

stage of carcinoma cervix both radiation and radical hysterectomy given equivalent local control rates as well as survival. Poor prognostic factors following surgery would necessitate post-operative adjuvant radiation. Selecting the patients who are unlikely to require adjuvant treatment after surgery spares them the toxicity of multiple treatment modalities, which is worse than alone.

Aim: To find out clinico-pathological correlation in early stage carcinoma cervix treated with the surgery.

Materials and Methods: It is a retrospective audit of study. All carcinoma cervix cases primarily treated with surgery.

Results: A total of 25 cases were treated in this study. The median age of patients observed with 48 years. The common symptoms and stage were vaginal discharge (i.e., 42.30%) and 1B1 (61.53%). Most of patients were treated with type III radical hysterectomy and their clinical staging was correlated with the final histo-pathological staging. A total of 11 (i.e., 42.30%) required adjuvant treatment among them 7 (63.63%), 1 (9.09%) and 3 (27.27%) patients were in 1B1 1B2 and 2A respectively. The chi-square test has been performed to compute the correlation between clinical and histo-pathological finding. It shows that significant amount of relation present between clinical and histo-pathological findings.

Cervix: Oral Abstract

Nation wide urgent need for colposcopy services: Cancer hospital based study

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The cancer cervix is the second most common cancer among women worldwide. About 86% of the cases occur in developing countries and this is responsible for 88% of total deaths. In India 132,000 new cases are diagnosed each year with this disease and 74,000 deaths are recorded annually which accounts for the 1/3rd of the global deaths from cervical cancer. This hospital based study is designed to look at the distribution of the disease in patients coming to the Mahavir Cancer Sansthan with the aim to achieve an early diagnosis and treatment and recognition of disease in its preinvasive state for better outcome and quality of life. The patient registry data in Mahavir Cancer Sansthan showed that the total number of patients from all cancer were 20,746 in year 2013-2014. The cervical cancer constituted 14% of the patients. 50% of the patients belong to the six district of Bihar which falls in Gangetic plain. 700 case notes have been reviewed for clinical staging at the time of the diagnosis. 71% of the patients were in stage 2b at the time of first clinical presentation, 24% in stage 3% and 4% were in stage 4. Only 1% patients were found in stage I. The colposcopy clinic data suggest only 0.04% patients have approached to us at preinvasive stage. We conclude from this study that although this hospital is mainly a referral cancer hospital 99% patient have reported to the hospital at stage 2b and beyond. Given the natural History of cervical cancer this is only the tip of iceberg. A robust system for colposcopy services needed to diagnose this disease at its preinvasive and micro invasive stage to reduce the morbidity and mortality and improvement in the quality of the life of the patients.

Key words: Cervical cancer; colposcopy; gangetic belt; preinvasive

Cervix: Oral Abstract

Comparative evaluation of concomitant chemoradiation with weekly cisplatin and gemcitabine versus weekly cisplatin in the management of locally advanced carcinoma of uterine cervix

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Aim: To evaluate feasibility of concomitant chemoradiation with weekly cisplatin and gemcitabine, and comparing the advantage of using this regimen over cisplatin alone in terms of disease control and toxicities in management of locally advanced carcinoma cervix.

Materials and Methods: The study has been conducted on fifty previously untreated, histopathologically proven FIGO stage II B - IV A patients of carcinoma cervix, attending the Department of Radiotherapy, Post Graduate Institute of Medical Sciences, Rohtak for definitive treatment by radiation therapy. The patients were divided randomly in two groups of 25 patients each. Group I received cisplatin 40 mg/m² and gemcitabine 125 mg/m² with concomitant external beam radiotherapy 50 Gy/25 fractions/5 weeks, followed by intracavitary high dose rate brachytherapy 7 Gy to point A, for 3 times, once in a week. Group II received concomitant chemotherapy with cisplatin 40 mg/m² weekly alone while radiotherapy schedule were same as in group I.

Results: Total treatment duration in group I and II were 9-11 and 8-10 weeks respectively. Complete response rate in group I and II were 92% and 80%. Grade III skin and mucosal reactions was 20% in group I and none in group II. Diarrhoea was 24% in group I & 8% in group II. Grade II & III leucopenia was seen in 28% and 4% cases of group I & group II respectively. Upper gastrointestinal and renal toxicities were comparable in both arms. After six month of follow up, no evidence of disease was seen in 92% and 80% cases of group I and group II.

Conclusion: If the toxicity is managed adequately in platinum based doublet group, it may produce improvement in response. Study is ongoing.

Cervix: Oral Abstract

Over view of clinical presentation, management and outcome of cervical cancer: A tertiary cancer centre experience

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Objectives: (a) To understand the profile of cervical cancer patients attending our hospital from January 2011 till January 2015. (b) To audit the type of care given to the patients with respect to their stage at presentation. (c) To compare the outcomes of open v/s robotic radical hysterectomy done for cervical cancer.

Methods: We prospectively analyzed all cases of cervical cancer from January 2011 to January 2015 presenting at our institute. Data was retrieved from patient's records and institute's tumor registry. We compared all patients undergoing open v/s robotic RH. All the data were analysed using SPSS version 21.

Results: A total of 562 patients were treated for cervical cancer during the time period between 2011-2015. Of these there were 316 (56%) cases taken up for surgery-212 robotic RH, 104 open radical hysterectomy and rest 246 (44%) patients received definitive CCRT. Most common age group was 40-54 yrs. 1B1 stage was most common presenting stage. SCC was most common histology (75%). Immediate post op complication and oncological safety in terms of local recurrence was same in both groups. However length of stay and post operative blood requirement was significantly lower in robotic RH group. 45% of all patients who underwent surgery did not require adjuvant therapy in post op period while 35% patient required post op RT and 20% CCRT. 2.2% patient had local recurrence and most of the patients were in stage IIA1 at presentation.

Conclusion: Cervical cancer is the most common gynecological cancer in our hospital registry. Mostly women were in the age group of 40-54 years. Most common stage at presentation was 1B and the histology being SCC. Not many differences seen in open v/s robotic techniques of radical hysterectomy except for shorter hospital stay and less need of blood transfusion in the robotic group. Local recurrence rates are comparable in both open and robotic groups. **Key words:** Robotic radical hysterectomy; open radical hysterectomy; cervical cancer

Cervix: Oral Abstract

Sample survey of cancer awareness in health care workers

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