

## SELECTED ABSTRACTS

Pages with reference to book, From 372 To 374

### **Treatment of Asymptomatic Metastatic Cancer to the Liver from Primary Colon and Rectal Cancer by the Intra-arterial Administration of Chemotherapy and Radioactive Isotopes. Irving M. Ariel and Guido Padula. J. Surg. Oncol., 1982, 20: 151-156.**

IN THIS STUDY, the authors evaluate the effects of combined regional chemotherapy and irradiation upon patients with asymptomatic metastatic carcinoma of the liver from a primary lesion of the colon and rectum discovered at the time of laparotomy. A total of 40 patients were treated. One group of 25 patients was treated by a catheter inserted at the time of operation and received 100 mc of yttrium 90 microspheres and 5-fluorouracil on a continuing basis; the patients in this group survived an average of 26 months. A second group of 15 patients who were referred after operation was treated by the percutaneous insertion of the catheter into the hepatic artery and received a bolus of combined 5-fluorouracil along with 100 mc of yttrium90; those in this group survived an average of 31 months. This dose of radiation was well-tolerated by the liver.

The authors note that the average duration of survival for patients who have asymptomatic metastasis to the liver from primary carcinoma of the colon and rectum and no treatment is nine months. By combining chemotherapy with irradiation from 100 mc of yttrium90 microspheres, the length of survival has been tripled to an average of 28 months.

**Philip W. Susann**

### **The Chemotherapy of Advanced Squamous Cell Carcinomas; Long Term Results Obtained with a Combination of Methotrexate, the Ymca Alkaloids and Bleomycin. R. L. Turner and A. J. Ward. Clin. RadiaL, 1982, 33: 101-103.**

ONE HUNDRED AND NINETEEN PATIENTS, 34 to 85 years old, with Stages III and IV squamous cell carcinoma at various sites were treated with a combination of three cytotoxic agents. Induction consisted of six courses at eight thy intervals of 100 mgm. of Methotrexate given intravenously over 24 hours on day one and on thy two, 12 mgm. of folinic acid given intramuscularly followed by three further doses of 6 mgm. every 6 hours and 1.4 mgm/m.2 of vincristinb intravenously followed 6 to 8 hours later by 20 mgm/m.2 of bleomycin intravenously. Maintenance therapy, given at intervals of two to four weeks, consisted of 5 mgm/m.2 of vinblastine intravenously followed 6 to 8 hours later by 10 mgm/m.2 of Bleomycin intramuscularly.

Forty-eight per cent of the patients had an over-all objective response, although patients with squamous cell carcinoma of the head and neck region showed an over-all response rate of 68 per cent. The median duration of remission in those patients who showed a complete or partial response ranged from five to 22 months, with a median length of survival of 8.5 to 22.5 months, depending upon the site. The 57 patients who had complete or partial remission also had a marked improvement in performance status, as did 24 who did not respond. The median length of survival was eight months for the 81 patients whose performance status improved and two months for the 38 patients who shpwed no improvement in performance status. The over-all survival rate was 8 per cent at two years.

Although. most patients were in poor general condition, the majority tolerated the treatment well The varying side effects included alopecia, mild to moderate mucous membrane reaction, minimal peripheral neuritis, thickening and pigmentation of the skin, nausea and vomiting, pneumonitis and bone marrow depression.

**Judith S. de Nuno**

### **Comparison of Four-Combination Chemotherapy Programs in Metastatic Breast Cancer;**

**Comparison of Multiple Drug Therapy with Cytosan, 5-FU and Prednisone Versus Cytosan and Adriamycin, Versus Cytosan, 5-FU and Adriamycin, Versus Cytosan, 5-FU and Prednisone Alternating with Cytosan and Adriamycin. Takuma Nemoto, John Horton, Richard Simon and other. *Cancer*, 1982, 49: 1988-1993.**

IN THIS ARTICLE, 126 postmenopausal women with metastatic carcinoma of the breast who were initially treated with one of four chemotherapeutic combination programs are reported upon. Although certain drug combinations resulted in a higher initial response rate, the duration of remission and survival were similar for patients in all four groups. Patients initially in remission who had relapse were randomly reassigned to receive either tamoxifen or adrenalectomy without any response. Results of transfer studies in a sub-group of these patients also showed no response. It is concluded that response rates to hormonal methods are reduced in patients who have previously been treated with combination chemotherapy.

**Joseph A. Caprini**

**A Critical Review of Immunotherapy of Disseminated Renal Adenocarcinoma. James E. Montie, Ronald M. Bukowski, Robert E. James and others. *J. Surg. Oncol*, 1982, 12: 5-8.**

SIXTY PATIENTS with adenocarcinoma of the kidney were treated with five different regimens of immunotherapy. The first regimen consisted of transfer factor; the second, transfer factor and bacillus Calmette Guerin vaccine, chloroethylcyclo-hexy-nitrosourea and megestrol acetate; the fourth, bacillus Calmette Guerin vaccine, chloroethyl-cyclohexy-nitrosourea and megestrol acetate, and the fifth, bacillus Calmette Guerin vaccine alone. While nonspecific immunotherapy of renal adenocarcinoma has been associated with metastatic regression, these trials have not demonstrated results superior to those obtained with traditional endocrine therapy or chemotherapy.

David S. Cristol

**Head and Neck Infection After Renal Transplantation. John Reyna, John M. Richardson, Douglas E. Mattox and others. *J.A.M.A.*, 1982, 247: 3337-3339.**

ONE HUNDRED AND TWENTY-EIGHT consecutive patients who underwent renal transplantation were reviewed retrospectively, and 12 patients, 9 per cent, had infections of the head and neck. The infections, included sinusitis, osteitis media, dental abscess, Ludwig's angina, parotitis and nasal abscess. A significant correlation was found between the development of infection and juvenile-onset diabetes but not between infection and splenectomy. None of the infections occurred while rejection episodes were being treated with corticosteroids. The clinical presentations and microbiologic agents causing the infections were similar to those found in patients without immunosuppression. One patient with recurrent pansinusitis ultimately died as a result of complications of the infection, but all other patients were managed successfully by conventional therapy.

**Lee A. Harker**

**The Improving Utility of Renal Transplantation in the Management of End-Stage Renal Disease. Terry B. Storm. *Am. J. Med.*, 1982, 73: 105-124.**

THE RESULTS achieved by treating patients who have endstage renal disease with allotransplantation have improved dramatically since the 1950's when immunosuppression was induced by total body irradiation and there was a lack of HLA typing. Although long term hemodialysis offers a prolonged length of survival and partial rehabilitation for many patients with end-stage renal disease, the technique is inconvenient and timeconsuming. Patients are restricted by necessary proximity to the machine, dietary limitations, potential failure of access sites and complications of various organ systems. Despite the availability of dialysis and federal funds for partial payment of treatment, long term dialysis remains a costly process for the individual in need of care.

During the same period when dialysis techniques improved and became widely available,

transplantation of the human kidney became an established and justified method of treatment for some patients with end-stage renal disease. Those with successful renal allografts may recover remarkably and are often able to return to normal lives. One of the more striking improvements in the results of renal transplantation in recent years has been the decline in morbidity and mortality. Mortality by the end of the first year of transplantation, when most deaths occur, is currently less than 5 per cent in a number of major medical units. In part, this decline represents a change in philosophy by transplantation teams who now tend to decrease immunosuppression and sacrifice the kidney rather than the patient in instances of inexorable rejection. In addition, declining mortality is directly attributable to improved methods of preventing, discovering and treating patients with potential or real infections. More recently, in some centers, the rate of successful engraftment has improved gratifyingly as a result of refinements in tissue typing and pretransplantation conditioning with blood products. Unfortunately, until very recently, rates of functional survival of allografts have not been satisfactory.

**Richard A. Blath**

**Personality Traits of Surgical House Officers; Faculty and Resident Views. A. G. Greenburg, D.K. McClure and N.E. Penn. Surgey, 1982, 92: 368.372.**

SIXTY-FOUR faculty members and 51 residents in six university surgical departments were surveyed to determine differences in the perceived importance of 35 personality traits of surgical house officers. Each respondent was asked to list the traits in order of importance.

In general, the faculty members and residents had similar views regarding important personality traits for surgical house officers. Traits considered the most important by both faculty and residents were that the surgical house officer admits errors, is well-disciplined, considers all facts, is highly motivated and consistent and listens. Other personality traits about which there was some agreement were: decisiveness, fairness, good team participation and flexibility. Some disagreement existed about the traits of priority setting, independence and purposefulness. The most disagreement was found about the trait of independence, which was ranked seventh by the residents and 14th by the faculty members. Some characteristics which might be considered desirable-being open to others, accepting of others and in touch with oneself and having a good sense of humor and high self-esteem-were not thought to be important by the respondents.

The authors do not consider that psycho-logic testing should be a part of the selection process in the evaluation of surgical residents; however, they agree that the interview with the resident is important. There is a tendency for faculty members to select personalities for their programs which resemble themselves, a finding which supports the idea of a "surgical personality." This personality is assertive in a positive manner.

**Frederick W. Preston**