

be the commonest followed by ovary and endometrium. In developed countries, carcinoma cervix incidence is comparatively quite low due to good regular screening of females. One year review of patients was done, who underwent definitive/debulking surgery for a diagnosed malignant pathology of the genital tract, in obstetrics and gynaecology department of Govt. medical College and Hospital, Chandigarh. Total 62 patients were operated, most common indication was carcinoma ovary, followed by endometrial cancer, cancer cervix and gestational trophoblastic neoplasia. 166 patients underwent biopsies for suspicious symptoms or the abnormal findings on examination and the patients with final malignancy report were either operated as described above and the inoperable cases were referred to oncotherapy department for further management.

Miscellaneous: Oral Abstract

Role of radical surgery in early stages of vaginal cancer

Vandana Jain, Rupinder Sekhon, Shveta Giri, Sudhir Rawal

Objectives: The objective of our present study was to evaluate the efficacy of radical vaginectomy with or without radical hysterectomy in patients with FIGO stage I and II vaginal cancers.

Materials and Methods: A retrospective study was carried out on 13 patients aged 35 – 78 years. All the patients underwent radical surgery for vaginal cancer from April 2010 till June 2015. Kaplan-meier analyses was used to calculate the disease free survival and overall survival at 12 months.

Results: The mean age of patients was 54.9 years. Twelve patients were with FIGO stage I while one had stage II vaginal cancer. The histopathology was squamous cell cancer in 9 patients, small cell neuroendocrine cancer in two patients and malignant melanoma in 2 patients. The lesion was confined to upper 2/3 of vagina in 8 cases and lower 1/3 was involved in 5 cases. All the patients underwent radical surgery. Lymph node dissection was done in eleven patients out of whom lymph nodes were positive in 4 patients. Three patients had positive margins. Adjuvant treatment was given to patients with positive margins or positive nodes. Six patients did not require any adjuvant treatment and two patients defaulted adjuvant treatment. One patient developed Vesico-vaginal fistula. Over a follow up period ranging from 6 to 67 months, recurrence developed in two patients and one of them died of disease. The 12 months Disease free survival was 82.1% and 12 months Overall Survival was 90.9%.

Conclusion: Stage I and selected stage II vaginal cancer patients have good outcomes in terms of survival and local tumor control if managed judiciously by initial surgery followed by selective adjuvant therapy.

Key words: Adjuvant therapy; radical vaginectomy; vaginal cancer; vesico-vaginal fistula

Miscellaneous: Oral Abstract

Truth of evidence collection, follow up and patient retrieval systems for gynaecological cancer patients: An Indian survey

Manoj Sharma, Alpana Sharma¹

Maulana Azad Medical College, ¹All India Institute of Medical Sciences, New Delhi, India

Introduction: The Evidence Based Medicine in oncological sciences is founded on many factors. Pathetic state of patient retrieval system and follow up are some of the inherent problems faced in developing countries. The absence of follow up seems to affect the patient survival, intervention in case of predictive recurrence, and it also fails to fortifies authenticity of research and survival data. Paper outlines histrionics, evolved/recommended methodologies, nationwide survey with regards to authenticity of Evidence Based Practices in Oncological research. It opens the facts sheet of awareness, practice of follow-up and obstacles faced in India institutions. Relevant for obstetricians adopting Gynec Oncology.

Aims and Objective: (1) To Evaluate the Evidence based practice of Gynec Oncology, (2) To evaluate the effectiveness of follow up methodologies, (3) Compliance of institutions and oncologist with regards to follow-up of Gynec cancer patients.

Materials and Methods: The follow up methodology propagated; 1-6 address system (IARC 3 Address System), 2-Postcarding, 3-SMS/Telephony, 4-Door to door patient retrieval, 5-Family Physician referrals/feedback, 6-Software Alert

on follow up defaulters in the Hospital Based Cancer Registry. etc. A stock taking was started 10 years back with repeated circulars on dates of “The National Cancer Calendar” (one date every months) that were sent to some 10,000 E-mail address of personnel/institutions connected with oncological sciences. Over five years 150 postgraduate examinees and 50 faculty in various institutions were interviewed on their 1 - Practicing Evidence Based Gynec Oncology and 2 - Understanding of Follow up/patient retrieval system practices in Gynec cancers. As an inspector of a major medical accreditation institution 50 institutions were inspected and existence of their follow up methodologies were evaluated. 100 post graduate dissertations reviewed, were studied with regards to status of follow up in the study carried out or the existence of follow-up system in the institution. Undergraduate students and their text books were searched if they are educated about follow up and necessity of patient retrieval system and its significance in Medical sciences. Faculty/Specialist of Obs and Gyn departments were interviewed for the same.

Observations and Results: Response to circulars on follow up in cancer patients was cold shouldered, 95 percent of examinee PG students did not know how to follow up the cancer patients, out which as many as 90 percent of their institutions did not have any follow up system in order. 99 percent of dissertation did not show any effort from the side of candidate for patient retrieval system in order to fortify the research data. Only 20 percent institutions had infrastructure and significant effort (including door to door retrieval) on following up the patients that are treated there. Non of the undergraduate text books had guidelines or teaching in follow up so were total blankness of concept of follow up with undergraduate students. The awareness of Evidence based practice of Gynec oncology in most of the faculty of Obs and Gyne Departments was abysmal and “Not Necessary or Not possible” issue.

Conclusion: Death and prolongation of survival both in curable and not so curable gynec cancers is directly related to Patient retrieval through follow up that generates evidence on Indian patients. In order to improve the survival and timely therapeutic intervention, follow up has to be strengthen at under graduate and post graduate medical teaching. This also applies for the authenticity of oncological research data that is produced in large numbers in developing countries. This is especially significant in the large poor socio economic gynec cancer patient population with poor literacy levels and far off homes from cancer treatment centres.

Miscellaneous: Oral Abstract

Retrospective analysis of acute and late gastrointestinal and hematological toxicities with extended field radiation in gynaecological malignancies: A single institution data

Chaitanya Medichelme, Shagun Juneja, Anirudh Punnakal, Charu Garg, Indu Bansal, Amal Roy Chaudhoory, Anil Kumar Bansal, Anil Kumar Anand

Department of Radiation Oncology, Max Cancer Center, Max Super Specialty Hospital, Saket, New Delhi, India

Purpose: The aim of this study is to report a preliminary analysis of our clinical experience with extended field pelvic (conformal) radiation, with or without concurrent chemotherapy, in gynaecological malignancies.

Materials and Methods: 27 women with gynaecological malignancies (17 with Carcinoma Cervix and 10 with Carcinoma Endometrium) were treated between November 2009 and October 2015 with Extended Field abdomino-pelvic radiation. All patients were treated with conformal radiation (Intensity Modulated Radiotherapy or Volumetric Modulated Arc Therapy). All patients underwent CT Simulation followed by target and OAR delineation as per RTOG guidelines. Dose prescribed was 45-50 Gy in 1.8 Gy per fraction and boost to gross node upto 54-56 Gy. Planning was done on Eclipse Planning system, and treatment was delivered on 6 MV linac. Concurrent chemotherapy was given when indicated. All toxicities were scored according to Common Terminology Criteria for Adverse Events (CTCAE v 4.03). Dosimetric parameters were correlated with toxicities.

Results: Median follow up was 9.5 months (Range 0-52 months). 14 (51.8%) patients developed Grade 1 and 2 acute hematological toxicity and 1 (0.04%) developed Grade 3 toxicity. 10 (37%) patients developed Grade 1 and 2 acute gastrointestinal toxicity and 1 (0.04%) developed grade 4 toxicity. 3 (11.12%) patients had late toxicity in the form of prolonged leucopenia, SAIO, and Irritable Bowel Syndrome. 1 patient did not complete her treatment due to persistent leucopenia (Grade 3).