year. Tumor size is the strongest predictor of survival. Surgery is the treatment of choice in early disease stage. In local advanced stages, radiotherapy associated or not to chemotherapy has been used. We present a case treated with external beam radiotherapy and interstitial brachytherapy.

Material and methods. A gynecological examination performed to an 81 year old woman with vaginal bleeding and local pain revealed a tumor mass attached to the anterior and lateral walls of the vagina and coming out the introitus. MRI and PET-CT revealed a 6.4 cm tumor mass in the upper third of the vagina embracing the urethral septum without metastases. Biopsy confirmed malignant primary vaginal melanoma. She underwent external beam radiotherapy to the pelvis, receiving a total dose of 46 Gy, followed by interstitial brachytherapy with high dose rate (HDR) up to a 60 Gy total dose.

Results. Six months later, a reduction of 3 cm in tumor size was observed on physical examination, confirmed by MRI/PET-TC; 12 months clinical and repeated imaging demonstrated persistent disease in the anterior wall of the vagina on urethral meatus. No symptom of vaginal bleeding was reported, but local pain was not controlled and patient was referred to Pain Unit. No acute urinary or rectal toxicity were observed. The patient died 14 months later.

Conclusions. Local excision is the treatment of choice in early disease but most patients are diagnosed at advanced stage. A combination of EBRT and interstitial brachytherapy is a reasonable treatment, but tumor size is a limitation to local control this vagina melanoma.

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Prognostic significance of the AG-SCC on the survival of the cervical cancer treated with chemo-radiotherapy (CT-RT)
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Purpose and objective. Elevation of the SCC in early cervical cancer is associated with nodal and lymphovascular infiltration, and is regarded as a marker for the need of treatment- chemo and/or radiotherapy (RT)- and poor prognosis. In this study we analyzed SCC value as a prognostic factor before chemo-RT treatment and after completion.

Materials and methods. We followed a cohort of 236 patients from 1999 to 2011, under a weekly scheme with IV cisplatin (40 mg/m²) and concomitant RT. FIGO stage distribution was as follows: 7 (IB1), 27 (IB2), 2 (IIA), 73 (IIIB), 1 (IIIA), 109 (IIIB), 17 (IVA). The SCC at diagnosis was elevated above the cutoff point (1.5 or 2.5 ng/ml) in 160 (67.8%) patients and was considered normal in 76 (32.2%). The SCC at diagnosis was 1.04 ± 1.04 ng/ml. The mean SCC values of patients with elevated SCC, was 22.5 ± 22.5 ng/ml. The mean follow-up-time was 55 months. An overall 5 year (SG5) survival using actuarial method (SG5) was found at 70.3% (r: 1.7–235, p25 = 4.8, p50 = 11.4, p75 = 22.4).

Conclusions. SG5 showed to be similar amongst patients with normal and elevated SCC at diagnosis; however, an SCC value above 11.4 ng/ml, showed to have worse results.

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Radiochemotherapy in locally advanced cervical carcinoma: Experience of our department
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Introduction. The treatment of locally advanced cervical carcinoma (LACC) is concomitant chemoradiation followed by brachytherapy or surgery as the answer reached. The objective is know our results in terms of overall survival (OS), disease-free survival (DFS), relapse-free survival (RFS), metastasis-free survival (MFS) and toxicity (RTOG) of patients with LACC treated with radiochemotherapy.

Material and methods. Between 1998 and June-2012, 107 patients, mean age 55 ± 13 (25–83), were analyzed retrospectively. Distribution by stages (FIGO): Ib2 = 10.3%, IIA = 17.8%, IIb = 31.8%, IIIa = 3.7% IIIb = 29.9% and IVA = 6.6%. Histologically, 88% epidermoid