Objective Incidence of endometrial cancer is on the rise in India. Although there have been significant advances in understanding of endometrial cancer biology, these factors are not yet included in routine management of patients. The aim of the study was to identify prognostic factors for risk stratification and offering judicious adjuvant therapy.

Methods Retrospective analysis of data of patients with carcinoma endometrium registered at Regional Cancer Centre, Thiruvananthapuram from January 2009 to December 2013 was done. Various patient, tumor and treatment related factors were analyzed for its effect on recurrence. Survival estimates were generated using Kaplan–Meier method. Univariate analysis was done using Chi-square and Fisher’s exact tests and multivariate analysis was done using Cox regression model. The statistical analysis was done using SPSS software version 11.

Results The median follow up of 642 patients was 95 months (range 3–178 months). There were 432 stage I (67%), 100 stage II (15.57%), 108 stage III (16.8%) and 2 stage IVa patients (0.3%). The five-year disease free survival (DFS) was 82.1%. Prognostic factors for DFS on multivariate analysis were age > 60 years, high grade tumor, advanced stage, deep myometrial invasion, cervical stromal invasion, and negative Progesterone Receptor (PR) status. Cervical stromal invasion, negative PR status, no adjuvant treatment were associated with higher risk for recurrence.

Conclusion The predictive and prognostic factors for Carcinoma endometrium is similar to those published in developed countries.

Introduction Carcinosarcomas of the uterine cervix are rare. Herein, we report a woman diagnosed cervical carcinosarcoma with remission of malignant epithelial component but persisting stromal component after radiotherapy – one case report.

Case report A 30 y/o woman presented to our hospital with bulky cervical tumor FIGO stage IIIB. The cervical biopsy came from other hospital reported as adenocarcinoma. She was arranged for concurrent chemoradiation. However, Cisplatin was unable to give due to persisting pancytopenia after initiating radiotherapy. Bone marrow biopsy for her persisting pancytopenia disclosed acellular marrow. After completed external beam radiation therapy followed by brachytherapy, there is one cervical mass noted confined within the cervical canal, with biopsy disclosed sarcoma. She underwent abdominal total hysterectomy and bilateral salpingo-oophorectomy. Pathology revealed tumor cells with neuroectodermal differentiation, involving cervix, uterus and ovaries. After taken previous biopsy section together, a carcinosarcoma with heterogeneous neuroectodermal component was inferred, while the components of adenocarcinoma have been eradicated by previous radiotherapy and the components with neuroectodermal differentiation survived due to resistance. Unfortunately, chemotherpay was not eligible before bone marrow.