TNM 10

PROGNOSTIC RELEVANCE of the TNM STAGING SYSTEM FOR WILMS' TUMOR

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254 cases of Wilms'Tumor (Nephroblastoma, WT) were reported to the organizer of the GPO/WTS (P.Gutjahr/Mainz) between May 1980 and September 1984 by 51 hospitals in the Federal Republic of Germany. Due to deviating procedures of diagnosis and treatment, 15% of all cases could not be includet in the evaluation as to prognostically relevant factors. The anatomical spread of all WT was determined according to the classification of the NWTS and, since 1982, also according to the TNM classification. 110 cases classified according to TNM are distributed among 29 TNM stages. At present, this relation only permits a statistically significant evaluation of prognostic factors after regrouping these cases according to the less detailed NWTS staging system. As to the histological subclassification (Beckwith/Palmer and Schmidt/Harms), 15% of the "classical" Wilms Tumor cases are divided into prognostically relevant "heterogenous" tumor types which require an individual therapeutic approach. In 60% of all cases tumor spread was limited to one kidney or extended beyond the capsula of the organ without involving the regional lymph nodes (T1-T3 N_0M_0). 80% of all children in these stage group could be treated with lasting success. In cases with an involvement of the paraaortic lymph nodes and/or residual tumor, (pT3) the rate of cure was 70%. Cases with bilateral WT or with evidence of distant metastases had a rate of cure of 50 %.

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TNM 11

STUDY FOR VALIDATION OF THE TNM-SYSTEM OF MALIGNANT MELANOMA. CORRELATION BETWEEN CLINICAL AND HISTOLOGICAL PARAMETERS AND EARLY METASTASIS.

H.Drepper, M.Tebbe, A.Lippold and H.Wiebelt

In the "Fachklinik Hornheide" 911 malignant Melanomas were thoroughly histologically investigated and classified (pTNM), over a period of almost 4 years (01.04.1980-31.12.1983). Of these 632 melanomas were classified pretherapeutically (TNM) with regard to: exophytic growth of the primary tumor, clinically recognizable grade of the infiltration and the integrity of the overlying surface.
The highly significant correlation between those parameters and the histologically measured tumor thickness (according to BRESLOW) justifies the proposal of a pretherapeutical classification of primary malignant melanoma according to the principles of the TNM-classification. As expected, the appearance of early metastasis (within 2 years after primary treatment) ist highly correlated with the primary stage and the tumor thickness. Correlations of other parameters with early metastasis and different modes of metastasis, compared with other studies, are discussed.

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TNM 12

PROBLEMS OF TFM-CLASSIFICATION AND THERAPY FOR TUMORS OF THE CNS

W.Piotrowski and W.Sachsenheimer

During this pilot-study which lasted more than three years we observed the course of 462 patients with brain tumor. The methods of examination were as follows: the first inquiry based on our questionaire which includes 47 items (patients history, neurological examination, radiological findings, surgical procedure). In the following inquiries special modalities had to be considered (at three months interval CT scan control, neurological status). It is important to notify something about the quality of life of the patients. First of all we documented the physical performance of the patients standardised by Karnofsky. The index of quality of life which according to Spitzer includes five categories namely activity, every day's life, health, relation to environment and future seen through the eyes of the patient. Each category is measured by a three point scale. The degrees of efficient emotional relations to the environment particulary after operation in the dominant hemisphere and a closed structural relation to the psychological finding with speach disorders seem strikingly pronounced.

Glioblastomas still offer large therapeutical problems. We are extremely cautious in recommending postoperativ invasiv therapeutic strategies. The use of chemotherapy seems to be not at all guaranteed. The use of postoperativ radiation therapy seems questionable considering the aspect of quality of life. Therapeutic possibilities are still very much limited. We need a detailed registration of data for patients with brain tumors. The data could be based on our questionaire to give valid conclusions for therapy.

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TNM 13

SOFT TISSUE SARCOMA: STAGING AND GRADING AS MAIN FACTORS OF PROGNOSTIC SIGNIFICANCE

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The outcome of patients with soft tissue sarcomas depends in part on the morphological characterization of the primary neoplasm. Staging and grading are very important parameters which have to be defined with the best precision, objectivity and validity possible. In the current TNM classification, the tumour grade enters directly in the definition of the stage. - If the determination of the tumour extension (pTNM) might not be critical in many cases, the histological typization and, consecutively, the attribution of the grade of malignancy are controversial and rather difficult to standardize. The NCI grading system (1: low grade sarcomas, 2 and 3: higher malignancies, tumour necrosis serving as decisive criterion for measuring the neoplastic agressiveness) has been tested by clinicopathologic correlation (Cancer 53, 530, 1984). - Under the auspices of the DSK, a pilot study was carried out to evaluate the feasibility of a multi-center protocol and documentation of soft tissue sarcoma cases. It revealed that classification of the tumour type was controversial in 34 % and that the determination of the malignancy grade could only be done if the criteria are defined and agreed previously among the first observers and the reviewing pathologist.

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