Purpose/Objective: To evaluate the impact of adjuvant taxane-platinum-based chemoradiation with preventive para-aortic zone irradiation to outcome improvement in endometrial cancer II-III FIGO patients.

Materials and Methods: From January 2008 to April 2014 database of 250 EC patients’ medical histories and outpatient cards was analyzed retrospectively; all cases were re-staged according to 2009 FIGO classification (2009). 115 patients with endometrial cancer II-III stage were considered eligible and were included in the study in two arms. 49(43%) pts. were enrolled in research group A. All of them undergone total hysterectomy , with pelvic lymphadenectomy in 18(36,7%), pelvic-paraaortic lymphadenectomy in 8(16%) of them, followed by adjuvant chemoradiation. Image-guided external beam radiotherapy combined with brachytherapy had been performed in 100%, 33(61%) patients were supplemented with para-aortic lymph node irradiation to the level of Th12-L2. All patients then received 2-6 courses of taxane-platinum adjuvant chemotherapy. Total mean dose to pelvic (obturatar, internal/ external/ common iliac) and para-aortic lymphnodes TD44Gy (30-50Gy) was achieved, with increase to 60Gy (36-74) in the vaginal vault because of Ir-192 HDR brachytherapy.

66 (57%) patients were enrolled in control arm B; all of them undergone total hysterectomy, with pelvic lymphadenectomy in 14 (21%) and pelvic-para-aortic lymphadenectomy in 7 (10, 6%) of them, followed by conventional external beam radiotherapy on the pelvic region TD 40-44Gy, added by Co-60 HDR brachytherapy to vaginal cuff.

Results: The median follow-up was 12 months (range, 1-79 months).

We registered the significant improvement in overall and disease-free survival in arm A, with 11% decrease of loco-regional relapse rate (from 20% to 9% in stage II pts., from 36% to 21% in stage III pts.) and 11% decrease (from 22% to 11%) of distant metastasis rate in stage III pts. Treatment was tolerable: no significant difference in adverse effect rates and grade was registered in arm A inspite of irradiation field extention, mainly because of specific therapeutic prevention.

Conclusions: Adjuvant taxane-platinum-based chemoradiation with preventive para-aortic zone irradiation improves one year overall survival, disease-free and cancer-specific survival for patients with II-III FIGO with acceptable side effects rate.

PO-0749
Treatment interruptions due to anemia and blood transfusions in cervical cancer patients
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Purpose/Objective: This is a retrospective study, to evaluate the effect of treatment breaks due to anemia and blood transfusions on treatment response in cervical cancer patients who completed the standard treatment.

Materials and Methods: Medical records of 151 patients, from Nov. 1st 2012 to Oct.31st 2013, were reviewed for demographic variables, stage of the disease, total dose delivered, degree of anemia, episodes of blood transfusions, treatment breaks and treatment duration. RECIST criteria for treatment response, FIGO for cervical cancer staging and RTOG for degree of anemia were used. The standard cervical cancer treatment used was concurrent chemo-radiotherapy followed by LDR intracavitary brachytherapy. The Chi square testing and 95 % significance level was applied.

Results: A total of 151 cervical cancer patients were booked over the study period, Of which: - Stage I & IB 10%, IIA-IIB 29%, IIIA- IIIB 48.4%, and IV 16.6%. Of the total, 41 patients did not start treatment in spite of booking. The rest 110 (72.6%) started treatment with curative and palliative intent. Out of which, 64 patients completed curative treatment course, of which 90.4% had good response and 9.6% didn't respond and/or disease progressed on treatment. There were 40 episodes of blood transfusions, the 42.5% given before commencement of treatment and 57.5% during the course. Most of the treatment breaks were due to consequences of anemia and mainly for blood transfusions. The mean treatment break was 2.93 days. Those who presented with < 10 HB, needed more transfusions during the course (p< 0.01). Response rate of those with HB >_ 10 gm at presentation was not significantly better than those with HB < 10 gm and needed transfusions in the course and short treatment breaks ( p > 0.05).

Conclusions: Cervical cancer patients who presented low HB at presentation, in spite of HB buildup transfusions at the beginning of the treatment are likely to need more transfusions during the course and their treatment response is not significantly different from those who started treatment with normal HB. High number of advanced cases and drop outs calls for an extensive study of KAP toward cancer and its treatment in the study society.

PO-0750
Dosimetric correlation of rectal dose and rectal distension in cervical cancer patients undergoing brachytherapy
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Purpose/Objective: Rectal dose defined as a point dose in ICRU 38 is not a good surrogate for actual dose delivered. Image based brachytherapy using CT or MRI allows for volumetric assessment of radiation dose. The possibility of developing rectal complications is best quantified from measuring dose to 2cc (D2cc) of rectum. In this study we investigated the effect of rectal distension on rectal dose parameters in patients of locally advanced cervical cancers undergoing CT based high dose rate brachytherapy and generated a model to predict the increase in D2cc with increasing rectal distension.

Materials and Methods: Between January and October 2013, ‘planning CT scans’ of 30 locally advanced cervical cancer patients undergoing three dimensional brachytherapy were reviewed retrospectively. Rectum was contoured from rectosigmoid junction superiorly until the ischial tuberosity inferiorly. The maximum rectal distension (MRD) was measured as the largest anterior-posterior diameter of the rectum opposite to the line joining the central tandem tip.