

Template (MUPIT) image based ISBT. A descriptive analysis was done for doses received by HRCTV, bladder, rectum and sigmoid colon. At the end of treatment, early response at 3 months along with overall survival (OS) and disease free survival (DFS) was also calculated.

Results: All the patients recruited were locally advanced with 3 patients in IIB, 1 patient in IIIA and 3 patients belonging to IIIB. The mean dose received by 95% high risk CTV (HRCTV) by IMRT was 49.75 Gy. Out of 7 patients, 3 were taken up for ISBT due to anatomical restriction whereas remaining 4 patients were included because of lack of dose coverage by ICBT. The mean doses received by 90% of HRCTV, 2 cc bladder, 2 cc rectum and 2 cc sigmoid colon were 20.58 Gy, 2.73 Gy, 3.19 Gy and 2.82 Gy respectively. The early response at 3 months was 57.14%. The DFS at one year and OS at 3 year were 53.6% and 53.3% respectively.

Conclusions: Our descriptive analysis of seven patients being treated by image based ISBT have revealed that locally advanced cervical cancer patients for whom ICBT is unsuitable can achieve equitable LRC and OS with a combination of EBRT by IMRT and image based HDR-ISBT.

Cervix: Poster Abstract

Breaking the myth: All carcinoma cervix presenting as pyometra will have only palliative treatment

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Introduction: Carcinoma cervix is the second most common female carcinoma. Every year in India, 1,22,844 women are diagnosed with carcinoma cervix and of them 67,477 die. Carcinoma cervix rates among women in the age group between 30-64 has decreased by 1.8% per year on average but still date account for 16%. Of these, advanced carcinoma are about 80% and early are only 20%.

Case Series: We are reporting 5 consecutive early carcinoma cervix cases who presented with pyometra and got treated at our hospital from April 2015-September 2015. Cases of early carcinoma cervix presented with pyometra were treated by pyometra drainage, intravenous antibiotics and appropriate treatment in the form of surgery (4 cases underwent Wertheim's hysterectomy and 1 case had radical chemo radiation as she opted for same in view of high cardiac risk for anaesthesia). All 5 of them are disease free at the end of treatment with follow up of minimum 4 months duration (range 4-10).

Conclusion: The idea is to emphasize that all carcinoma cervix with pyometra are not necessarily advanced and can still be given radical treatment like surgery or radiotherapy after pyometra drainage.

Cervix: Poster Abstract

Comparative dosimetric study between point and volume based brachytherapy in definitive treatment of de novo carcinoma cervix

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Introduction: Cervical cancer has a high incidence in developing countries including India. Brachytherapy (BT) is an important component in the curative management of carcinoma of the cervix, and significantly improves survival. In gynaecologic BT, correlation between the radiation dose and the normal tissue effects have been assessed using point doses. Since 1985, these points have been defined in the international commission of radiation units and measurements (ICRU-38) report. However GEC-ESTRO recommended volume based treatment planning in their respective series (I-IV). For cervical cancer BT, the correlation of ICRU point doses and volume based treatment planning is investigational till date. Analysis becomes feasible when cross sectional image-based treatment planning for BT using computerized tomography (CT) or magnetic resonance imaging (MRI) is utilised as per GEC-ESTRO recommendation.

Methods: It is a retrospective pilot study includes patients (pts.) of carcinoma cervix treated with high dose rate (HDR) BT 9 Gy in 2 fractions 1 week

apart. All volume based dosimetric parameters regarding high risk clinical target volume (HRCTV), intermediate risk clinical target volume (IRCTV) like D90, D100 and for organ at risk (OAR) D 0.1 cc, D 1.0 cc and D 2.0 cc were delineated and dose coverage was analysed in point dose based planning.

Results: We have analysed twenty pts. of squamous cell carcinoma (SCC) cervix. The median age was 52 yrs. (41-65 yrs), stage II B 10 pts. & III B 10 pts. The mean value of D90 & D100 in HRCTV during I and II session were 8.64, 6.75 and 5.76, 4.36 Gy respectively. Same values for IRCTV were 6.31, 4.91 and 3.68, 3.15 Gy respectively. Analysis of OARs demonstrated that mean dose received by 0.1, volume of bladder during I and II session received 10.68, 9.47, by 1 cc volume 8.39, 7.57 and by 2 cc volume 6.84, 6.21 Gy respectively. The mean dose received by 0.1 cc of rectum were 11.59, 10.12, by 1 cc volume 9.53, 8.19 and by 2 cc volume 7.76, 6.81 Gy respectively. In point based analysis mean dose delivered to bladder point during I and II session were 5.63, 6.02 and to rectum point were 5.98, 5.46 Gy respectively. Doses to 0.1 cc volume of bladder and rectum were higher in volume based BT as compared to point based BT in respective fractions. **Conclusion:** Both HRCTV and IRCTV had better dose coverage in 1st fraction as compared to 2nd fraction. Point doses to bladder and rectum is underestimated in point based (ICRU-38) BT. We need more number of pts in prospective randomized trial for more consistent result.

Cervix: Poster Abstract

Primary clear cell adenocarcinoma of cervix in a young women: A rare entity

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Cervical cancer is the most common gynaecological malignancy worldwide. The most common type of cervical carcinoma is squamous cell carcinoma followed by adenocarcinoma of cervix, which constitutes only 15% of cases. Adenocarcinoma of cervix can be categorized histologically into clear cell, mucinous, endometrioid, serous and mesonephric subtypes. Clear cell adenocarcinoma (CCA) most commonly occurs in the ovary, followed by endometrium, vagina, and cervix. Primary CCA of cervix is a rare neoplastic entity, which occurs in young women exposed to diethylstilbestrol (DES) *in utero*. It is extremely rare in women without *in utero* DES exposure and in such cases it concerns mostly postmenopausal women. Here, we present a case of 30 year old woman who presented with primary infertility. There was no history of in-utero exposure to diethyl stilbestrol. She was diagnosed a case of cervical fibroid on ultrasonography. Diagnostic hysteroscopy was done and she was found to have friable, vascular growth in endocervix, which was extending to uterine cavity. Biopsy was taken. On histopathology, moderately differentiated clear cell adenocarcinoma of cervix was reported. Through this case, authors would like to highlight the probability of rare occurrence and how to manage challenges posed by cervical cancer in young girl wishing to conceive, stressing on the role of hysteroscopy in diagnosis.

Key words: Adenocarcinoma, cervix, DES exposure

Cervix: Poster Abstract

Carcinoma uterine cervix metastasis to the skin: A rare case report

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Introduction: Most common site of metastasis from carcinoma cervix is lung, liver, bone and brain. Cutaneous metastasis is rare occurrence in carcinoma cervix. Incidence reported ranges from 0.1 to 2%. Common morphological pattern of skin metastases are nodules, plaques and inflammatory telangiectatic lesions.

Materials and Methods: A 68 years old postmenopausal female diagnosed as squamous cell carcinoma of cervix stage III B. She was given chemotherapy and radiotherapy and on regular follow up without no evidence of disease locally. After two years she presented with a sub cutaneous nodule of

approximately 5x4 cm size just below the left scapula of one month duration. There was no similar swelling in any other region. It was rapidly increased in size and painful. The FNAC of the nodule showed metastatic from squamous cell carcinoma. PET scan showed metastases in bilateral lung and pelvic lymph node with no evidence of local disease. Excision biopsy of the nodule confirmed the diagnosis.

Conclusion: Cutaneous metastases from carcinoma cervix are rare. Differential diagnoses include benign dermatitis, subcutaneous phycomycosis, and plaque like mycosis fungoides.

Cervix: Poster Abstract

Early stage adenocarcinoma of cervix with ovarian micrometastasis

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Introduction: Adenocarcinoma of cervix is a rare malignancy of cervix. It is an aggressive tumour with high incidence of metastasis. Ovarian metastasis in early stage adenocarcinoma is rare. Metastasis is usually seen when there is some other coexisting finding. In premenopausal patient and low risk category, ovarian metastasis is very rare.

Case Report: The present case is a 40 yrs old parous women, with complaints of discharge per vaginum. Her colposcopy showed an erosion on the lower lip. Radical hysterectomy with bilateral oophorectomy was planned. The histopathology was a well differentiated adenocarcinoma with surface ovarian metastasis on one side.

Discussion: Early stage adenocarcinoma of cervix can rarely present with ovarian metastasis. Thus radical surgery with oophorectomy is an aggressive but practical approach in these patients.

Cervix: Poster Abstract

Retrospective analysis of Ca cervix postoperative: An institutional study

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Introduction: Carcinoma of cervix is one of the leading causes of death worldwide and in developing countries like India. Cervical cancer is third most common cancer among women however there is a good chance of curability if diagnosed in early stage.

Materials and Methods: We had analysed 78 patient of carcinoma of cervix post op who were registered from 2012 to 2015 at Dr. Ram Manohar Lohia Institute of Medical Sciences.

Results: We analysed 78 patients between age of 32-70 years and median age is 50 year. Among all patients squamous cell carcinoma is most common (65 patient), adenocarcinoma were 12 and leiomyosarcoma was 1 patient. Among all patient 12 were of adenocarcinoma, 1 of leiomyosarcoma and 65 patient of squamous cell carcinoma. On examination 55 patients were NAD and 23 were residual. Among squamous cell carcinoma 35 were moderate differentiated, 18 were well differentiated and 12 were of poorly differentiated. On examination 55 patients were NAD rest were having disease. Gap between EBRT and SORBO ranging from 3 to 99 days and median is 27 days and median is 29 days. Treatment length varies from 4 cm to 8 cm and median is 6 cm. Ovoid size ranges from 2.5 cm to 3.5 cm and median is 2.5 cm. Dose per fraction ranges from 5 Gy to 9 Gy and median was 9 Gy. Median fraction of session were 2. Out of 78 patients 2 were developed metastasis and 6 having residual disease. 28 patients were NAD and rest were referral and send back to parent hospital.

Conclusion: Due to lack of resources and awareness of disease maximum number of patient presented with advanced stage. The recommended treatment time could not be achieved due to scarcity of cancer centres, treatment time is prolonged. We have not found any relation between treatment length and outcome. We are still investigating to conclude to found out relation among these variables.

Cervix: Poster Abstract

Diagnostic dilemma of mesonephric adenocarcinoma cervix

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Introduction: Mesonephric carcinoma is a rare type of epithelial tumor of the uterine cervix which derive from the remnants of the paired mesonephric (Wolff's) ducts. The incidence of such neoplasms is difficult to determine due to rarity, previous misclassification of clear cell carcinomas and yolk sac tumours as mesonephric carcinomas and potential underreporting due to misclassification of mesonephric carcinoma as Mullerian tumours or mesonephric hyperplasia. The evidence regarding the clinical course, prognosis and optimal treatment is limited.

Materials and Methods: Searches were performed on MEDLINE, EMBASE and Google Scholarly articles. All the relevant articles were included in the study. Only approximate 40 cases have been reported till now.

Discussion: Mesonephric adenocarcinoma cervix has different morphologies like ductal, tubular, solid, retiform, sex-cord like pattern, clear cell and serous papillary structures. IHC assessment is helpful in differentiating it from Mullerian counterpart, as it is negative for CEA, CK20, p16, PAX2, ER/PR and vimentin and positive for CD10, calretinin, CK7, CAM5.2 and EMA. It has no relation with HPV infection. Unlike squamous epithelial carcinoma, it is rarely presenting with the abnormal cervical smear result, has more advanced age at presentation and its incidence does not appear to decline with age. The diagnosis has been supported by endometrial curettings, directed/cone cervical biopsies and hysterectomy specimens. The majority of patients are diagnosed at stage IB with mean DFS of 48.6 months. Recurrence rate is 23%, with a mean interval of 40 months. Hysterectomy is the primary treatment. Advanced stage disease of adenocarcinoma seemed to respond to radiotherapy, but for the MMTs the combination of chemotherapy with radiotherapy appears to be preferable.

Conclusion: Rarity of the neoplasm, varied morphology, mix presentation and very low number of cases leads to difficulty in correct diagnosis in a small biopsy specimen. IHC helpful in differentiating it from other lesions.

Cervix: Poster Abstract

Study on cervical cancer screening amongst nurses

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Objective: To study the knowledge, attitude and practice of nurses at tertiary centre regarding cervical cancer screening.

Material and Methods: Validated questionnaire was circulated amongst staff nurses at tertiary care centre after taking informed consent.

Results and Discussion: Cancer of cervix is the most common genital tract malignancy in female and it is ranked second to breast cancer. It has a positive association with HPV infection. Cervical cancer incidence and mortality have declined substantially following introduction of screening programmes. This present study investigated the knowledge, attitude and practice of nurses at GTB Hospital towards cervical cancer risk factors, sign & symptoms and screening as they are important health professionals. In our study, the results showed that 99% of respondents were aware of Pap smear as screening programme and about 60-70% were aware of HPV as positive organism, but most of them never had a Pap smear done before. Majority of them did not know VIA, VILI and colposcopy as screening techniques.

Conclusion: It may thus be recommended that institutions should periodically organize seminars and training for health personnel especially the nurses which form a group of professionals that should give health education to women about cervical cancer.