overall survival in multivariate analysis. As to progression-free survival, disease-free interval, PALN size, and upfront radiotherapy (or chemoradiotherapy) were significant prognostic factors in multivariate analysis. Acute grade 3 gastrointestinal and hematologic toxicities developed in 3 patients.

Conclusion: For isolated PALN recurrence of cervical cancer, upfront radiotherapy (or chemoradiotherapy) should be considered as a salvage treatment, especially in patients with long disease-free interval.

EP-1323

Clinical audit of cervical cancer records from Kidwai Memorial Institute of Oncology, South India

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Purpose or Objective: To present the long term outcomes and results of the clinical audit of cervical cancer cases treated at our cancer centre in the year 2010.

Material and Methods: A clinical audit of case records of cervical cancer treated at our centre in the year 2010 was analysed. Out of the 306 patients evaluated for Cervical Cancer, case records for demographics, treatment methodology, long term toxicity and survival data was analysed using the SPSS. The variables were compared using the Chi-square test, the survival by Log-Rank test.

Results: Out of a total of 306 patients with a median age group of 50 years (range-30-80) evaluated for various symptoms pertaining to cervical cancer, 204 underwent concurrent chemoradiation and 102 patients received only radiation alone. In the total cohort, FIGO stage grouping was stage II in 36% (n=111), stage III in 56% (n=172) and stage IVA in the remaining. Radiation was delivered to a dose of 75Gy to point A, external beam radiotherapy (dose of 45-50Gy) being delivered predominantly on the Telecobalt and followed with low dose rate brachytherapy. Cisplatin based concurrent chemotherapy was delivered as weekly at a dose of 40 mg/sqm in 76% of the patients, while in the rest it was delivered as three-weekly regimen. In the weekly chemotherapy arm, 70% of them received atleast 4 cycles. Median overall treatment time (OTT) was 8.4 weeks (40-95 days). At a median follow up of 36 months, 5 year overall survival in the entire cohort was 30%. The OS in the concurrent chemo radiation arm was better (34% Vs. 29%, p=0.036). The OS in the two chemotherapy arms did not show a difference (log rank, p=0.46). The survival difference between the two stage groups demonstrated a superior outcome in patients with stage II (40% vs 32%, p=<0.05). Multivariate analysis showed stage, type of chemotherapy and overall treatment (OTT) time were significant for OS. Acute hematologic, GI, GU and skin toxicity was higher in chemoradiation arm. Difference in long term toxicity between the two treatment arms was not statistically significant.

Conclusion: Our clinical audit of cervical cancer cases treated at our cancer centre, although demonstrates slight inferior survival outcome compared to available literature, might be accounted for the lower Point A dose, longer overall treatment time, and suboptimal chemotherapy dose. These factors have been taken care in our current clinical practice.

EP-1324

High risk early stage endometrial cancer: lymphadenectomy with brachytherapy as alternative to EBRT

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Purpose or Objective: Endometrial cancer (EC) is the most common gynecologic malignancy in developed countries, affecting 40,000 women/year. Recent studies have shown the therapeutic benefit of pelvic lymphnode dissection in order to determine the extent of desease and establish adiuvant therapies. Several trials have also shown that adiuvant radiotherapy(RT) in early stage EC reduces the risk of local recurrence without improving overall survival (OS). However the role of both lymphnode dissection and adiuvant RT in high risk early stage EC is not clearly defined. The aim of our retrospective study is to evaluate the validity of linfadenectomy with intravaginal brachiterapy (IVRT) as therapeutic option in high risk early stage EC, compare it with adjuvant external beam radiotherapy (EBRT) and determine which one determine the best results in terms of Reccurrence Free Survival (RFS) and OS.

Material and Methods: Were evalueted 85 patients with EC treated between January 2007 and January 2012 with 36 months of follow-up. Of these, 47 had low risk early stage (G1 with myometrial infiltration less than 50% or G2 with myometrial infiltration less than one third) treated with bilateral histerosalpingovariectomy without any adjuvant therapy; 38 were patients with high risk early stage (G1 with more than 50% of myometrial invasion, G2 with more than one third of myometrial infltration and G3) treated with bilateral hysterosalpingo-oophorectomy and then submitted to pelvic lymphadenectomy (n. 22 pts) plus IVRT or EBRT (n. 16 pts) based on age, comorbidities, tumor grade, histotype, tumor size, presence of lymphovascular invasion space, depth or myometrial infiltration.

Results: The recurrence rate was respectively of 4% (n.2 pts) among the low risk patients with a RFS of 96% and of 19% (n.11 pts) among the high risk patients with a RFS of 81%. Considering the high risk group, the 45% of recurrence (n.5pts) occurred among patients treated with EBRT and the 55%(n.6pts) among those who received lymphadenectomy with IVRT. The mortality rate was respectively 0% (n.0 pts) among patients treated with EBRT and 0% (n.0 pts) among those who received lymphadenectomy with IVRT.

Conclusion: Our study shows that in high risk early stage EC there is no significant difference in terms of RFS among patients who received pelvic lymphadenectomy with IVRT and those which had been treated with EBRT. There was also no statistically significant difference for OS between the two groups.

EP-1325

Phase I/II study of weekly cisplatin plus paclitaxel and radiotherapy for primary cervical cancer

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Purpose or Objective: To determine the maximum tolerated dose (MTD) and effectiveness of weekly PTX plus DDP concurrent with whole pelvic irradiation in Chinese women with locally advanced cervical cancer.

Material and Methods: Between November 2008 and March 2015, a total of 36 patients with primarycervical cancer cervical cancer, FIGO stage IB1 to IIIB, confirmed by histology, negative para-aortic lymph nodes were enrolled into this phase I / II trial. Chemotherapy agents were