Conclusions: CT guided high dose brachytherapy can be successfully implemented in a cancer centre achieving good levels of local control and overall survival. Node positivity on original MRI is predictive for recurrence. A complete response on week 5 MRI predicts for excellent long term pelvic control.

PO-1016
Assessment of quality of life in patients treated for gynecological cancers using the EORTC questionnaires
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Purpose/Objective: To assess self-reported quality of life (QoL) experienced by cervical and endometrial cancer patients after radiation therapy and in regular follow up. Our purpose is to evaluate QoL related to urinary and bowel symptoms and sexual functioning in order to identify patient- and disease-related influencing factors.

Materials and Methods: Since March 2011, 48 patients in regular follow-up for cervical cancer staged Ib1-IIIB (26 operated and 22 non-operated) and to 82 patients in follow up for endometrial cancer staged IA-IIIC (76 operated and 6 non-operated) after postoperative or radical pelvic radiotherapy ± brachytherapy boost were invited to fill in the anonymous EORTC-QLQ30 questionnaire. This questionnaire was combined with EN24 in case of endometrial cancer or CX 24 in case of cervical cancer. Exclusion criteria was the inability to understand the questionnaire. There was no limitation with regard to age or performance status. We analyzed overall health and overall quality of life, bladder symptoms, disuria and bladder and faecal incontinence. We also analyzed items related to sexual function (sexual interest and activity) and sexual symptoms (vaginal dryness).

Results: Everybody accepted to compile the questionnaire and only 5 patients needed some assistance. Most patients found that the questions were clear and easy to understand. Median age was 62.3 years (range 29-81). With a median follow up of 4.5 years (range 1.2-6.5), 78% of women were free of disease and 21% had evidence of tumour progression or relapse. All items exhibited good compliance with no missing values except those regarding sexual function that were missed in 37.5% of patients. The 92.5% of women judged their overall health and QoL good. In particular all patients with no evidence of tumour relapse judged a favorable QoL, and only 36% of patients with progression disease judged their QoL poor.

Table 1 shows the answers considering tumour type and treatment modality.

We calculated the Chi-Square Test to compare treatment modalities (operated or non-operated patients; pelvic external beam radiotherapy ± brachytherapy) and tumour sites (cervical or endometrial) for the various items. For all the items of Table 1, we did find a trend just below the threshold of significance (p=0.06-0.08).

Conclusions: From our analysis, it emerged a good QoL for the whole series with similar percentages for the different tumour types and treatment modalities. The presence of tumour progression reduced QoL. We found that patients treated for cervical cancer complained of higher incidence of disuria and bladder incontinence. No patient complained of severe symptoms related to gastro-intestinal dysfunction or faecal incontinence.

PO-1017
EQD 23Gy vaginal toxicity study in 2 protracted HDR brachytherapy schedules in postoperative endometrial cancer
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<table>
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<tr>
<th>ITEM</th>
<th>Gene uner - advanced</th>
<th>Gene uner - defint</th>
<th>Gene uner - radical</th>
<th>Geno under - defint</th>
<th>Geno under - radical</th>
<th>Bladder external - advanced</th>
<th>Bladder external - defint</th>
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Conclusions: From our analysis, it emerged a good QoL for the whole series with similar percentages for the different tumour types and treatment modalities. The presence of tumour progression reduced QoL. We found that patients treated for cervical cancer complained of higher incidence of disuria and bladder incontinence. No patient complained of severe symptoms related to gastro-intestinal dysfunction or faecal incontinence.