IS-19  Is The Number of Pelvic Nodes Removed Related to The Incidence of Positive Node and Disease Free Survival in Cervical Cancer Patient Treated With Radical Hysterectomy?

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Objective: To examine the relationship of the number of removed pelvic nodes and the incidence of positive node as well as the 5-year disease-free survival (DFS) in cervical cancer patients treated with radical hysterectomy and pelvic lymphadenectomy (RHPL). Methods: Medical record of 843 cervical cancer patients undergoing RHPL at Chiang Mai university hospital between January 2000 and December 2006 were reviewed. The number of removal nodes were divided into 4 groups as follow; group I = < 20 nodes (N = 299), group II = 21-30 nodes (N = 344), group III = 31-40 nodes (N = 171) and group IV = > 41 nodes (N = 69). The incidence of positive node and 5-year DFS of patients in each groups were compared. Result: The incidence of positive pelvic nodes was highest in group I (23.2%), followed by group III (14.0%), group II (14.2%) and group IV (10.1%). The recurrence rate and 5 year DFS were not significantly different among the groups. If patients with and without nodal involvement were considered separately, the 5-year DFS in all groups were also not significantly different. Conclusion: The number of removed pelvic node was not related to the incidence of positive node and 5-year DFS.

IS-20  Comparison of concurrent chemoradiation therapy with weekly cisplatin versus monthly fluorouracil plus cisplatin in FIGO stage III-IVA cervical cancer: 16-year experience at a single institution

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Objective: Concurrent chemoradiation therapy (CCRT) is the standard treatment for locally advanced cervical cancer. Although the optimal chemotherapeutic regimen is not yet defined, previous randomized trials demonstrate that fluorouracil (FU) plus cisplatin (FP) every 3 weeks and weekly cisplatin are the most popular regimens. The purpose of this study was to compare the outcome of monthly 5-FU plus cisplatin with weekly cisplatin and concurrent radiation therapy (RT). Methods: We retrospectively reviewed data from 255 patients with International Federation of Gynaecology and Obstetrics (FIGO) stage IIB, III, or IVA cervical cancer. All patients received pelvic RT with dose of 4500 cGy, parametrial boost to involved sides of 5000 to 9000 cGy, and high-dose rate intracavitary brachytherapy. Concurrent chemotherapy was weekly cisplatin 50 mg/m2 (on day 1), and cisplatin 70 mg/m2 (on day 1) + 5-FU 1000 mg/m2 (on days 2-5) every 4 weeks for six cycles during RT. Results: Of 255 patients, 103 (40.1%) received monthly FP and 152 (59.6%) received weekly cisplatin. The mean follow-up period was 39 months (1-186 months). Severe adverse effects were more common in the monthly FP group than in the weekly cisplatin group. There were no statistically significant differences in progression-free survival (PFS) and overall survival (OS) between the two groups (P=0.715 and P=0.237). Conclusion: This study demonstrates that both weekly cisplatin with RT and monthly FP with RT seem to have similar efficacy for patients with locally advanced cervical cancer, but the weekly cisplatin is better tolerated.

IS-21  THE DISCREPANCY OF HPV DISTRIBUTION IN THE POPULATION OF UYGUR AND HAN RACES OF CHINA

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Objectives: To learn the discrepancy of HPV type distribution in the population of different races of China. Methods: There were 883 Uygur women and 881 Han women selected randomly in China. All women enrolled were 16-59 years old and had sex activity history. All women accepted liquid cytology, HPV test (HC2), and the women with positive result of any test would accept cervical biopsy. Results: The prevalence of high risk HPV infection of Uygur women is 7.25% and the prevalence of high risk HPV infection of Han women is 13.17%. The mainly 5 subtype of HPV in Uygur women are HPV 16 (22.31%), HPV 51 (5.79%), HPV 31 (4.96%), HPV 39 (4.13%), HPV 58 (4.13%) respectively, which are lower than Han races in China. At the same time, some HPV subtypes prevalence in Uygur women are lower than Han races such as HPV6 (0.83%), HPV18 (0), HPV11 (0). Conclusions: The HPV type distribution is different in Uygur in China which compared to Han race. The HPV vaccine designed for Uygur women will need to considerate HPV 51 and other HPV subtypes prevalence status.