

(49%), III in 46 (20%) and unknown in 3. 144 pts were FIGO stage I (22%), 49 in II (22%), III in 25 and stage IV in 5 (2%). Treatments were done with Surgery (TH/BSO) plus radiotherapy (RT) EBRT/brachytherapy in 174 pts (78%), Surgery+EBRT in 16 pts (7%), EBRT/brachytherapy in 26 pts (12%) and EBRT in 7 pts (3%). In 93 pts completed surgical staging with pelvic and para-aortic lymphadenectomy was performed. EBRT pelvic doses were already 45 Gy with multiple conformed fields based on CT treatment planning and brachytherapy 450 cGy x 4 sessions.

Results: With a median follow-up of 78 months (range 6–136 m), the actuarial overall survival of the complete cohort of pts was 56 months and 71.3% are alive and free of disease, 142 pts (75%) in the group treated with surgery and RT and 17 with RT alone (52%); there were 10 loco-regional relapses (4.5%), 3 in the group treated with surgery and 7 with RT alone, with complete loco-regional control of disease in 188 pts (84%). Prognostic factor as stage, histology, tumour grade and treatments/lymphadenectomy will be analyzed. Toxicities according RTOG system were mainly grade I-II.

Conclusions: In our experience, radiotherapy treatment of endometrial carcinomas offers an excellent local control of disease with satisfactory overall survival with multidisciplinary management. New RT treatment approaches are warranted for advanced disease with increasing doses in combination with other systemic modalities and special surveillance for stage IC.

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POSTER

Identifying Late Side Effects of Pelvic Radiotherapy in Gynaecological Cancers – Experience From a Single Centre in Improving Survivorship From Pelvic Radiation Damage

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Background: In the pursuit of curing gynaecological malignancies with pelvic radiotherapy and brachytherapy, the effects of late bladder and bowel toxicity can have a significant impact on patients long term quality of life.

Method: A retrospective study was undertaken at our centre with the aim of identifying how many patients had developed new and/or persistent changes in their bladder and bowel habits after pelvic radiotherapy. A questionnaire was developed to identify late changes in bowel and bladder function. If patients answered yes to any of the symptoms, they were then asked how frequent this was. The level of frequency was coded as follows: 0 = never; 1 = less than monthly; 2 = more than weekly to monthly; 3 = every few days to weekly; 4 = daily (at least once a day or more); 5 = constantly. The questionnaire was sent to 109 patients who had completed pelvic radiotherapy with a minimum of 12 months follow up from treatment. Patients who had pre-existing bowel/bladder symptoms were excluded.

Results: 71% (77/109) of patients sent the questionnaire responded. The primary cancers treated were endometrium 57% (44/77), cervix 38% (29/77) and vulva 5% (4/77). 16% (12/77) had no problems after treatment. Of the 84% (65/77) of patients who had experienced changes in their bowel and/or bladder function, this varied from mild effects (e.g. two episodes of cystitis only) to more severe effects (e.g. opening bowels more than ten times in 24 hours). The frequency of patients suffering level 3–5 bowel symptoms was as follows: change in bowel habit 82% (63/77); pain/discomfort 77% (59/77); diarrhoea 60% (46/77); faecal incontinence 51% (39/77); mucus, sticky or slimy faeces 44% (34/77); rectal bleeding 8% (6/77). One patient has been treated for malabsorption. The frequency of level 3–5 bladder symptoms was as follows: urgency 84% (65/77); pain on micturition 78% (60/77); incontinence 50% (39/77) (5/39 wearing pads); recurrent infection 32% (25/77); haematuria 25% (19/77). Four patients had stomas (one colostomy, one urostomy and two had both).

Conclusion: This study has many limitations but recognizes that there is a significant number of patients suffering from late bladder and/or bowel toxicity which is under reported. Unfortunately, many patients have accepted these side effects as inevitable consequences of their cancer treatment. Many of these symptoms are treatable. More focus during follow up is required to pick up and treat these symptoms. The above results have led us to improve our service in pelvic radiation damage management. A multi-disciplinary team approach led by clinical nurse specialists, involving oncologists, gastro-enterologists and urologists has been developed. Managing lymphoedema and sexual dysfunction have also been incorporated. This service development is being prospectively audited. This study highlights the need to adopt a more focused approach on improving the quality of life and survivorship of patients cured from gynaecological cancers.

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POSTER

Comparison of FIGO 1988 and 2008 Classifications For Endometrial Carcinoma

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Background: The objective of this study was to compare FIGO 1988 and 2008 endometrial carcinoma classifications in terms of patient distribution and efficacy in predicting prognosis in patients receiving postoperative radiotherapy (RT).

Material and Methods: Medical records of 351 patients treated between 1994 and 2009 were analyzed. The majority of patients had TAH and BSO and routine lymphadenectomy. Radiotherapy was as vaginal cuff brachytherapy in intermediate risk and risk adapted external beam radiotherapy in high risk patients.

Results: Median follow-up time was 55 months (2.5–133 months). Five year overall (OS) and disease free survival (DFS) for the whole group was 83% and 88%, respectively. Stage migration was observed in 188 (54%) patients. Stage migration did not cause any detrimental effect in OS and DFS except patients who were staged as stage I in 2008 and Stage IIIA in 1988 systems. Stage I patients with positive peritoneal cytology in 2008 system showed 75% 5 year OS and DFS rates which is significantly lower than the other patients with stage I disease. In addition, the survival curves were overlapping for stage IA, IB and II in the new staging. However division of stage IIIC as IIIC1 and IIIC2 significantly affects the prognosis. Patients with stage IIIC2 tumour had 40% OS and 48% DFS rates compared to 69% and 66% in Stage IIIC1 patients (p=0.002).

Conclusions: The major improvement of FIGO 2008 is the subclassification of stage IIIC disease into IIIC1 and IIIC2. The positivity of peritoneal cytology per se seems to have an influence in prognosis in our patients.

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POSTER

Prognostic Significance of Human Papillomavirus DNA Finding in Primary Cervical Cancer and Pelvic Lymph Nodes in Cervical Cancer Patients

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Background: Human papillomavirus (HPV) is a crucial etiological factor for cervical cancer (CC) development. Clinical significance of the presence of HPV DNA in the primary tumour and in regional lymph nodes of CC patients is still under discussion. Though the revelation of HPV DNA in non-metastatic lymph nodes can be the early sign of subclinical metastatic regional spread and can be used as a genetic marker of prognosis.

Aims of study: The aims of this study were to evaluate the presence and viral load of HPV DNA in tumour and in regional lymph nodes and their prognostic value in CC patients.

Materials and Methods: 98 patients with invasive CC underwent radical hysterectomy and pelvic lymphadenectomy for stage Ia-Ib (FIGO) cervical cancer at N.N. Petrov Institute of oncology from 2000 to 2007 were included in this survey. A parallel histological evaluation and HPV status determination by polymerase chain reaction (PCR) were carried out in biopsies from the primary tumours and the regional lymph nodes. Cervical tissues of CC were analyzed for HPV DNA presence and viral load by HPV typing and quantification by real-time polymerase chain reaction. These results were compared with well-defined clinicopathological parameters and survival data. Statistical analyses were performed using SPSS. Inferential statistics used for tabular data included Fisher's exact tests, Pearson 2, odds ratios with 95% confidence intervals. All P-values were two-sided. Statistical significance was ascribed to P-values 0.05.

Results: Oncogenic types of HPV in primary tumour were detected in 86 from 98 (87.8%) CC patients. HPV 16 type were found in 82.56% cases, 33 type in 31.37%, 18 type in 24.42% cases. 31? 45 and 58 types were found rarely – in 10.47% for every. In 65 from 98 cases (75.58%) there were detected DNA of several types HPV. HPV presence in iliac lymph nodes was found in 33 from 98 patients. There were no lymph nodes with more than one HPV DNA type. Metastatic lesion of pelvic lymph nodes was found more often patients with HPV one type and low viral load (p < 0.05). The correlation between positive HPV DNA test in the lymph nodes and lymph node metastasis was highly significant