

width of brachytherapy reference isodose - midline shield was customized accordingly. Individualized CT based planning was done for each insertion of brachytherapy. Dose received by 0.1 cc, 1 cc, and 2 cc volume of rectum, bladder and sigmoid were recorded. Total EDQ₂ for central disease were 77.76 Gy – for outer parametrium it was 70.8 Gy and 62 Gy respectively for those receiving PMB and not.

Results: Median duration of follow up was only 20 months. Complete response was in all patients in study arm and in 29/30 of control arm. Among complete responders, 3/23 in Study Arm and 12/30 of Control Arm suffered local recurrence in 24 months ($P=0.03$) – median time to treatment failure was 14 months. Parametrial failure (confirmed by MRI scan with contrast) was in none of Study Arm (all 3 had central recurrence) and 10/20 of Control arm ($P=0.002$). 1 each in both arms had distant failure. 2-year DFS was 19/23 (82.6%) with PMB (Study Arm) and 16/30 (53.3%) without PMB ($P=0.04$). RTOG grade 3 rectal toxicity was in 1 in Study arm and none in Control arm. Grade 3 bladder toxicity was encountered in none of either arm.

Conclusions: There was hardly any work in world literature to analyze the impact of parametrial boost with individually customized central shield in locally advanced cervix cancer, where HDR brachytherapy is by way of interstitial implant. The initial results of this study – possibly the first one of its kind, justify this dose escalation in parametrial tissue as it significantly reduces incidence of parametrial failure and improves DFS without increased toxicity.

8035

POSTER

Tolerance of accelerated radiotherapy combined with chemotherapy in patients with advanced carcinoma of the uterine cervix

H. Grzbiela¹, S. Jedrus¹, K. Raczek-Zwierzycka¹, ¹Maria Skłodowska-Curie Memorial Cancer Centre and Institute of Oncology, III Radiotherapy Department, Gliwice, Poland

Background: Carcinoma of the uterine cervix is the second most common gynaecological malignancy. The aim of our study is to evaluate the tolerance of the accelerated radiotherapy combined with chemotherapy in patients with advanced cervical cancer.

Material and Methods: 46 patients diagnosed with carcinoma of the uterine cervix clinical stage IIIB-IVA (FIGO), aged 25–65 (average 50), were treated in our department with accelerated radiotherapy combined with chemotherapy. Analysed were only women diagnosed with squamous cell carcinoma. Two models of accelerated radiotherapy with high-energy photon beams (20 MV) were used:

1. In patients with no periaortic lymph node metastases: external beam radiation therapy to the whole pelvis, two fractions a day, 1.3 Gy dose per fraction (at least 6 hours interval between fractions), total dose was 52 Gy. Midline shield was shaped according to the patient's anatomy and was introduced after 22 fractions.
2. In patients with periaortic lymph nodes involvement: external beam radiation therapy with extended fields including the periaortic nodes and the pelvis, two fractions a day, 1.2 Gy dose per fraction (at least 6 hours interval between fractions), total dose was 40.8 Gy (midline shield introduced after 26 fractions), then a boost to the pelvis – to the total dose of 52.8 Gy.

Concurrent chemotherapy with cisplatin was administered weekly at a dose of 40 mg/m².

After completion of the radiochemotherapy patients were treated with HDR brachytherapy in uterine cavity and vagina. Patients received a total dose of 30 Gy in uterine cavity and 40–48 Gy in vagina.

Results: Severe side-effects (grade III according to the EORTC/RTOG scale) concerning lower alimentary tract were observed in 20% of patients. Early reactions of the urinary bladder didn't exceed grade II toxicity (11%). Most patients developed I or II grade of haematological toxicity (WHO scale) – anaemia in 28% and low leucocyte count in 76% of patients. Severe haematological toxicity (grade III or IV) was observed in 17% of patients. 72% of patients received full planned dose of chemotherapy. In the analysed group a complete response was achieved by 65% of patients.

Conclusions: Accelerated radiotherapy combined with chemotherapy is a well-tolerated treatment, with an acceptable toxicity level, in patients with advanced carcinoma of the uterine cervix.

8036

POSTER

Role of endoarterial regional polychemotherapy in multimodality therapy of invasive cervix uteri cancer

V. Navruzova¹, S.N. Navruzov¹, N.S.H. Yuldasheva¹, ¹Republican Oncological Research Centre, Gynecology, Tashkent, Uzbekistan

The aim of research: Comparing study of clinical instrumental and morphological parameters on the stage of multimodality therapy of invasive CUC.

Materials and Methods: Observed 84 patients with invasive CUC (T2N0–1M0 and T3N0M0). Clinical research include studying anamnesis, patient's complaint, examination, was carried out instrumental, cytologic and histologic research. Patients are divided into 2 groups by envelope method. In 1st group included 40 patients with invasive CUC, which has carried out neoadjuvant systemic polychemotherapy by scheme: Cisplatin 100 mg/m² in 1st day, Ftoruracil 750 mg/m² 1, 2, 3 days against hydration therapy. In 2nd group included 44 patients with invasive CUC, which has carried out neoadjuvant regional long term polychemotherapy by scheme: Metotreksat 50 mg/m², Ftoruracil 750 mg/m², Cisplatin 100 mg/m² against detoxication and bracing therapy. In following after 2 courses of neoadjuvant polychemotherapy patient executed extend extirpation of uteri with appendages and adjuvant radiotherapy.

Results: Uncertainty estimate of results has been carried out neoadjuvant polychemotherapy showed that in main group in comparison with control group marked reduction in size of tumour to 1.5 times more, subjective sensation of patients decreased, rates of blood and urine value showed a great improvement, than in control group, analysis of medical pathomorphism 3rd–4th stage in 35% patient, when in group with systemic polychemotherapy – 21%.

Resume: Thus, using intra-arterial regional long term polychemotherapy in multimodality therapy of invasive CUC allows to in short terms get regression of tumour, raises possibilities of radical surgery and improves quality of life of patients, therefore gives more favourable late results.

8037

POSTER

Intravascular embolization in treatment of disseminated choriocarcinoma of uterus complicated by bleeding

N.A. Umarova¹, N.S. Yuldasheva¹, V.S. Navruzova¹, O.M. Ahmedov¹, ¹Republican Oncological Research Centre, Gynecology, Tashkent, Uzbekistan

Background: Improve the results treatment of patient disseminated choriocarcinoma of uterus complicated with bleeding by using intravascular embolization.

Materials and Methods: In our department in 2003–2008 were observed 45 patients with diagnosis of trophoblastic tumor. 38 (84, 4%) of them had and 7 (15, 5%) had disseminated choriocarcinoma of uterus complicated by bleeding. In spite of carrying out the powerful conservative haemostatic therapy with 7 patients with disseminated choriocarcinoma they couldn't achieve the efficiency, according which it was decided to carry out X-ray intravascular chemoembolization. Chemoembolization was made using the preparation doxorubicin 40 mg/m². Taking into consideration the facts of clinic-instrumental researches and analysis of carried out treatment of X-ray intravascular chemoembolization 2 (28.57%) patients had chemoembolization of the right uterus artery with X-ray intravascular chemoembolization of the left uterus artery, 4 (57.14%) had X-ray intravascular chemoembolization of both uterus artery with X-ray intravascular chemoembolization of both rami (AUI); 1 (14.3%) condition after hysterectomy – chemoembolization of front rami (AUI). X-ray intravascular chemoembolization also later allowed making the system C.T. after the bleeding had been stopped. Most patients in post operational period mentioned the pain of different level of intensity in the lower part of abdomen; some of them had high temperature, sickness, vomiting which usually lasted several days under the influence of concrete treatment.

Results: In reference to percent, the most effective results were taken in the view of partial regression of tumor, decreasing of the sizes of uterus till 60%; and lessening of (??) in urine and blood mentioned in 5 (71.4%) patients, and stabilization of tumour process in 2 (28.6%) patients. Disappearing of metastatic nodes in lungs mentioned in 4 (57%) patients after 1 course of C.T., in 3 (43%) after 2 courses. The changes of subjective conditions of patients with cervix cancer after the treatment, in 6 (85.7%) patients felt themselves much better in 1 (14.3%) without any effects

Conclusion: In this way optimized by us the scheme of combined treatment of patients with disseminated forms of choriocarcinoma including complicated by bleeding, X-ray intravascular intervention and systematic chemotherapy gives high effectivity of the treatment and foresee combination of radicalism with improving patient's quality of life.