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 in12 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 1vvs 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. Lamin1, D. Kapoor2, A. Ranji1, N. Rastogi1, S. Kumar1
1Sanjay Gandhi Postgraduate Institute of Medical Sciences, Dept of Radiotherapy A-Block- SGPIMS, Lucknow UP, India
2Sanjay Gandhi Postgraduate Institute of Medical Sciences, Dept of Gynecology- General Hospital- SGPIMS, Lucknow UP, India

**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 (DFS) 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 stumps 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% 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 with 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. Sada2, S. Butt3, A.A. Syed3, N. Siddique1, A. Jamshed4, A. Kazmi1
1Shauk khanum Memorial Cancer Hospital, Radiation Oncology, Lahore, Pakistan
2Shaukat khanum Memorial Cancer Hospital, Surgical Oncology, Lahore, Pakistan
3Shaukat khanum Memorial Cancer Hospital, Medical Oncology, Lahore, Pakistan

**Purpose or Objective:** 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.

**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 (16.7%). 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%. 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.