

**VHN 02****EXPRESSION OF MEMBRANE AND EPITHELIAL ANTIGENS IN XENOGRAPTS OF AN ADENOID CYSTIC CARCINOMA OF THE PAROTID GLAND:**

J. Ebbbers, P. Koldovsky and U. Koldovsky

We succeeded in xenografting an adenoid cystic carcinoma of the parotid gland into athymic mice. It could be maintained by serial subcutaneous implantation for more than 37 passages. For further characterization of this adenoid cystic carcinoma it was tested for the expression of different antigens by use of monoclonal antibodies in an indirect immunoperoxidase assay. Positive binding was observed with the monoclonal antibody OK1a (Ortho, Raritan N.J.), detecting human HLA-DR framework. There was no cross reactivity with mouse tissues, and up to 100% of tumor cells stained positive. Monoclonal antibodies reacting with different epithel associated antigens were kind gifts of Drs. Hilgers and Hilkens, Nederland Cancer Inst. Amsterdam, and Dr. Taylor-Papadimitriou, ICRF, London. Antibody HMFG1 reacted with app. 10% of human tumor cells, but showed also cross reactivity with murine thyroid gland, pancreas, lung and parotid gland. Antibody HMFG2 bound to only 5% of human tumor cells, but showed only slight cross reactivity with murine thyroid gland. Antibody d8 even bound to 20% of human tumor cells, but showed considerable cross reactivity with the murine tissues mentioned above. Antibody d11 exhibited no binding to human tumor tissue, but reacted also with the above mentioned murine tissues. Our results show, that the expression of HLA-DR framework is maintained also after xenografting. One may assume, that this malignancy arose from the acinar cells of the parotid gland known to express HLA-DR physiologically. The positive reaction of HMFG1, HMFG2 and d8 with human malignant tissue and normal murine glandular tissues provides evidence, that these antigens can be expressed in different species. HNO-Klinik d. Univ., Moorenstr. 5, D-4000 Düsseldorf 1

**VHN 03****THE ADENOID - CYSTIC - CARCINOMA OF HUMAN SALIVARY GLANDS A FOLLOW - UP STUDY OF 45 PATIENTS**

W. Zahn, St. Bonorden

Reviewing the data obtained from the cancer register of the department of maxillofacial - and plastic surgery of the University hospital Bochum - Langendreer (Head: Prof. Dr. E. Machtens ) between 1972 and 1985, we found out of 373 salivary gland tumors 109 malignant epithelial lesions. 45 of them were adenoid-cystic-carcinomas, i.e. 41%. The distribution in sex (28 males and 17 females ) as well as the localisation ( 66 % minor and 33% major salivary glands ) differed from the literature.

The advantages offered by computerized imaging in form of CT and MR, could be used for a better evaluation of complex anatomical sites, especially in the nasal cavities and the paranasal sinuses during recent years. Their diagnostic value has to be furthermore elucidated in other and following studies.

In our hospital therapeutic preference was a non radical intended surgery ( differing from Conley ) in combination with subsequent radio - therapy.

During a follow - up period of up to 15 years, only 17 patients died from tumor distress. 8 patients survived with NED after surgical procedure only for up to 13 years.

Thus both groups show better results concerning mortality, than could have been expected from several literature data.

These early results in the treatment of adenoid - cystic - carcinoma favour our maintained concept. A critical review is presented with special regards to diagnostic pitfalls and therapeutic pathways. Concepts favouring preoperative short time irradiation should be taken into consideration.

Abteilung für Mund-, Kiefer- und Gesichtschirurgie, Knappschaftskrankenhaus - Universitätsklinik, In der Schomau 23-25, D 4630 Bochum - 7

**VHN 04****ON PROGNOSTIC VALUE OF HISTOLOGY AND LOCALIZATION IN CARCINOMAS OF MAJOR AND MINOR SALIVARY GLANDS**

I. Koblín

Histological type of salivary gland carcinoma by most authors is regarded as a conclusive prognostic factor. But there is also evidence that the site of origin has the same or even more influence on prognosis.

In a prospective study initiated and compiled by the DÖSAK since 1977, about 200 patients with salivary gland carcinomas which had not been treated previously were followed up from 1 to 8 years. The preliminary results are: On the one hand squamous cell carcinoma, acinic cell and mucoepidermoid carcinoma arising in the parotid gland show a lower surviving rate than adenoid cystic carcinoma or carcinoma in pleomorphic adenoma; on the other hand it can be observed likewise that salivary gland carcinomas arising in the oral cavity generally have a better prognosis than those of the parotid gland, the worst those of the submandibular gland.

Altogether in the individual case the prognosis depends on two factors: the histological type of salivary gland carcinoma as well as the site of origin. Continuation of the present study has the purpose to determine these factors more precisely.

Maximilianstr. 10, D-8000 München 22

**VHN 05****PROSPECTIVE RANDOMIZED CLINICAL TRIAL FOR SQUAMOUS CELL CARCINOMAS OF THE ORAL CAVITY: PREOPERATIVE CHEMOTHERAPY VERSUS POSTOPERATIVE CHEMOTHERAPY VERSUS SURGERY ALONE**

Jürgen Bier, German, Austrian and Swiss Association for Head and Neck Cancer (DÖSAK)

In order to improve the control of squamous cell carcinoma of the oral cavity, a prospective randomized clinical trial was developed by 16 clinics of the German, Austrian and Swiss Association for Head and Neck Cancer (DÖSAK). Patients with previously untreated squamous cell carcinoma of the oral cavity stage T<sub>2</sub>N<sub>0-3</sub>M<sub>0</sub> (UICC 1976) were randomized to treatment with surgery plus preoperative chemotherapy (group A) or surgery plus postoperative chemotherapy (group B) or surgery alone (Group C).

The chemotherapy consisted of a combination of vincristin (1.4mg/m<sup>2</sup> i.v. injection on day 1 and 8), methotrexate (120mg/m<sup>2</sup> i.v. infusion over 20 hours with leucovorin rescue on day 2, 5, 9 and 12) and bleomycin (30mg i.v. infusion over 1 hour on day 3, 6, 10 and 13).

So far, 126 patients entered the study, 48 patients for group A, 38 for group B and 40 patients for group C. The average age in group A was 57.9 years, in group B 55.2 and in group C 58.8 years.

Group A comprised 81,3% male and 18,7% female patients, group B 76,3% and 23,7% and group C 90% and 10% respectively. The lymphnode stage in group A was 31.3% N<sub>0</sub>, 35.4% N<sub>1</sub>, 27.1% N<sub>2</sub> and 6.3% N<sub>3</sub>; in group B 34.2% N<sub>0</sub>, 47.4% N<sub>1</sub>, 15.8% N<sub>2</sub> and 2.6% N<sub>3</sub> and in group C 52.5% N<sub>0</sub>, 27.5% N<sub>1</sub>, 17.5% N<sub>2</sub> and 2.5% N<sub>3</sub>. Due to toxicity, the chemotherapy was interrupted in 8 patients in group A and in 5 patients in group B. Break off of the chemotherapy was necessary in 5 patients in group A and in 4 patients in group B. Based upon the data accumulated thus far, it is concluded that there is no statistically significant difference between the three treatment groups after 3 years.

Abt. Kiefer- und Plastische Gesichtschirurgie der RWTH Aachen, Pauwelsstraße o. Nr., 5100 Aachen