

in T1, 64% in T2, 53% in T3 and 10% in T4. The overall 5year actuarial and disease-free survival rate were 56% and 55% respectively, and better prognosis was obtained in patients without tumor extension into adjacent structures and with undifferentiated carcinoma ($p < 0.05$).

Through this study we suggest that in terms of the anatomical and functional preservation, radiation therapy seems to be effective method as the primary treatment of patients with oropharyngeal carcinoma.

KEY WORDS : Oropharynx · Squamous cell carcinoma · Radiation therapy.

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The Radiation Treatment of T2 Glottic Cancer

—An Analysis of Prognostic Factors—

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During a ten-year period from 1978 through 1987, 44 patients with T2NOMO glottic cancer were treated with radiation therapy at the Yonsei University Medical Center. Forty two patients had a minimum 3-year follow-up and 81% had at least 5years of follow-up. Patients were staged according to the AJCC system. Forty two patients have been analyzed in detail with respect to two variables : impairment of vocal cord mobility and anatomic extension of the disease.

The rates of local control with radiation therapy were as follow : All evaluable patients, 78.6% (33/42) ; patients with normal vocal cord mobility, 89.5

(17/19) ; patients with impaired vocal cord mobility, 69.5% (16/23). The five-year actuarial survival rate in the patients with impaired vocal cord mobility was 52.8% ; those cases with normal vocal cord mobility, 76.1% ($p < 0.05$). Difference in survival was seen with increasing degrees of anatomic extension of the disease. The five-year actuarial survival rate in patients with subglottic extension was 40.0% ; those cases with supraglottic extension, 76.3% ($p < 0.05$). The most favorable subgroup was those with localized extension to false cord with or without ventricle extension ($n = 20$; 84.4%).

On the basis of this analysis, we confirmed the presence of heterogeneity in T2NOMO glottic cancer and warranted further randomized controlled trials to evaluate with individualized treatment according to its heterogeneity.

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근치적 방사선 치료를 받은 비인강암 환자의 원격전이 빈도 및 양상에 관한 고찰

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1977년 7월부터 1987년 6월까지 10년간 연세대학교 의과대학 치료 방사선과에서 방사선 치료를 받았던 135명의 비인강암 환자 중 치료시작당시 조직학적으로 확진되지 않았던 환자, 원격전이를 동반하고 있었던 환자 및 방사선 치료를 완료하지 못한 환자 30명을 제외한 105명 환자를 대상으로 원격전이의 양상을 분석하였다.

원격전이 진단은 임상증상과 방사선 소견으로 하였으며, 대상환자 105명중 원격전이를 보인 환자는 26명으로 원격전이를 24.8%를 보였으며, 원격전이의 장기는 이전의 다른 보고들에서와 마찬가지로 골전이(50.0%)가 가장 많았고, 다음이 폐

(19.2%), 간(11.5%), 뇌(7.7%) 순서였다.

원격전이에 영향을 미치는 인자로 AJC의 T병기, N병기, Ho의 T병기, N병기, 연령, 성별, 치료방법, 방사선 치료에 대한 관해율, 세포유형등을 분석해보았으나 Ho의 N병기에서만 NO, N1, N2, N3로 감에 따라 원격전이율의 증가 양상을 보였다($p < 0.05$).

원격 전이 발생시기는 환자의 81%에서 방사선 치료 시작부터 2년이내에 일어나는 것을 보여 비교적 초기에 발생함을 알 수 있었다. 원격전이가 발생한 26명의 환자에 있어서, 원격전이후 생존율을 살펴보면 중앙 생존치가 9개월이었고 1년생존율 40%, 2년 생존율 21.8%를 보여 비인강암 환자에서 일단 원격전이가 발생하면 그 예후가 불량함을 알 수 있었다.

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Advanced T3 and T4 Glottic Carcinoma ; Yumc Experience(1980-1988)

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Between January 1980 and September 1988, 68 patients with advanced T3 & T4 glottic carcinoma were treated with irradiation alone and irradiation + surgery in the Department of Radiation Oncology and ENT, Yonsei University College of Medicine.

The mean age was 60 years old (range 33 to 79 years old). The 34 patients were treated with irradiation alone, and the remaining 34 patients with surgery and irradiation. Initial nodal presentation was 37% (25/68) ; 31% (11/34) in RT alone group and 41% (14/34) in combined treatment group. The minimum follow-up was 2years.

The local control rate after treatment was 59%

in RT alone group and 74% in combined treatment group ; 65% for node negative and 45% for node positive patients treated with RT alone ; 75% for node negative and 71% for node positive patients treated with combined treatment. The treatment failure was observed in 26 patients ; 13 patients for primary local failure, 6 patients for regional nodal failure, 5 patients for local and regional failure, 2 patients for primary failure and distant metastasis, and 2 patient for regional failure and distant metastasis. The overall 5-year survival rate was 59% ; 47% in RT alone group and 71% in combined treatment group ; 58% for node negative and 45% for node positive patients treated with RT alone ; 60% for node negative and 86% for node positive patients treated with combined treatment.

In conclusion, RT alone is prefer in patients with node negative as a treatment modality over combined surgery and RT since the treatment results were comparable and furthermore functional preservation could be achieved.

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설암에서 DNA Ploidy의 예후인자로서의 중요성

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설암은 임상적으로 진행이 빠르고 그 예후가 매우 불량한 것으로 여겨지고 있다. 또한 병리학적 병기(stage)외에는 예후 측정을 위한 다른 방법이 많이 알려져 있지 않다. 저자들은 1983년부터 1988년까지 만 6년간 예수병원 두경부 중앙외과에서 경험한 설암환자 총 65명 중 유식세포 분석 분리기