84.6% for both cases and controls (RR 1.00, CI 0.35–2.83). The size of the group with advanced carcinoma was too small to allow any statistical analysis. The moment at which the diagnosis was made (trimester of pregnancy or post-partum period) and mode of delivery (abdominally vs. vaginally) had no impact on survival. No differences were observed in the prevalence and type of early and late complications of standard oncological therapy (surgery and/or radiotherapy). *Conclusion:* The prognosis of early stage CC is similar in gestational and non-gestational patients, provided standard oncological therapy is given. Due to the limited number of patients no conclusions can be drawn about advanced stage of CC. Standard therapy does not lead to increased morbidity in gestational patients and should be aimed for.

1171 ORAL

SIGNAL CHARACTERISTICS ON HIGH RESOLUTION MRI MAY PREDICT OUTCOME AMONG PATIENTS WITH BULKY CERVIX CANCER TREATED BY IRRADIATION

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Background: We have previously reported the ability of high resolution (400 × 400 μM) T2 MRI scanning with the endorectal coil (eMRI) to evaluate the extent of disease and predict initial response to radiotherapy (RT) in patients with cancer of the uterine cervix. The current report provides long-term follow-up on a cohort of 14 patients. *Methods:* 14 women with bulky (>6 cm) cervix cancer (stages Ib–IVa) were evaluated prior to definitive RT (median point A dose 85 Gy) with eMRI. Signal Intensity was graded as bright, intermediate, or low. Patients were followed at 6 month intervals. *Results:* Three patients with bright signal intensity have been maintained without evidence of recurrence at 44, 47, and 48 months, respectively. The remaining woman with bright signal died of disseminated disease (brain mets) but remained without local progression at the time of death (31 months). The 3 patients with low signal intensity never derived local control and quickly succumbed to their disease (5, 15, and 18 months). Of the 7 patients with intermediate signal intensity, one is free of disease at 21 months, one responded partially and was salvaged by adjuvant hysterectomy to be NED at 38 months, 5 responded partially and died of local progression. The sample size did not justify multivariate analysis to rule out interaction with other discriminants of outcome (stage, total RT dose, overall Tx time). *Conclusions:* With prolonged follow-up, bright signal intensity on eMRI is prognostic of freedom from local relapse and low signal intensity is associated with rapid cancer death. Possible underlying mechanisms will be presented. Other groups are encouraged to confirm these findings among larger samples of patients with bulky tumors.

1172 ORAL

EFFECT OF TOTAL TREATMENT TIME ON PROGRESSION-FREE AND OVERALL SURVIVAL IN CERVIX CARCINOMA

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In order to determine the effect of radiation therapy duration in cervix carcinoma, 458 patients with FIGO stage IB–IIIB were retrospectively analysed. They were classified according to whether they had rather long therapies, taking 60 days (the 75th percentile) as an arbitrary cut-off. Median therapy duration was 44 days. The 5-year progression-free survival and the 5-year overall survival were respectively 61 ± 3% and 64 ± 3% for the less than 60 days group, and 39 ± 6% and 47 ± 6% for the more than 60 days group ($p < 0.001$). In terms of univariate hazard ratio (HR), the relative difference between the two groups corresponds to an increase in hazard of local recurrence, distant metastasis and death of the double (HR = 2.09, 95% CI [1.51–2.89]) ($p < 0.001$). A multivariate analysis, including selected prognostic factors, confirms these results (HR = 2.01, 95% CI [1.35–2.99]) ($p < 0.001$). In terms of overall survival the relative difference between the long and the short therapy duration was of the same order as for progression-free survival.

In conclusion a short treatment time duration is a highly significant prognostic factor, associated with longer progression-free and overall survival in cervix carcinoma.

1173 ORAL

P53 PROTEIN AS A PREDICTOR OF SURVIVAL IN ENDOMETRIAL CARCINOMAS

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In an immunohistochemical study tumor specimens from 183 women with endometrial carcinoma were analysed as regards p53 expression, using the monoclonal antibody DO-7. Negative specimens were 101 (55%), whereas the staining intensity was weak, moderate or strong in 27 (15%), 4 (2%) and 51 (28%), respectively. DNA content was analysed in 159 (87%) tumors. Moderate or strong expression of p53 were significantly more common in aneuploid tumors ($P < 0.0001$). S-phase fraction was evaluable in 165 cases. High S-phase fractions were more frequent in with strong expression of p53 ($P < 0.0001$). p53 expression was correlated to grade ($P < 0.05$) but not to clinical stage. In histological subgroups such as UPSC (Uterine Papillary Serous Carcinoma), clear cell carcinoma and undifferentiated carcinoma of the endometrium, strong expression of p53 was more frequent. Moderate or strong expression of p53 was highly predictive of a poor survival ($P < 0.001$).

1174 ORAL

THE IMPACT OF ADJUVANT RADIOTHERAPY ON MALIGNANT MIXED MULLERIAN TUMORS OF THE UTERUS

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Malignant mixed Mullerien tumors (MMMT) comprise less than 5% of uterine malignancies. The role of adjuvant radiotherapy (RT) for this rare tumor is unclear. We reviewed our experience with 64 uterine MMMT patients (49 FIGO stage I/II, 15 stage III). Thirty-one patients received adjuvant RT following definitive surgery (21 stage I/II, 9 stage III) and the remaining 33 were observed only (27 stage I/II, 6 stage III). Mean follow-up was 50 months. Local failure was found to be significantly reduced ($P < 0.001$) with the addition of RT. Local failure was 3% in the RT group compared with 48% in the unirradiated group with mean time to local failure of 8 months. No such difference was seen in the incidence of distant failure (33% versus 35%) with mean time to distant failure of 28 months in the treated group and 7 months in the untreated group. Mean time until death was 36 months for the treated group and 14 months for the untreated group. These results demonstrate that adjuvant radiotherapy plays an important role in achieving local control as well as improving length of progression-free survival in women with uterine MMMT.

1175 POSTER

THE RISK FOR MALIGNANT PROGRESSION OF VULVAR NON-NEOPLASTIC EPITHELIAL DISORDERS: A PROSPECTIVE STUDY

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Vulvar Lichen Sclerosis (LS) and Squamous Cell Hyperplasia (SCH), known as "vulvar non-neoplastic disorders", have a strong topographic association and co-existence with Squamous Cell Carcinoma of the vulva (SCCV). In the last 10 years, 156 patients (pts) with vulvar non-neoplastic epithelial disorders were referred to our Center. Eleven women were lost to follow-up and nine died of unrelated causes. Of the remaining 136 pts who were treated and followed, 14 (10.3%) progressed to SCCV. Of these 14, three had SCH, six had LS and five had mixed lesions. Three of these pts refused topical treatment and 11 did not respond to any topical preparation offered. All 14 were surgically treated and malignant recurrence was documented in nine (eight from the group that failed to respond to topical preparations and one from the group that refused topical treatment). This study suggests that pts who do not respond to conventional topical therapy should be regarded as being at high risk for malignant progression.

1176 POSTER

UTERINE SARCOMAS: PROGNOSTIC FACTORS AND TREATMENT MODALITIES

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From 1974 to 1992, 65 patients with uterine sarcomas were referred to Instituto Português de Oncologia—Porto. All patients were retrospectively staged according to accepted UICC criteria. The distribution