

toxicity, and patterns of local and distant relapse.

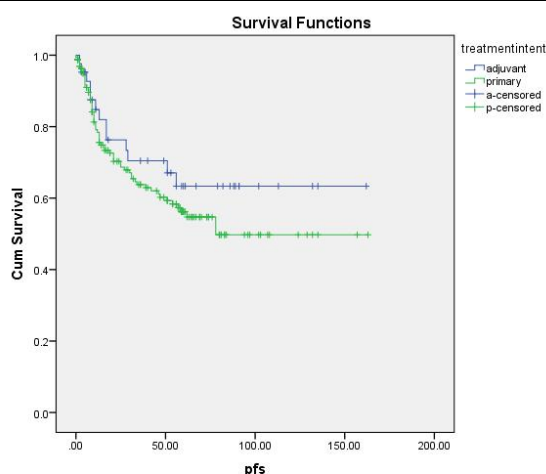
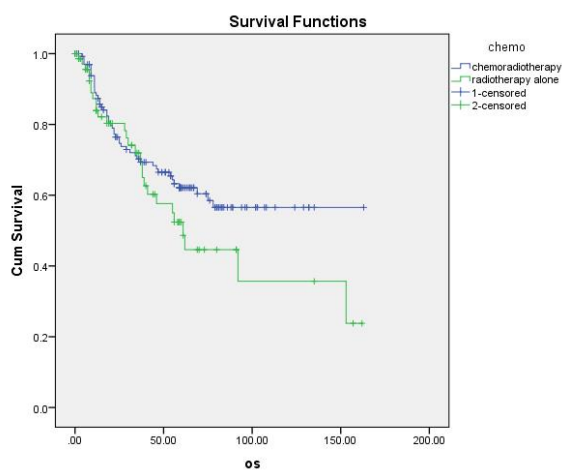
Standard: 1. Royal College of Radiologists (RCR) Audit

Material and Methods

A retrospective audit of cervical cancer patients treated with radical radiotherapy either in primary or adjuvant setting in a single cancer centre was undertaken. Data was analysed in Excel and SPSS statistical software.

Results

Results of 1st Audit Round : 207 patients were included. 79.7% received primary radiotherapy with a 5-year OS of 56%. 20.3% received adjuvant radiotherapy with a 5-year OS of 61%. Patients who received chemoradiotherapy (64.7%) showed a 20% improvement in 5-year OS compared to those who received radiotherapy alone (35.3%). In the acute setting, bowel toxicity was the commonest, (50.2%) followed by urinary (13.5%) and haematological (12.5%). Late toxicity was poorly recorded with only 8 cases documented. There was a 35.7% relapse rate, with 20.2% central recurrences, 9.7% pelvic relapses and 51.3% distant metastases. Of these, distant nodal metastases was most common (34%) followed by lung (26.3%), bone (18.4%) and brain (5%).



Conclusion

Survival was comparable with the RCR Audit of 2001-2002 with the exception of patients who received radiotherapy post surgery (61% whereas RCR audit showed 71% 5-year OS). As in the RCR audit, patients who received concurrent chemoradiotherapy had an improved overall survival compared to those who did not. Prospective collection of acute toxicity well recorded but inadequate prospective data collection on late toxicity.

Action Plan:

- Better prospective data collection on late toxicity with assessment sheets at post treatment clinic appointments.
- To reaudit central recurrence rates now that centre has moved from 2-D X-ray guided brachytherapy to 3-d image-guided brachytherapy at a higher fractionation schedule.
- To reaudit acute toxicity in the era of IMRT.

EP-1288 Correlation between PET/CT primary tumor FDG uptake and lymph node metastases in cervical cancer

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Purpose or Objective

In this study, it was aimed to determine the correlation between Positron Emission Tomography/Computed Tomography (PET/CT) primary tumor FDG uptake levels and lymph node metastases in cervical cancer patients.

Material and Methods

One hundred and three (103) cervical cancer patients who had pretreatment staging PET/CT were included in the study. Primary tumor maximum standard uptake value (SUVmax) levels, maximum tumor diameter measured on PET/CT, FDG-avid pelvic and paraortic lymph nodes and SUVmax values for FDG-avid lymph nodes were recorded for every patient. Correlation between SUVmax levels and lymph node metastases were evaluated. Statistical analysis were done by SPSS.

Results

Median age was 56 years (range; 31-91 years). Mean SUVmax levels for primary tumor and for lymph nodes were 14,3±6,3 (range; 3,9-34,2) and 8,6±3,9 (range; 2,8-19,3), respectively. SUVmax levels for the patients with FDG-avid lymph nodes and non FDG-avid lymph nodes were 15,9 (range; 4,1-34,2) ve 11,9 (range; 3,9-25,5) (P <0,05). Mean levels for the low and high SUVmax groups (according to the median SUVMax level, 13,9) were 9,3 (range; 3,9-13,4) and 18,9 (range; 13,9-34,2). There were lymph node metastases in 46% of patients in low SUVmax group and 70% of patients in high SUVmax groups (p <0,05). Mean SUVmax levels in patients with tumor diameter ≤4 cm and >4 cm were 13,1 (range; 5,5-25,5) ve 17,1 (range; 7,7-34,2), respectively. There were lymph node metastases in 42% of patients with tumor diameter ≤4 cm and 66% of patients with tumor diameter >4 cm. Two groups were statistically different according to the SUVmax levels and lymph node metastases (p <0,05).

Conclusion

SUVmax levels in cervical cancer patients might be correlated with high risk for lymph node metastases and might change the prognosis of patients and treatment approach.

EP-1289 Use of image guided brachytherapy reduces late toxicity for elderly patients with cervical cancer

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