group included 158 patients with malignant ovarian tumors: non-epithelial tumors – 99 (62,7%), borderline tumors – 35 (22,1%) and ovarian