

양의 저선량률법에 의한 근접조사 방사선 치료는 종양선량을 증가시키며 주위장기의 방사선 손상을 감소시키는데 가장 적절한 치료법이다. 원자력병원에서는 1986년 10월부터 1989년 8월까지 두경부, 뇌, 유방, 골반회음부 등 총 76례의 각종 암에서 이리디움 근접조사 치료를 시행하였던 바, 그 중 두경부종양 40례에서 시행한 경험을 분석 검토하여 보았다.

대상환자는 치료시작시 부터 계획에 의한 적정선량의 외부조사후 근접치료를 근치 목적으로 시술을 한 예와, 외부조사 단독요법의 치료 후에도 잔존하는 잔류병소에 대한 추가 조사 목적으로, 또는 과거 방사선 치료후 재발례에서 고식목적으로 시술을 한 예로 구분하여 선택하였고 결과를 완전관해 및 현저히 임상증상이 완화된 부분관해를 얻은 반응율을 중심으로 검토하였다.

총 40명의 환자의 자입치료 부위 별로는 구강저 2례, 설 8례, 구협부 1례, 경부임파절 15례였고 강내치료를 한 비인두암이 14례 있었다. 이 중 계획적시술 예가 16례, 추가적시술 예가 11례, 고식적시술 예가 13례였다.

시술의 결과, 구강저 자입치료 및 비인두 강내치료를 반응율이 100%였으며 시술이 한결 복잡한 설암의 경우와 외부조사 치료에 실패한 예에서 시술된 경부전이암의 경우에는 반응율이 다소 떨어졌다. 상기 40례의 총 반응율은 40례 중 33례(82.5%)였고 그중 완전관해는 25례(82.5%)였으며 그중 국소재발을 나타낸 예는 1례로 국소 치유율이 25례 중 24례(96.0%)였고 인접입파선 전이 및 원격전이 예가 각각 5례와 3례로, 치유되어 무병상태로 있는 예가 25례 중 18례(72.0%)였다.

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### The Result of Radiotherapy in Neck Node Metastasis from Unknown Primary

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From February 1980 to April 1986, 26 patients with neck node metastasis from unknown primary were treated with radiotherapy in the Department of Therapeutic Radiology, Seoul National University Hospital.

Among these, 3 patients who had incomplete treatment were excluded, So a retrospective analysis was undertaken of 23 patients who had complete treatment with radiotherapy and/or surgery plus chemotherapy.

The 3 year actuarial survival rate in patients with N2 stage and N3 stage were 43% and 13%, respectively. Prognostic factors were analyzed according to stage and histology. Stage seemed to be significant prognostic factor but not significant statistically in this study and histology was indifferent to prognosis.

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### Radiation Therapy of Early Glottic Carcinoma

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A retrospective analysis was done of 48 patients with early glottic carcinoma(stage I and II), who were treated at Seoul National University Hospital from March, 1979 to August, 1984. The median follow-up period was 69 months(range : 34-126 months). 31 patients(64.6%) were diagnosed as having stage I disease and 17 patients(35.4%) having stage II. 4 patients(8.3%) were associated with second primary cancers in other organs.

All were treated with Co<sup>60</sup> teletherapy unit, and the median tumor dose was 6,900 cGy(range : 5,975-7,600 cGy). The actuarial 5 year survival rates for stage I and II lesions were 80.5% and 76.5%, respectively. There were 12 failures(25%) in the primary sites, and one(2.1%) in the distant site. Surgical attempts



for the salvage of primary failures were performed in 6 patients, of whom 2(33.3%) have been rescued successfully. Among those who have survived and have been followed up for more than 5 years, 26 out of 30 persons(86.7%) have retained their own larynges with preservation of natural voice.

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### Squamous Cell Carcinoma of the Supraglottic Larynx Treated with Radiation Therapy

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Sixty-six patients with squamous cell carcinoma of the supraglottic larynx received irradiation with curative intent between 1979 and 1985 were retrospectively analysed.

All patients had a minimum follow-up of 4 years. Of the entire group consisting of 73% T<sub>3</sub> and T<sub>4</sub> lesions and 58% lymph node metastases, a 5-year actuarial survival rate was 31.3%. A 5-year actuarial survival rates for stage II, III and IV were 60.7%, and 13.5% respectively( $p < 0.05$ ).

Patients without lymphnode metastases had better survival rate than those with positive lymphnode metastases(54.8% vs 12.2%) ( $p < 0.005$ ). Surgical salvage rate was 4/7(57%).

Three patients developed distant metastases. Major complications requiring surgery were seen in 11%. Radiation therapy alone with surgical salvage was an effective, voice preserving treatment for stage I, II and selected III carcinoma of the supraglottic carcinoma, however planned combined treatment with surgery and radiation therapy is advised for stage III and IV carcinoma of the supraglottic larynx with resectable neck disease.

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### Hypopharyngeal Carcinoma : An Analysis of Treatment Results and Patterns of Failure (1980. 1—1986. 12)

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We retrospectively reviewed 96 patients who were treated for hypopharyngeal carcinoma during the 7-year period, 1980. 1—1986. 12. Out of 96 patients, 61 were treated with radiation therapy only, 27 with a variety of surgical procedure followed by postoperative adjuvant radiation therapy and 8 with surgery only. Most of patients were in the fifties and sixties(45.8% and 36.5% respectively). Actuarial 5-year survival rate was 24.2% for all patients and decreased progressively with advancing T and N stages. The numbers of patients involving pyriform sinus were 72(75%), posterior pharyngeal wall 12, and postcricoid portion 12 with their 5-year survival rates 21.4%, 29.6%, and 31.4% respectively. The actuarial 5-year survival rate was 19.5% in radiation therapy only group, 35.5% in surgery+postop. RT, and 41.7% in surgery only. Tumor and regional nodes were completely controlled in 27/61(44.3%) of radiation therapy only, and the remainder(34 patients) showed partial response or no response. In radiation therapy only group, 44 patients(72.1%) relapsed, which most patients were in T<sub>3</sub> and T<sub>4</sub>(20 patients and 12 patients, respectively). They involved the primary site in 16 patients, the regional lymph nodes in 7, distant metastasis in 1, primary site plus regional lymph nodes in 17 primary site plus metastasis in 2, and regional lymph nodes plus metastasis in 1. Double primary cancers occurred in 6 patients(5.2% in total 96 patients) and 2 cases of radiation-induced carci-