

**Methodology** The central radiotherapy prescribing system at a single institution was interrogated to identify patients with locally advanced cervical cancer who received SBRT boost to cervix in addition to or as a replacement for IBGT, from 1st July 2017 to 31st January 2021.

**Results** 17 patients were identified; median age was 68 years (range 32–77) and median follow up was 17 months. FIGO 2009 stage distribution was II (8/17), III (7/17), and IV (2/17). Mean tumour size was 4.5 cm. Indication for SBRT consisted of: medical contra-indication (9/17), unfavourable anatomy (5/17), and patient refusal (3/17). Median dose of external beam was 45Gy in 25 fractions (range 43–50Gy). SBRT boost PTV was delineated on CT (cervix and gross residual disease with a 4–5 mm margin), aiming for 24–28Gy in 4 fractions (range 7–28Gy). Median cumulative EQD<sub>2</sub> (a/β= 10) was 75.2Gy (range 58–91), and median SBRT PTV size was 54 cm<sup>3</sup> (range 12–126). Local control rate was 15/17 (88.2%). G3 toxicity occurred in 2/17 (11.8%); one rectovaginal-vaginal and one vesico-vaginal fistula (the latter had progressive disease). No G4–5 toxicity was reported.

**Conclusion** SBRT boost was effective and tolerable in this cohort, but EQD<sub>2</sub> of 85–90Gy was not achieved in majority of cases. MRI based planning may improve target delineation and a consensus guideline on appropriate constraints would be advantageous.

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#### STRENGTHENING OF PELVIC FLOOR MUSCLES FOR INCONTINENCE IN CERVICAL CANCER

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**Introduction/Background** Objective to analyze the effect of pelvic floor muscle strengthening exercises on urinary incontinence in patients with cervical cancer.

**Methodology** This study included 45 cervical cancer patients undergoing radiation therapy by using non-probability -convenience sampling technique and design as quasi-experimental one-group pre-post design. Intervention- consisted of four pelvic floor exercises The patient was assessed for urinary incontinence by using the ICIQ UI-SF tool and perineometer on the 8th and 12th weeks. The statistical evaluation plan was the demographic and clinical data summarized with descriptive statistics and primary objectives evaluated with Friedman test, one-way ANOVA test and secondary objectives were evaluated with frequency distribution and chi-square t-test

**Results** In this study 45 women received the intervention . The result showed the frequency, quantity of urinary incontinence significantly reduced from the patient's baseline parameters. Participant's ICIQ UI SF total score was observed that on pre-test mean 12.56 (SD±3.74), 8 weeks of intervention mean 11.33 (SD±3.48) and 12 weeks of intervention mean 8.86 (SD±2.97) and P-value was statistically significant (p <0.001). There was a significant (P <0.001)

improvement in the quality of life of participants. The research hypothesis was accepted. There was significant (p <0.001) alleviation in urinary incontinence after pelvic floor muscle strengthening exercises in a patient with cervical cancer undergoing radiation therapy. The pelvic floor muscle contractility on perineometer on pre-intervention mean was 21.63 (SD±2.71), on post-intervention 8 weeks mean was 22.33(SD±2.65) and 12 weeks mean was 23.49 (SD±2.16). The pelvic floor muscle strengthening exercises were statistically significant (p <0.001)

**Conclusion** Pelvic floor muscle strengthening exercises were effective for alleviating urinary incontinence which improved the quality of life of patients with cervical cancer undergoing radiation therapy. It is a statistically significant intervention.

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#### DURATION OF HPV PERSISTENCE AND ITS RELATIONSHIP WITH RECURRENT CERVICAL DYSPLASIA

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**Introduction/Background** HPV persistence after conization represent one of the most important risk factors for disease recurrence. However, no data regarding the impact of duration of HPV persistence are still available. Here, we aim to evaluate the how duration of HPV persistence influence the risk of developing recurrent high-grade cervical dysplasia (CIN2+).

**Methodology** Data of patients with persistent HPV infection (at least at 6 months) after primary conization were extracted from a multi-institutional Italian database, retrospectively. Kaplan-Meier and Cox proportional hazards models were used to evaluate associations between duration of HPV persistence with the 5-year risk of developing recurrent CIN2+.

**Results** Overall, 545 patients met the inclusion criteria. Positive margins were detected in 160 (29.3%) patients. Overall, 247 (45.3%) and 123 (22.6%) patients had a documented infection from HPV16/18, and other HR-HPV types. 187 (34.3%), 73 (13.4%), and 40 (7.3%) were diagnosed with persistent HPV infection at 12-, 18-, and 24-month, respectively. Patients with HPV persistence at 6-month experienced a risk of recurrence of 7.46%. Twelve-month HPV persistence strongly correlates with the risk of developing the recurrent