months after radiotherapy was a significant factor for LPFS. Patients with CR had higher LPFS rate than the patients without CR (88.6% vs. 30.8%, at 5-year, p<0.01). Grade 3 toxicity was found in 8 patients (5 hematologic, 2 urinary, and 1 skeletal) and grade 5 bowel toxicity was found in 1 patient.

Conclusion: In radical radiotherapy for cervical cancer, EBRT can be an option for tumor boost in cases where ICBT cannot be performed. Tumor response at 3-6 months after radiotherapy was a significant prognostic factor for local control.

EP-1315
Abdominopelvic Radiotherapy for advanced endometrial cancer after surgery and chemotherapy: results

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Purpose or Objective: Patients with advanced endometrial cancer are a very heterogeneous group of patients in which the prognosis is influenced by the number of extraterine locations, abdominal and nodal spread, type of surgery, tumor residue and histology.

Material and Methods: We studied 47 patients treated with SRT/WAPI. The FIGO staging was IIIA in 6 patients, IIIC in 22 and IVB in 16. The mean-follow-up for disease-freesurvival (DFS) was 32 months.In 26 patients were found 3 extrauterine locations (3LE) and in 21 >3LE. Abdominal spread was present in 26 and was not in 21, negative lymph nodespreader in 11 (G-), positive in 33 (G+) and unknown in 3 (G?). Combination of abdominal dissemination and lymph node spread (AG) was observed in 19 patients, only abdominalin 7 (SA), single nodal in 17 (SG) and noabdominal or nodal in 4 (NAG). In 23 ovarian surgery was performed and in 24 it was suboptimal.In 8 patients remained tumor residue and 39 did not remain. 19 patients hadendometrioid histology and 28 had a different one. Histological grade 1-2 in 11 and G3 in 36.

Results: The 5-year DFS was respectively for LE patients was 69% vs 30% (p<0.0445). Withabdominal spread 73% vs 35% without (p = 0.05).Group (G-) 90%, group (G+) 47% andGroup (G?) 0%, (p = 0.002).No resin 54% 34% (p = 0.11). Group (AG) 22%, group (SG) 65%, group (SA) 85%,Group (NAG) 100% (p = 0.0185). With ovarian protocalsurgery 42% and without it 62% (p = 0.23).

Conclusion: The number of extrauterine locations, lymph node spread, abdominal dissemination and the combination of both influenced the SLE.

EP-1316
Value of imaging modalities in predicting pelvic lymph node metastases for uterine cervical cancer

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Purpose or Objective: The only imaging modalities without pathological confirmation are used to assess lymph node (LN) metastases and to perform radiotherapy planning (RT) planning for patients with uterine cervical cancer treated with concomitant chemoradiotherapy (CCRT) or RT alone. The aim of this study was to evaluate the accuracy of computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography-computed tomography (PET/CT) in predicting pelvic LN metastases.

Material and Methods: From January 2009 to March 2015, one hundred fifty six patients with International Federation of Obstetrics and Gynecology (FIGO) Stage IA1-IIB uterine cervical cancer who underwent radical hysterectomy and pelvic lymphadenectomy, and CT, MRI and PET/CT before surgery were included in this study. The Criteria for LN metastases were a LN diameter of 1cm or more at CT and MRI and a focally increased FDG uptake greater than SUVmax 3.0 at PET/CT. The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy for pelvic LN metastases were estimated on the basis of imaging and postsurgical pathological findings. Chi square test and McNemar's test was used to compare the sensitivity and specificity of imaging modalities for the detection of metastatic pelvic LN. A PET/CT was considered statistically significant.

Results: Among 156 patients, 35 (22%) had pelvic LN metastasis on postsurgical pathological findings. There was no pelvic LN metastasis for stage IA. The rates of pelvic LN metastasis on pathological findings for stage IB, IIA and IIB were 19%, 45%, 67%, respectively. The sensitivity, specificity, PPV, NPV and accuracy for detection of pelvic LN metastases were 48%, 87%, 39%, 91% and 81% for CT; 28%, 97%, 59%, 89% and 87% for MRI; and 43%, 90%, 43%, 90% and 83% for PET/CT, respectively. The sensitivity was highest for PET/CT, the specificity, highest for MRI and the accuracy, highest for MRI. The difference between single and multiple metastases on image studies to predict LN metastasis was not statistically significant (P=0.271).

Conclusion: CT, MRI and PET/CT showed low sensitivity and high specificity. The accuracies (greater than 80%) of the three imaging modalities were acceptable for RT planning for patients treated with CCRT or RT alone. More efforts are necessary to improve sensitivity in predicting pelvic LN metastases.

EP-1317
Prognostic and predictive factors in endometrial cancer

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Purpose or Objective: The outcomes among patients with endometrial cancer (EC) are generally favorable. However, certain risk factors, such as age, comorbidities, FIGO stage, histology type, myometrial infiltration and histology grade, may influence survival and prognosis. The aim of this study was to analyze the impact of prognostic factors on disease-free survival (DFS) and overall survival (OS) in patients treated with adjuvant radiotherapy.

Material and Methods: We reviewed the records of patients diagnosed with EC and received adjuvant radiation therapy. The period of recruitment was from January 2001 to December 2014. This included epidemiological, clinical and treatment characteristics. Statistical analyses, survival curves were generated using the Kaplan-Meier technique, and differences were tested with the log-rank test. Multivariate
analysis of prognostic factors was performed using the Cox proportional hazards model and logistic regression analysis.

Results: 155 eligible patients had their data analyzed for this work. The median age was 58.7 years (range 31-86). 55 patients suffered from coexisting comorbidities. All patients underwent surgery; a total abdominal hysterectomy plus bilateral salpingo-oophorectomy in 92.2%. Lymphadenectomy was realized in only 23 patients. They were classified according to FIGO stage on (91 I, 24 II, 29 III, 10 IVa). Myometrial invasion was > 50% in 80%. Type1 endometrial carcinoma represents the most common type (134 patients). Histologic low-grade (G1-2) was found in 77.4%. 154 patients received radiotherapy; in 79 cases external beam Radiation therapy (EBRT) was associated with vaginal brachytherapy (VB). After median follow up of 72 months (2-144 months) loco-regional recurrence occurred in 10 patients (5.1%) and metastasis in 12 patients (7.7%), the 5-year overall survival (OS) and the Disease Free Survival (DFS) was 88.4% and 76.1% respectively. DFS was highly significant for: histologic type 1 vs 2 (p=0.005), histology grade 1-2 vs 3 (p=0.03) and stage I-II vs III-IV (p=0.04). The addition of VB to EBRT revealed statistically significant effect on DFS (p=0.02).

Conclusion: In our study, tumor’s histology type, grade, and FIGO stage are the important prognostic factors and should be considered when making treatment decisions. Delivery of adjuvant EBRT+VB seems to be a significant independent predictor for improved survival and pelvic control. Further studies on larger cohorts are necessary for the validation of those results.

EP-1318 Presence of lymph nodes and survival in cancer cervix: audit from tertiary care hospital in India S. Singh1, J. Lamin2, D. Kapoor3, A. Ranj2, N. Rastogi4, S. Kumar4
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Purpose or Objective: The present study was done to evaluate the impact of lymph node on survival outcome of cancer cervix treated by chemo-radiotherapy in a tertiary care hospital in a northern part of India

Material and Methods: Between Jan 2008- Dec 2011, 300 cervical cancer patients were registered. Medical records were retrieved and documented for various host and treatment related parameters and outcomes. Local disease free survival (LDFS), loco-regional recurrence (LR) and overall survival (OS) was calculated from time of registration and computed by Kaplan-Meier method. Death due to any cause or loss to follow-up was considered as an event for survival analysis i.e. assuming the worst case scenario.

Results: Of 300 patients, 72 (24%) did not report after first consultation while 64 (21%) were referred for brachytherapy from outside medical facilities. For present analysis, 164 (55%) patients who received treatment with either radical or palliative intent in our department were studied. Of 164 cases, 76%, 15% and 9% presented as de novo cervical cancer, post-operative and stump carcinoma respectively. The median age (range) at presentation was 52years (26-90), 75% were postmenopausal. MRI was preferred pre staging imaging modality in half followed by ultrasound. FIGO stage I-II was 17%, 37%, 30% and 16% respectively with more than half having bulky disease and a third presenting with regional lymph nodes and 10% had para-aortic lymph nodes seen on imaging at presentation. 93% patients were treated with radical while 7% with palliative intent. Two thirds received concurrent platinum based chemoradiotherapy. Brachytherapy was taken by 80% cases. Patients were kept on clinical follow up and imaging was done as and when required.

At the time of analysis 38% are disease free and alive, 21% dead while 40% were lost to follow-up or without disease. At median follow up of 24 months (0-90), LDFS for stage I, II, III and IV was NR (not reached), NR, 17 and 8, p=0.000 respectively. The median OS stage-wise with or without lymph node presence was - Stage I 27m vs. NR; Stage II 46m vs NR; Stage III 14m vs. 17m and Stage IV 9m vs 2m; p=0.000 respectively. Those receiving chemotherapy in presence of lymph nodes had a better survival outcome median 21m vs 5m p=0.001.

Conclusion: Cervical cancer presented in bulky advanced stages with regional and metastatic spread at time of presentation. The presence of lymph node decreased survival in all stages. The addition of chemotherapy improved survival outcome.

EP-1319 Clinicopathological characteristics of patients with synchronous ovarian and endometrial cancers S. Chaudry1, T. Sadaf1, S. Butt1, A.A. Syed1, N. Siddique1, A. Jamshed1, A. Kazmi1
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Purpose or Objective: Synchronous primary endometrial and ovarian cancers are infrequent. The objective of this study is to evaluate clinicopathological characteristics and treatment outcomes of synchronous endometrial and ovarian cancer treated in our institution.

Material and Methods: The clinicopathological characteristics of 12 patients with synchronous ovarian and endometrial cancer treated at SKMCH from July 2005 to July 2015 were reviewed retrospectively. Their medical records and pathology reports were reviewed in depth from hospital database. The histologic determination was followed by the World Health Organization Committee classification, and cancer stage was based on FIGO.

Results: The median age at the time of diagnosis was 50 years (Range23-66). The incidence of synchronous primary endometrial and ovarian cancers was 2.01 % in patients with endometrial cancer. A total of 7 patients were menopausal (58%), 8 patients were nulliparous (66%) the median BMI was 29 kg/m2 (range, 20-38). The most common presenting symptom was abnormal uterine bleeding. According to FIGO stage 10 cases of endometrial were I /II (88%) and 2 cases were stage III (16%). Of the ovarian cancers, 9 cases were stage I/II (83.3%) and 2 cases were stage III (16%). Endometrial cancer was the main pathological type in uterine carcinoma (86%) followed by serous carcinoma (14%) and similarly for ovarian cancer endometroid was the most common pathology 67 % followed by serous/clear cell 16% and mucinous 16.7%. Most endometrial and ovarian primaries in our series were grade I and II tumors, 83% and 66% respectively.

8 patients (66%) had similar histology in both primaries while 4 patients (44%) had different histology. All patients underwent surgical intervention. Only one patient did not receive any postoperative adjuvant therapy. 10 patients received platinum-based adjuvant chemotherapy and six patients received adjuvant radiotherapy

Conclusion: Synchronous primary endometrial and ovarian cancers are infrequent and distinct set of patients. Abnormal PV bleed was the most common symptom which helped in early detection. Majority of the patients belong to concordant endometroid histology, low grade, had younger age and High BMI. Treatment should be tailored to the stage, histology, and grade of the individual tumors.