

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 fortify 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 strengthened 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).

Conclusion: Extended field Radiation in Gynaecological malignancies is a reasonably well tolerated procedure when treated with IMRT or VMAT, with acceptable toxicity profile.

Miscellaneous: Oral Abstract Satodiya Mohit Hematbhai

Objective: To compare the incidence, maternal and fetal outcomes of gestational diabetes mellitus using one step vs. two step as a screening procedure.

Methodology: A prospective randomized trial involving screening of 1000 pregnant women for gestational diabetes mellitus was conducted. Women were divided in two groups (500 each). Group A comprised of patients screened with two step approach (ACOG recommendation), Group B comprised of women screened by one step method (IADPSG criteria). Women diagnosed with 'gestational diabetes' were followed in antenatal clinic and incidence of GDM, maternal and fetal outcome between two groups were analyzed using SPSS. **Results:** The incidence of GDM was almost double using one step approach versus two step which was 19.2% and 11.8% respectively. Maternal outcomes were comparable in both the groups except the risk of preterm delivery which was 2.5 times more in group A than group B (odds ratio = 2.43 95% CI = 1.01-5.79). Further fetal outcomes were also comparable except neonatal hypoglycemia which was seen in 29.31% in group A vs. 7.4% in group B. In the group B 15 patients (15.8%) patients with GDM (based on FBS \geq 92 mg/dl at 1st ANC visit) showed clinical symptoms and blood sugars in hypoglycemic range on MNT requiring resumption of normal diet.

Conclusion: The incidence of GDM using IADPSG criteria was almost double versus ACOG criteria. Maternal and fetal outcomes were comparable except in 15.8% women diagnosed as GDM (using FBS \geq 92 mg/dl at 1st ANC visit as per IADPSG) suffered from hypoglycemia. A large trial is being proposed before these criteria are adopted.

Miscellaneous: Poster Abstract

Anaplastic large cell lymphoma ALK negative vs. peripheral T cell lymphoma (NOS) - diagnostic dilemma

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Middle aged female presented with generalised lymphadenopathy and fever for last one month. Peripheral blood findings were within normal limits. There was no extra nodal involvement. FNAC performed initially from a cervical node suggested possibility of Hodgkin's lymphoma and a whole node biopsy was performed. Histopathological examination revealed effaced nodal architecture and a polymorphous population of lymphocytes, plasma cells, neutrophils and scattered large mononuclear cells with prominent nucleolus. An initial panel of CD3, CD20, LCA, CD15, CD30 and PAX5 was performed. The large atypical cells were positive for LCA, CD3 and CD30 with variable positivity for CD15. CD 30 showed Golgi and membranous staining. These large atypical cells were negative for PAX5 and CD20. In view of above findings, Hodgkin's lymphoma was ruled out and a possibility of Non- Hodgkin's lymphoma was considered. Further IHC markers were performed which included CD2, CD5, CD7, EMA, Alk, CD10 and Ki67. CD5 showed variable positivity. The cells of interest were negative for CD2, CD7, ALK and EMA. Ki 67 index was 70-80%. Overall histological and IHC findings favoured Alk negative Anaplastic large cell lymphoma. Differential diagnosis considered was peripheral T cell lymphoma (NOS). Hodgkin's lymphoma, peripheral T cell lymphoma (NOS) and anaplastic large cell lymphoma share common histomorphological findings. With careful analysis of Immunohistochemistry, it is easier to categorise Hodgkin's lymphoma. ALK negative anaplastic large cell lymphoma and peripheral T cell lymphoma (NOS) are difficult to categorise and show overlapping features. We in this case have discussed clinical, histomorphological and IHC pattern of Alk negative Anaplastic large cell lymphoma.

Miscellaneous: Oral Abstract

Chronic vulval problems: A gynaecologist's perspective

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Introduction: Chronic vulval symptoms are common complaints in women seeking health care and can significantly interfere with a woman's sexual function and sense of well being. Many practitioners feel diagnostically challenged, particularly by chronic or recurrent forms of vulval disease. The aim of this study was to assess the role of various diagnostic modalities in evaluation of chronic vulval symptoms.

Methods: Between August 2012 and February 2014, 100 women presenting with chronic vulval symptoms (i.e. \geq 3 months duration) were evaluated. All of them had a thorough clinical history taken including use of vulval washes and creams, a general and gynaecological examination. Patients having chronic vaginal discharge in addition had urethral, vaginal and cervical smear and culture. All women had a careful examination of the vulva with and without magnification. Vulval scrape cytology was taken after moistening the vulva with normal saline and stained by Pap stain. Colposcopy of the vulva was then carried out after applying 5% acetic acid and 1% toluidine blue dye. Vulval biopsy was taken from suspicious areas on colposcopy and further management was based on histopathology report.

Results: The mean age of women in our study was 43.57 years (range 22-80 years.), 70% women were pre-menopausal and 30% were post-menopausal. The mean duration of symptoms was 1.625 years (range 6 months - 15 years) and atypical vulval hygiene practices (excessive washing with soaps) was used in 77% of women. The commonest presenting complaint was pruritus in 92% of women; visible lesions on vulva were seen in 20%, pain in 6% and burning sensation in vulva in 5% of women. The histopathology was abnormal in 77 patients; the most common histopathological finding was non-neoplastic epithelial disorders in 64 women {Squamous cell hyperplasia (n=52), Lichen Sclerosus et atrophicus (n=6), other dermatoses including lichen Planus (n=6)}. Vulvar Intra-epithelial Neoplasia (VIN) was seen in 6 patients, 5 were squamous type VIN and 1 was non-squamous type (Paget's disease). Squamous cell carcinoma was seen in 3 patients; malignant melanoma, benign appendiceal tumor, angiofibroma and neurofibroma in 1 patient. Examination without magnification had sensitivity of 25.97% and with magnification was 29.87% and specificity was 100% for both of them. Cytology had sensitivity and specificity of 75.32% and 86.95% respectively and sensitivity and specificity of colposcopy was 77.92% and 17.39% respectively.

Conclusion: Clinical examination with and without magnification had low sensitivity but were highly specific in diagnosing vulvar lesions. A normal vulval smear and colposcopy have a high negative predictive value and are very reassuring. Colposcopy and biopsy is the gold standard for diagnosis, however clinical examination with naked eyes and magnifying glass are invaluable and can diagnose most of the neoplastic lesions.

Miscellaneous: Oral Abstract

Cohort study of vulvar cancer cases over a period of 10 years

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Objective: To study the risk factors, management protocols and outcome of vulvar cancer cases over a period of 10 years in a tertiary care hospital.

Methods: It is a retrospective cohort study of vulvar cancer from January 2004 to January 2014 at King George Medical University, Lucknow. Hospital records of 41 patients with histologically proven diagnosis of vulvar cancer were studied from Department of Obstetrics and Gynecology and Department of Radiotherapy. The presence of risk factors, stage of disease, treatment modalities used and disease outcome in terms survival were studied. The data collected was analyzed and compared with the published literature.

Results: The mean age for diagnosis of vulvar cancer was 52 years and peak incidence was seen in age group of 50-70 years. Incidence was significantly more in multiparous (p = 0.001) and postmenopausal women (p = 0.007). An average of 4.1 cases were seen per year. 97.56% cases were squamous cell carcinomas including one case of verrucous carcinoma. Only one non-squamous case of Bowen's disease was seen. 20 cases belonged to early