

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.

— 14 —

The Radiation Treatment of T2 Glottic Cancer

—An Analysis of Prognostic Factors—

*Department of Radiation Oncology Yonsei
University College of Medicine*

Hyung Sik Lee, M.D.,

Sun Rock Moon, M.D., Ki Jung Ahn, M.D.,

Eun Ji Chung, M.D., Chang Ok Suh, M.D.,

Gwi Eon Kim, M.D., John J K Loh, M.D.

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.

— 15 —

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

연세대학교 의과대학 치료방사선과학교실

정은지 · 문성록 · 이형식
김귀언 · 노준규

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