nesota 55905; University of Alabama, Birmingham, Alabama 35294; and the University of Michigan, Ann Arbor, Michigan 48109.

In a retrospective study, 185 patients with previously untreated FIGO stages IB and IIA squamous carcinoma of the cervix were found to have pelvic nodal metastases at the time of Wertheim hysterectomy and bilateral pelvic lymphadenectomy at the above institutions. Of these patients, 103 received adjuvant whole pelvic irradiation, and the remaining 82 received no adjuvant therapy. Median midplane dose of whole pelvic irradiation was 5000 cGy. Of the irradiated patients, 75% received greater than or equal to 5000 cGy. Matching treated and untreated patients for stage, tumor size, number, and location of positive nodes yielded 60 pairs. Mean length of follow-up for the 60 irradiated patients was 3.9 years and for the nonirradiated patients was 5.8 years. Kaplan–Meier overall and cancer-specific survival estimates for the treated and untreated groups were not significantly different ($P > 0.30$). During the follow-up period, 21 of 60 untreated patients and 22 of 60 treated patients recurred, but there was a 40% reduction in pelvic recurrence in the treated group from 67 to 27% ($P = 0.01$).

114. *An in Vitro Analysis of the Anticancer Potential of Tumor Necrosis Factor (TNF) in Combination with Cisplatin.* D. G. MUTCH, M. S. KAO, B. POWELL, AND J. L. COLLINS, Department of Obstetrics and Gynecology, Oncology Division, Washington University School of Medicine, St. Louis, Missouri 63110.

Cisplatin has been shown to potentiate natural cytotoxic (NC) effector cell-mediated lysis in our laboratory. At an effector-to-target ratio of 5:1, cisplatin increased (108 to 900%) the NC mediated lysis of a variety of human adenocarcinoma cell lines that are resistant to cisplatin or NC activity alone. Since NC lysis is mediated by TNF, two human ovarian adenocarcinoma cell lines which differ in their *in vitro* sensitivity to cisplatin were selected for the analysis of a combination therapy involving TNF and cisplatin. The SK-OV-3 cell line is approximately 10 times more sensitive than OVCAR-3 at the same concentration of cisplatin alone. In order to determine the effect of the addition of TNF, cisplatin was used at clinically low concentrations (0.12–0.25 μg/ml). TNF at 10, 100, and 1000 units/ml in the presence of cisplatin increased the lysis of SK-OV-3 cells 23, 37, and 55% compared to cisplatin alone ($P < 0.05$). The same concentrations of TNF and cisplatin increased the lysis of OVCAR-3 cells 466, 866, and 1500% ($P = 0.001$). Although OVCAR-3 cells are approximately 2 times more sensitive to TNF alone than SK-OV-3 cells, the effect of cisplatin and TNF is clearly synergistic in OVCAR-3 cells and suggests that TNF may be useful in combination with cisplatin for the treatment of cisplatin-resistant cancers. Furthermore, a component of the anticancer potential of cisplatin may reside in its ability to potentiate NC-mediated lysis.

115. *Cervical Adenoid Basal Carcinoma and Adenoid Basal Pattern in Adenosquamous Carcinoma: A Clinicopathologic Study.* W. D. LAWRENCE, M.D., V. K. MALVIYA, M.D., J. M. MALONE, JR., M.D., AND G. DEPPE, M.D., Divisions of Anatomic Pathology and Gynecologic Oncology, Hutzel Hospital and Wayne State University School of Medicine, Detroit, Michigan 48201.

Six cases of cervical adenoid basal carcinoma (ABC) and two cases of cervical adenosquamous (ASq-ABP) carcinoma with a histologic pattern reminiscent of ABC were studied. Patients (pts) with ABC ranged in age from 56 to 79 (mean 68) whereas pts with ASq-ABP were 39 and 51. All of the ABC pts were treated consequent to a Pap smear or biopsy diagnosis of cervical carcinoma *in situ* (CIS). In all pts with ABC, no gross cervical lesion was present and the uterus was atrophic; both cases of ASq-ABP had obvious cervical lesions and enlarged uteri. Two pts with ABC had ovarian serous cystadenofibromas. Microscopically, ABC were composed largely of basaloid cells forming solid nests and small glands that resembled adenoid cystic carcinoma (ACC) but with less atypia than ACC and no peritumoral stromal reaction. CIS, involving surface and endocervical clefts, was coincident in four of six ABC. In two cases, intraglandular squamous metaplasia was absent within ABC, but in three cases numerous neoplastic glands exhibited atypical squamous metaplasia, a previously undescribed pattern in ABC. In one case, ABC glands contained an extensive squamous component varying in severity from atypical to CIS; the latter foci were exocervical, were geographically separated from endocervical CIS, and could result in an overdiagnosis of frankly invasive squamous cell carcinoma. In the pattern of ASq-ABP, small nests or single glands composed of poorly differentiated basaloid cells were present as minor foci in otherwise high-grade ASq carcinomas; because of their similarity to ABC, the latter could result in underdiagnosis, especially from sampling error in small biopsies. ABC should not be confused with ACC or ASq-ABP since all pts with ABC are disease-free from 3 to 7 years after diagnosis. ACC has a known poor prognosis and both of the pts with ASq-ABP were dead of disease within 18 months of diagnosis.

116. *Etoposide and cis-Platinum in Recurrent Squamous Cell Cancer of Cervix (SCC): A Phase II Pilot.* V. K. MALVIYA AND G. DEPPE, Wayne State University, Detroit, Michigan 48201.

Etoposide (VP-16) and *cis*-platinum (DDP) have been shown to have synergistic activity against murine P388 leukemia and B16 melanoma. In this prospective study, we evaluated the efficacy of this combination in 11 patients with recurrent cervical cancer with a mean age of 48.5 years (33–80 years) and a median performance status of 0 (range 0–2). Five patients had Stage IB SCC and had previously undergone surgery followed by pelvic radiation therapy (RT). Six patients had Stage IIIB SCC and had received pelvic RT. In seven patients, the site of measurable disease was outside the field of RT while four patients had pelvic recurrence. The chemotherapy protocol included DDP (50 mg/m^2) administered intravenously on Day 1 and VP-16 (100 mg/m^2) on Days 1 to 3 every 4 weeks. The dose of VP-16 was modified to Days 1 and 2 after the fourth patient developed unacceptable myelosuppression. Patients were evaluated for response after a minimum of two cycles at 4-week intervals. The total number of cycles administered was three to six (median four). Only one patient (9%) showed a partial response (greater than 50% reduction in the size of paraaortic lymph nodes on CT scan) after two cycles of chemotherapy. This patient received six cycles of chemotherapy after which it was discontinued because of myelosuppression. The response is currently maintained 10 months after initiation of chemotherapy. On additional patient had stable disease after two courses. Myelosuppression was seen in all patients with a median WBC nadir of 1100/mm^3 (range 7000–1900) and median platelet nadir of 70,000/mm^3 (range 15,000–146,000). Nonhematologic toxicity included nausea, vomiting, and alopecia. We conclude that the combination of VP-16 and DDP has a high complication rate and minimal activity against SCC at the dosage schedule studied.

117. *Management of Suspicious and Malignant Tumors in Elderly Gynecologic Patients.* M. KILLACKEY, M.D., St. Luke's–Roosevelt Hospital, New York, New York 10019.

As the average life expectancy for women in the United States has lengthened to 78 years, the medical care and treatment of the older woman is of increasing importance to the gynecologic oncologist. This study was initiated in an effort to establish guidelines for appropriate management of pelvic cancer in the geriatric patient and assess the ability of such patients to tolerate aggressive cancer treatment regimens and their response to therapy. During a 4-year period, 226 women, ages 65–92 were referred to the gynecologic oncology service with malignant histology (103), cytology (16), pelvic mass (90), elevated CA-