

cancer suggested predominant increasing neogenesis capillary and provided for the anatomic bases of the cancer spread and BAI.

Presentation of radial growth vessels in pericancer was intracancer neogenetic vessels distributing to the active growth edge of cancer cell and was also an important sign of predicting high metastatic rate. The cancer spread rate in this group patients with radial growth vessels at pericancer was 80%, mainly through hematogenous dissemination. The cancer cells spread along radial growth vessels through incomplete fissure to adjacent lobe. This might be one main cause of cancer relapse after curable resection. The metastatic rate in the patients without radial growth vessels at pericancer was 7.1% during follow-up. Therefore, it should stress that metastases and recurrence would be prevented and treated with a prediction of bad prognosis for the patients with radial growth vessels at pericancer by BAG. Each 10 cases were treated by radiotherapy and by curable resection separately after BAI. BAI combined with the resection was better than radiot-

herapy alone, but it is necessary to collect more patients for evaluating results.

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