

Results: A total of 32 articles were analysed and about half of them included in the discussion to answer the research question.

Discussion: Inflammatory cytokines released by tumor and immune cells compromise the mesothelial cell layer that lines the peritoneal cavity, exposing the underlying extracellular matrix to which cancer cells readily attach leading to formation of spheroids which imparts resistance to anoikis, apoptosis and chemotherapeutics leading to efficient feed forward progressive cycle of seeding and growth of peritoneal metastasis. Intraperitoneal metastasis can cause peritoneal dysfunction, adhesions and malignant ascites. Epithelial mesenchymal transition and myofibroblastic transformation occur in the mesothelial cells in response to pathological stimuli. Vascular endothelial growth factor is an important mitogen for endothelial cells and plays an important role in increasing capillary vascular permeability. In preclinical studies systemic administration of VEGF Trap which acts as a decoy receptor for VEGF has shown to decrease the formation of ascites fluid and prevent tumour dissemination. Epithelial ovarian cancer cells have developed various mechanisms to evade immune surveillance like development of surface microvesicles which contain CD 95 ligand leading to apoptosis of immune cells. Higher levels of osteoprotegerin, IL 10 and leptin in the ascitic fluid have been associated with a poor prognosis in malignant ascites. Tethered bowel sign and presence of fluid in the omental bursa on CT have been shown to distinguish between malignant ascites and Cirrhotic ascites with accuracy. Immunological approaches to management of malignant ascites include use of intraperitoneal triamcinolone, interferon, long acting synthetic corticosteroids and the trifoliate antibody catumaxomab. VEGF Inhibitors like octreotide and long acting depot preparations of lanreotide have also been shown to be feasible therapeutic options. Anti androgenic agents and PARP inhibitors have also been proposed as management options. Spontaneous bacterial peritonitis in the setting of malignancy in the absence of hepatic dysfunction has been reported to have a poorer prognosis than SBP in the setting of decompensated liver disease. Monomicrobial and polymicrobial bacterascites have been proposed in the absence of an elevated neutrophil ascitic fluid count that does not meet the diagnostic criteria. Extensive liver metastasis where the diseased liver can be expected to behave like a cirrhotic liver and gastrointestinal bleeding (on the basis of an isolated case report) have been considered as risk factors for the development of SBP in malignant ascites. In a case series of 8 patients with malignancy related ascites Patients with total ascitic fluid concentration of less than 1 gm per litre were found to be at risk for Spontaneous bacterial peritonitis and warrant fluoroquinolone prophylaxis.

Conclusion: Spontaneous Bacterial Peritonitis complicating malignant ascites is questionable entity. Good quality Audits and Randomised control trials are warranted to in this domain to enable the definition of incidence, antecedent complications, management and prophylaxis to ensure applicability of translational research to the clinical domain.

Key words: Ciprofloxacin; malignant ascites; spontaneous bacterial peritonitis

Miscellaneous: Oral Abstract

A case of invasive mole presenting as perforation uterus and massive haemoperitonium

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Gestational trophoblastic neoplasia (GTN) are rare tumours that constitute less than 1% of all gynecological malignancies. Invasive mole is a distinct subgroup of GTN, which follows approximately 10-15% of complete hydatiform moles. This is a case of invasive mole presenting as uterine perforation and massive haemoperitonium. The 35 year old parous woman presented with severe pallor, acute abdominal pain and hemoperitonium. She gave history of evacuation of a molar pregnancy four month back. Her serum B-HCG was elevated (80,000 IU/ml). Laprotomy revealed perforation through the uterine fundus with purple discolouration and grapes like vesicle with massive haemoperitonium. Patient was managed by hysterectomy and packed cell transfusion was given. Postoperative followup with B-HCG levels was done and chemotherapy (methotrexate and folinic acid) was given.

Miscellaneous: Poster Abstract

Vulvar cancer: Patterns of recurrence and clinicopathological prognostic factors involved in recurrent cases

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Objective: Vulvar cancer is a rare disease, with an incidence of 0.6% of all female malignancies. With the advances in management of carcinoma vulva to individualisation of treatment to reduce the psychosexual impact an aggressive treatment can have, it is imperative to understand the patterns of recurrence and the common prognostic factors involved. The aim of this study was to determine prognostic variables for recurrence and survival and to identify patterns of recurrence in patients with vulvar cancer.

Materials and Methods: All patients (n=87) with primary vulvar cancer treated at the Rajiv Gandhi Cancer Institute between January, 2006 to January, 2015 who underwent surgery were retrospectively analysed regarding the prognostic relevance of different clinicopathological variables. Recurrences were evaluated with regard to their characteristics and localisation and the variables associated with them were analyzed.

Results: Age, stage of tumor, size of tumor, location of tumor (central or lateral), lymph node metastasis, depth of invasion and involvement of resection margins, associated intraepithelial abnormality predicted disease-free and overall survival. In multivariate analysis, lymph node status and positive margin status was the most important independent prognostic factor (p = 0.002). Irrespective of the initial nodal involvement, recurrences occurred primarily in the vulvar region.

Conclusion: Inguinofemoral lymph node status and adequate margins at initial diagnosis is of critical prognostic importance for patients with vulvar cancer. Further tumour biological characteristics need to be identified to stratify patients with nodal involvement for adjuvant radiotherapy of the vulva to prevent local recurrences.

Miscellaneous: Poster Abstract

Case series: Breast and ovarian cancer syndrome

Aims and Objectives: To report a series of cases with breast and ovarian carcinomas either in same patient or in a family and identifying the importance of BRCA 1,2 genetic testing in such individuals.

Materials and Methods: The medical records of breast and ovarian cancer patients operated over past 3 years at a single institute were reviewed retrospectively and their clinical profile, family history, final pathological reports and follow up data was collected.

Results: 8 patients were found to have breast and ovarian malignancies, out of which 3 had synchronous breast and ovarian cancers, 4 had metachronous and 1 patient with ovarian cancer had history of breast cancer in family. Median age of presentation to the hospital was 47 years and median time interval in metachronous disease patients was 5.5 years.

Conclusion: About 5% of people who have breast cancer and about 10% of women who have ovarian cancer have HBOC, caused by germline mutation in BRCA1,2 gene. These individuals have increased risk of developing breast cancer at younger age, TNBC, or developing a second primary in breast or ovary plus an overall risk of breast/ovarian/prostate/pancreatic malignancies in other family members due to inheritable mutation. Identification of BRCA mutation in such individuals can help family members to undergo genetic counseling and follow different screening and prevention guidelines from general population thus reducing the cancer risks.

Miscellaneous: Poster Abstract

To find the prevalence of female genital tract malignancies in a tertiary care hospital

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Genital tract and breast are two most common sites of malignancy in females. Out of the genital tract malignancies, carcinoma cervix is so far found to

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

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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

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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

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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).