chorioncarcinoma (n = 1) and mixed germ cell tumors (n = 28). 12 patients had primary treatment in NNBRCRC during the period 1990–2006, referred for the 1st line chemotherapy (n = 21), follow-up (n = 3) or salvage therapy after recurrence (n = 20).
Results: The median (range) age at presentation was 21 (14−42) years. 15 women (27%) presented with FIGO surgical stage I disease, 4 (7%) had pelvic metastases (stage II), and 20 (36%) had advanced (stage III/IV) disease. 17 patients had no comprehensive surgical staging. 2 women had evidence of dysgenetic gonads with a 46 XY karyotype. Primary surgery was done in 55 patients. 20 patients (36%) underwent fertility-sparing surgery.
Among the 33 women who received 1st line chemotherapy +/− surgery in NNBRCRC 23 (70%) are alive without evidence of disease at a median follow-up of 68 months. 8 deaths were associated with progressive disease, two patients died of severe chemotherapy complications and intercurrent disease, respectively. It is important to note that only 2 (10%) patients out of 20 treated in our center since 2000 year died of progressive disease. Among the 20 women referred for salvage therapy to NNBRCRC 10 women (50%) are alive without evidence of disease, 9 patients died of progressive disease and one patient died of chemotherapy complications. 3 (5%) patients received no adjuvant treatment after surgery due to stage Ia dysgerminoma with elevated AFP level. All of them are alive without evidence of disease at a median (range) follow-up of 4.2 (2−6.4) years.
Conclusions: Our date confirmed that prognosis of MOGCT is excellent if managed with standard treatment initially, that is possible, as a rule, only in specialized cancer hospitals.

5042 POSTER

Promising results of extended-field radiation therapy and high dose rate brachytherapy with concurrent platinum-based chemotherapy for uterine cervical cancer with para-aortic lymph node involvement

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Background: The purpose of this study is to explore the therapeutic efficacy of the extended-field radiation therapy (EFRT) and high dose rate (HDR) brachytherapy with concurrent platinum-based chemotherapy in the management of uterine cervical cancer with para-aortic lymph node involvement.
Materials and Methods: Thirty-eight patients diagnosed as uterine cervical cancer with gross para-aortic lymph node involvement with or without supra-clavicular, inguinal lymph nodes but no other distant metastases were enrolled in this study from May 1999 to August 2005. EFRT included whole pelvis and retroperitoneal para-aortic lymph node baring area and the radiation dose ranged from 32.4 to 64.4 Gy (median 55.8 Gy). After 36 to 50.4 Gy, the fields were reduced to the gross para-aortic lymph node and pelvis with mid line block. During EFRT, concurrent cisplatin (60 mg/m^2) and 5-fluorouracil (1,000 mg/m^2/24 hr for 5 consecutive days) were repeated in 3 weeks for three cycles. HDR brachytherapy using Ir-192 was delivered at the end of EFRT with doses of 21 to 32 Gy to point A in 5 to 8 fractions.
Results: Median follow-up period is 48 months (7−95 months). Two patients (5.3%) could not complete the planned EFRT because of Grade III gastroenteral complications; severe abdominal pain and diarrhea. Grade III or IV hematologic complications occurred in fifteen patients (39.5%), but all the patients were recovered without serious sequelae. Late complications requiring surgical intervention occurred in two patients (5.3%). The sites of recurrence were locoregional (pelvic and para-aortic regions), 23.7%; distant, 21.1%; and locoregional with distant, 10.5%. The 3-year overall and disease-free survival rates were 62.9% and 60.5%, respectively. There was no recurrence after 3 years of treatment. We could not find any significant prognostic factors in this study.
Conclusions: Our results suggest that EFRT and HDR brachytherapy with concurrent platinum-based chemotherapy could be safe and effective treatment for uterine cervical cancer with para-aortic lymph node involvement.

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10-year-survival data for 138 patients with endometrial carcinoma treated with postoperative vaginal vault brachytherapy: excellent therapeutic ratio for intermediate risk-group and lower cancer-related mortality than from further malignancies

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Background: The discussion, in which subgroups of patients with endometrial carcinoma confined to the uterus external-beam radiotherapy (EBRT) can safely be replaced with vaginal vault brachytherapy (VB) is still ongoing. We evaluated the long-term results of VB in stage I-IIIA along with risk factors and causes of death.
Material and Methods: Of 151 pts with endometrial carcinoma treated with VB between 1990 and 2002, 138 met the entrance criteria (85% FIGO I, 12% II, 3% IIIA, TAH-BSO+/−LNE, no EBRT). 18 pts were of low risk (FIGO 2002: IA G1−2, IB G1), 103 intermediate risk (IB G2−3, IC G1−2, IIA-B G1−2) and 17 high risk (IC G3, IIIA). Lymphonodectomy led to >10 excised nodes in 38.4%, 1−9 nodes in 16.7% and none in 44.9%, respectively. HDR-brachytherapy was 3x10 Gy to the surface or 3x5 Gy in 5 mm tissue depths in 95.7% of pts. Update included all available data from living patients, relatives, physicians and tumour-registry Munich.
Results: Median follow-up was 93 months (range 3–185) and 107 mts for 97 survivors. 10 recurrences (3 intermediate, 7 high risk-pts) were vaginal in 1, pelvic in 5 and distant in 7 pts. At 10 years, vaginal control was 99.2% and disease-free survival 91.7% (DFS: low risk 100%, intermediate 97%, high risk 55%). LVSI and deep myometrial invasion were associated with poor DFS in univariate analysis ($p < 0.05$, Chi-Square, logrank), FIGO IIIA and grade 3 in uni- and multivariate analysis ($p < 0.05$, Cox regression). No patient experienced treatment-related toxicity > grade 2 to bladder or GI-tract.
Of 41 deaths, 12 were due to cardiovascular disease, 10 to other malignancies, 8 to endometrial carcinoma, 6 to various reasons and 5 unknown. At 10 years, overall survival was 68.5%, disease-specific survival 92.4%. In 31 patients 35 further malignancies occurred. The actuarial risk to die from these amounted to 9.9% and 17.7% after 10 and 15 years as opposed to 7.6% for endometrial carcinoma.
Conclusions: Vaginal vault brachytherapy provides an excellent therapeutic ratio in low and intermediate risk endometrioid adenocarcinoma, in which EBRT can safely be omitted. As long-term survival is high, minimizing toxicity is an important aim. More aggressive therapeutic concepts should be restricted to high risk patients in order to improve results selectively. Generally, the endpoint “overall survival” is unlikely to resemble treatment effects properly, as leading causes of death are cardiovascular disease and malignancies other than endometrial carcinoma.

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Quality of life in cervical cancer survivors treated with chemoradiotherapy

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Background and Objective: Chemoradiation of the cervix is the standard treatment for locally advanced patients but there is no data concerning survivors of this disease treated with combined therapy. Our objective is to study quality of life in these patients using a validated scale.
Material and Methods: This is a case–control study. Case group – 135 cervical cancer survivors treated with chemoradiation in our institution from November 2000 to September 2002. Median age was 50 years. All women were contacted by telephone and invited to participate in the study. The Portuguese translated version of the Functional Assessment of Chronic illness Therapy-Cervix Cancer Questioner (FACT-Cx, 4th version) was then mailed. Some patients were directly contacted in the gynaecology outpatient service. Control group – healthy women matched for age were recruited in the breast cancer evaluation clinic of our institution.
Results: From January to April 2007, 101 women (62 cancer survivors and 39 controls) answered the FACT-Cx scale. Preliminary data of the first part of the scale (FACT-G) concerning quality of life in general for each item is as follows (cases vs controls): physical well being – 22.7 vs 21.5; social/family well-being – 19.9 vs 19.9; functional well-being – 18.6 vs 19.8,