Abstract 149 Table 2 Association between patients and tumor characteristics and recurrences

Risk factor	Patients	Recurrences	p
Age			
<45	35	6	0,5 (NS)
≥45	50	6	
Lymph node			
Positive	14	3	0,4 (NS)
Negative	71	9	
Size of the metastatic deposits within pelvic nodes			
micrometastases and ITC	5	1	1 (NS)
macrometastases	9	2	
Tumor size			
<20 mm	57	3	0,02
≥20 mm	28	9	
FIGO Stage			
IA1-2	11	0	0,3(NS)
≥IB1	74	12	
Lymphovascular space involvement			
None	47	6	1 (NS)
Yes	32	4	
Histology			
Squamous cell carcinoma	61	7	0,3 (NS)
Adenocarcinoma	23	5	
Preoperative brachytherapy			
No	75	10	0,6 (NS)
Yes	10	2

Abstract 149 Figure 1

Conclusions Many factors for recurrence have been described in patients with cervical cancer. Lymph node involvement is considered the main prognostic factor. Other prognostic factors for recurrence are tumour size, maximum stromal invasion, and presence or absence of lymphovascular space involvement (LVSI) have been evaluated.

Different factors had been associated for risk to involvement lymph pelvic nodes: depth of invasion parametrial involvement, lymphatic-vascular space invasion, tumor grade and size of primary tumor.

We don't find any factors associated with the risk of involved nodes. The only factor associated with the risk of recurrence was tumor size.

IGCS19-0387

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THE OUTCOME OF TREATMENT IN ADVANCED CARCINOMA CERVIX WITH HYDRONEPHROSIS

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Objectives Aim of the study is to find out the final outcome of the two treatment groups comprising of the RT alone and concomitant CT-RT in diagnosed case of advanced carcinoma cervix with hydronephrosis.

Methods It is a retrospective study where diagnosed cases of Ca Cervix IIIB with tumor size more than 4 cms and presence of hydronephrosis with normal renal functions, attending our OPD from Jan 2012 to December 2015 were included in the study. Altogether 80 patients fulfilled the inclusion criteria and the patients were divided into two groups depending on the plan of treatment 36 patients received only RT whereas 44 patients received concomitant CT RT All the patients were evaluated after completion of treatment and followed up regularly.

Results Altogether 70 patients completed the prescribed treatment, out of the 36 patients in RT group 5.6% of the patients dropped out and of the 44 patients in the concomitant CT-RT group, there was a dropout of 18.2% of patients. Seventy percent of all the dropout were found when the tumor size was more than 8cms. The 5 yr. overall survival for all patients was 40.6% and the median survival was 39.0 months (95% CI, 27.4 - 50.6). The OS in the RT group was 34.4% whereas in the concomitant CT-RT group it was 47.0% (p value = 0.041).

Conclusions Concurrent CT-RT can be given in selected cases of advanced carcinoma cervix with hydronephrosis resulting in survival advantage when compared with RT alone.

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SCREENING FOR CERVICAL CANCER IN A TUNISIAN HOSPITAL

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Objectives To analyze the epidemiological, clinical and cyto-histological data of patients who carried out colposcopy.

Methods Prospective study, conducted during 4 years in the Gynecology department of our institution. We included all patients who had colposcopy, regardless of indication and without gynecological neoplastic pathology.