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 therapeutics is influenced by the number of extraterrine locations, abdominal and nodal spread, type of surgery, tumor residue and histology.

Material and Methods: We studied 47 patients treated with SQTWAPI. The FIGOstaging was IIIA-6 patients, IIIC in 22 and IVB in 16. The mean-follow-up for disease-freesurvival (DFS) was 32 months. In 26 patients werefound 3 extraterrine locations (≥3LE) and in 21 ≥3LE. Abdominal spread was present in26 and was not in 21, negative lymph nodespread 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 abdominal in 33 (G+?) and unknown in 3 (G?). There was 32 months. 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 hadadendomeriology histology and 28 had a different one. Histological grade 1-2 in 11 and G3 in 36.

Results: The 5-year DFS was respectivest 3LE patients vs 30%≥3LE (p = 0.0445). With abdominal spread 73%vs 35% without (p = 0.05). Group (G) 90%, group (G+) 47% and Group (G−) 0%, (p = 0.0026). No residue 34% (p = 0.11). Group (AG) 22%, group (SG) 65%, group (SA) 85%, Group (NAG) 100% (p = 0.0185). With ovarian protocol surgery 42% and without it 62% (p = 0.23).

Conclusion: The number of extraterrine 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 radiation therapy (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 P-value 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%, 91% and 81% for CT; 28%, 97%, 59%, 89% and 87% for MRI; and 43%, 90%, 43% and 83% for PET/CT, respectively. The specificity 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