8031 POSTER

Outcome and pronostic factors in malignant Mixed Müllerian Tumours and endometrial stromal sarcomas: a rare cancer network study

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Background: Uterine sarcomas are rare malignant tumors with poor prognosis. The aim of this study was to retrospectively analyse and assess the outcome and prognostic factors of patients with malignant mixed müllerian tumors (MMT) and endometrial stromal sarcomas (ESS).
Materials and Methods: Between 1983 and 2007, 150 patients with MMT and ESS were treated with postoperative external beam radiotherapy (RT) and/or brachytherapy in 10 institutions of the Rare Cancer Network. Mean age at diagnostic was 61.7 years. The median follow-up was 55 months (6−308 months). MMT and ESS histology were found in 72 and 28% respectively. 78 patients presented with FIGO stage I, 15 with FIGO stage II, 43 with FIGO stage III, 4 with FIGO stage IV and the stage was unknown in 10 patients. 43 % of the ESS were low grade (LG) and 43 % high grade (HG) while 14% had unclear grade. 130 women received external beam radiotherapy (RT), 112 a high dose rate brachytherapy (HDR) and 29 an adjuvant chemotherapy.
Results: A complete response was achieved in 83% of the cases. The 2- and 5-years overall survival rates were 76.2 and 49.4% and the disease-specific survival rates were 62.6 and 37.1%, respectively. The 5 years local recurrence free survival rates for the ESS and MMT were 63.6 and 59.5 % respectively. The 5 year local recurrence free survival rates for the LG vs HG ESS were 90 and 40 % respectively. In total, 52 patients developed a systematic relapse: 61% of the women with a HG ESS and 31% with MMT. There was a significant difference in overall survival for those who underwent lymphadenectomy compared to those who did not ($p = 0.04$). A multivariate analysis revealed that postmenopausal status ($p = 0.006$), age ($p = 0.04$) and advanced stage ($p = 0.02$) has an independent adverse effect on the disease free survival. The use of adjuvant chemotherapy did not correlate with the survival rate or the appearance of distant recurrence. As well no correlation was seen between the use of brachytherapy and local recurrence.
Conclusions: Patients with LG ESS had an excellent prognosis, while HG ESS seems to be very aggressive disease with frequent appearance of distant recurrence. The status of adjuvant RT in ESS rest unclear. Younger age, premenopausal status and early tumor stage seems to be associated with a longer disease free survival.

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Cytoreductive surgery (peritonectomy procedures) combined with hyperthermic intraperitoneal chemotherapy (HIPEC) in the treatment of diffuse peritoneal carcinomatosis from ovarian cancer

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Introduction: Peritoneal carcinomatosis is a typical way of cancer spread in patients with primary advanced or recurrent epithelial ovarian cancers. Because of scarce data from larger series and nonhomogeneous selection criteria, further information is needed on peritonectomy with hyperthermic intraperitoneal chemotherapy (HIPEC) in managing patients with ovarian peritoneal carcinomatosis.
Methods: The study was an open, prospective, single-center nonrandomized phase 2 trial conducted between November 2000 and July 2008. Patients with primary advanced or recurrent ovarian cancer (TNM-FIGO stages IIIc-IV) with peritoneal carcinomatosis were considered eligible. The inclusion criteria were: age younger than 75 yrs; histologically or cytologically confirmed diagnosis; performance status 0−2 (WHO); adequate cardiac, renal, hepatic, and bone marrow function; resectable disease and informed written consent. Treatment plan envisaged extensive surgical cytoreduction aimed at removing all visible disease plus immediate HIPEC and adjuvant systemic chemotherapy according to patient's conditions. 57 patients were enrolled; 28 underwent primary and 29 secondary cytoreduction. At the end of surgery, HIPEC was given with the closed technique.
Results: The overall mean Sugarbaker peritoneal cancer index was 14.9 (range 6−33). In 91% of the patients debulking achieved optimal cytoreduction (CC-score 0−1), whereas in 9% it left macroscopic residual disease (CC-2 or CC-3). Major complications developed in 21.3% of the patients and in-hospital mortality was 5.3%. Assessment at discharge showed most patients (95.6%) had a satisfactory performance status (equal to or less than 2). The mean overall survival was 30.4 months, median survival was 24 months, and mean disease-free survival was 27.4 months. Five-year survival was 16.7%. Univariate and multivariate analyses identified CC-score as main factor capable of independently influencing survival.
Conclusions: Peritonectomy procedures combined with HIPEC provide a promising approach for long term survival in patients with diffuse peritoneal ovarian carcinomatosis. They appear effective both for primary and secondary surgical cytoreduction. The rate of adequate cytoreduction is high. Morbidity and mortality are acceptable. The role of neoadjuvant treatment in primary cytoreduction remains to be investigated in prospective trials.

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Usefulness of third-line chemotherapy for women with recurrent ovarian, fallopian tube, and primary peritoneal cancer who receive platinum/taxane regimens as first-line therapy

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Background: Limited information is available regarding the usefulness of third-line chemotherapy for recurrent ovarian, fallopian tube, and primary peritoneal cancer treated with platinum-taxane regimens as first-line therapy.
Patients and Methods: We retrospectively reviewed the medical records of women with ovarian, fallopian tube, and primary peritoneal cancer who were treated between 1999 and 2005 to investigate the relations of clinicopathological factors to important clinical endpoints such as the response rate (RR), time to progression (TTP) and overall survival (OS) after third-line chemotherapy.
Results: A total of 172 patients received first-line platinum/taxane regimens during the study period, among whom 111 had disease progression after first-line chemotherapy. Eighty-one of these 111 patients received second-line chemotherapy, and 73 had disease progression. Fifty-four of these 73 patients received third-line chemotherapy. The RR to third-line chemotherapy was 40.7% (95% CI; 27.6−53.8%). The median TTP was 4.4 months (range, 0−19.5 months), and the median OS was 10.4 months (range, 1.5−44.3 months). Performance status (PS) and Primary drug-free interval (DFI) were independent predictive factor for RR of third-line chemotherapy ($P = 0.04$ and $P = 0.009$). PS and DFI were also independent predictive factor for TTP and OS on multivariate analysis ($P = 0.006$, $P = 0.005$ and $P = 0.01$, $P = 0.004$, respectively).
Conclusions: PS and Primary DFI are useful predictors of the response to third-line chemotherapy in women with recurrent ovarian, fallopian tube, and primary peritoneal cancer. In this setting, however both of these variables are subject to several well-established potential biases and limitations; further prospective studies are thus needed.

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Importance of external beam parametrial boost and HDR interstitial implant in locally-advanced cervix cancer with parametrial extension – an interim report

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Background: Parametrial boost (PMB) in locally advanced cervix cancer is an under-explored area in cervix cancer radiotherapy, as also the clinical impact of template guided HDR interstitial implant. This prospective randomized single institute pilot study aims to evaluate the outcome of PMB with individually customized central shield in advanced cervix cancer. Tumor response, recurrence pattern, disease free survival and OAR toxicity are the study end points.
Materials and Methods: From February 2007 to January 2008, 53 patients of squamous cell carcinoma of cervix of stages IIB or IIIB were randomly assigned, on completion of whole pelvic chemoradiotherapy (50 Gy in 25 fractions in 5 weeks plus concomitant weekly CDDP 30 mg/m^2) and CT based HDR interstitial brachytherapy with MUPIT template (18 Gy in 2 fractions over 2 weeks) into two arms - receiving additional external beam PMB (Study Arm; $n = 23$) and no PMB (Control Arm; $n = 30$). PMB was delivered to a dose of 9 Gy/5 fractions/1 week through AP-PA fields. Individual planning of parametrial boost fields accounted for