

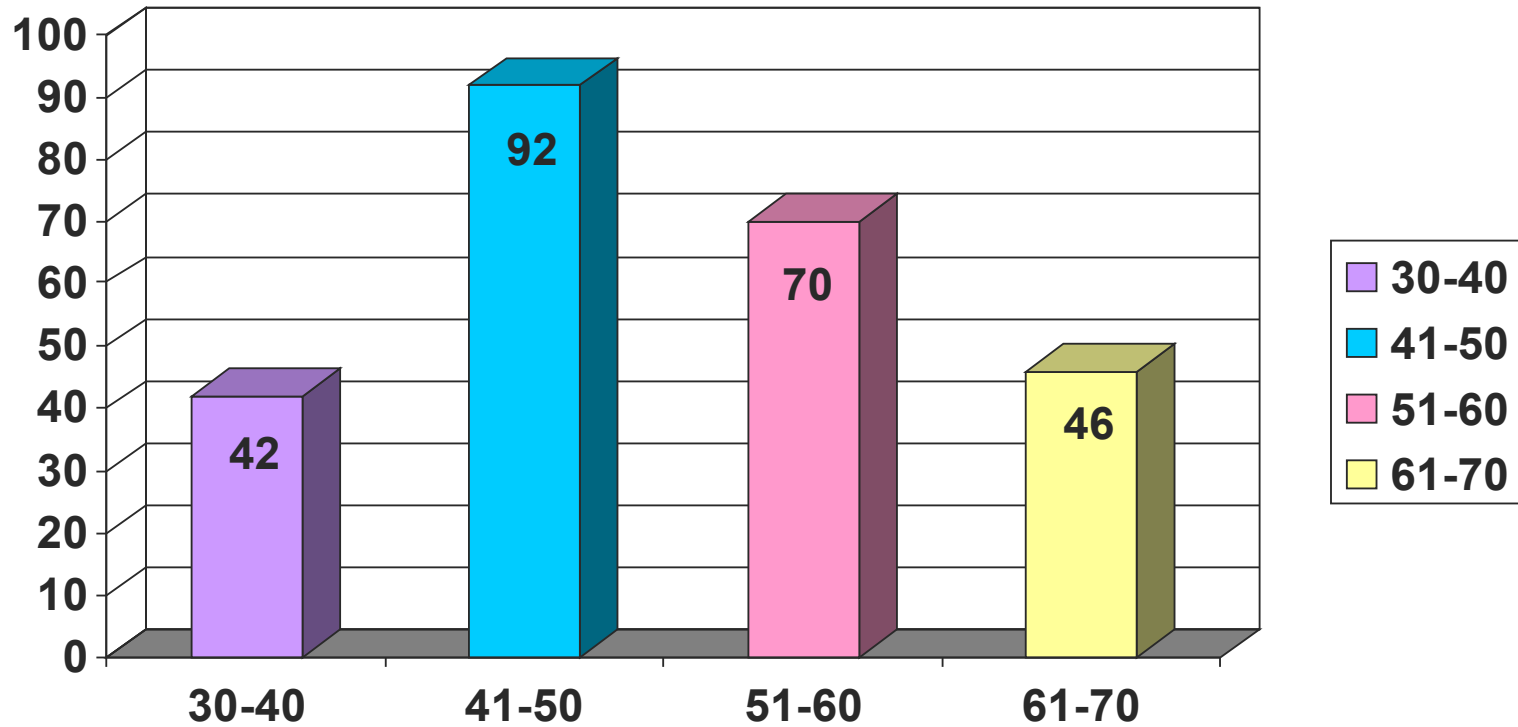
AIMS & OBJECTIVES

- * To assess treatment outcome for patients with locally advanced gynecological malignancies treated with MUPIT.
- * And to study the acute and late side effects after treatment by this technique.

MATERIALS AND METHOD :

- * Duration of study : June 97 – Aug 2006
- * No. of Patients : 250
- * Age range : 32 – 67 yrs
- * Follow up duration : 6 – 72 months
(median : 16 months)

Age wise Distribution :



Diagnosis :

* Uterine Cervix	:	98
* Cervical Vault	:	69
* P.O. Recurrence/ Cx Stump	:	27
* Vagina	:	45
* Others	:	11
* TOTAL	:	250

XRT dose schedule :

* 40 Gy / 20 # / 4 wks	:	28
* 50 Gy / 25 # / 5 wks	:	172
* 45 Gy / 25 # / 5 wks	:	22
* Others (XRT outside): (44 – 48 Gy/ 4-5 wks)	:	28

- ⊛ Assessment for brachytherapy after 7 - 10 days of XRT

Indications for Implant :

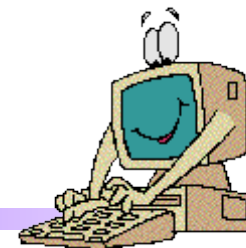
* ICRT not possible		
* Non negotiable cervical os	:	42
* Improper tumor geometry	:	47
* Inadequate vaginal space	:	36
* CVC Inadequate	:	98
* Others	:	27
(Re-radiation, Palliation)		
* TOTAL	:	250

MUPIT Dose Schedule :

* 500 cGy	X	3 #	:	10
* 400 cGy	X	4 #	:	139
* 400 cGy	X	5 #	:	32
* 400 cGy	X	6 #	:	49
* 400 cGy	X	> 6 #	:	13
* 300 cGy	X	6 #	:	7

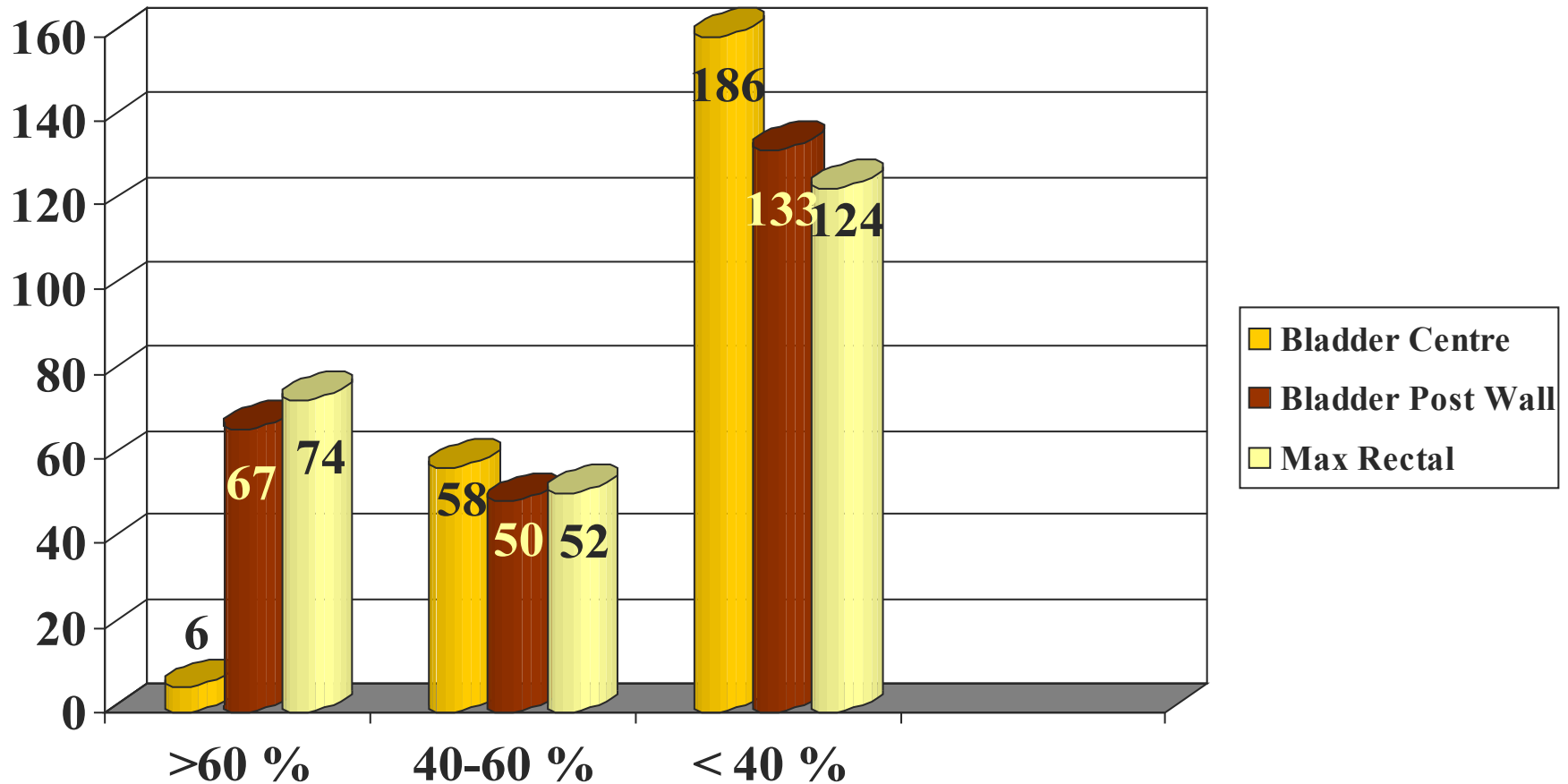
⊗ Twice a day fractionation with min. 6 hrs. interval

MUPIT Response :



Diagnosis	No.	1 st FU			At 6 Months	
		CR	PR	NR	NAD	Residual / Recurrence
Cervix	98	59	27	12	57	41
Vault	69	33	25	11	30	39
PO Rec	27	9	10	8	9	18
Vagina	45	25	11	9	27	18
Others	11	4	4	3	4	7
Total	250	130	77	43	127	123

Bladder & Rectal Dose :



Complications :

- * RVF : 3 (Progressive vaginal dz)
- * Bleeding P/R : 7 (Gr I – 2, Gr II – 5)
- * Hematuria : 1 (Gr I – 1)

Systemic Failure :

* Meta. SCLN	:	1	(1 CR)
* Lung Mets.	:	1	(1 PR)
* Liver Mets	:	7	(4 CR, 3 PR)
* Bone Mets	:	1	(1 CR)
* Para-aortic Mets	:	7	(1 CR, 6 PR)
* Other Mets.	:	1	(1 PR)
TOTAL	:	18	(7 CR, 11 PR)

RESULTS

- * Complete Response (CR) 130
- * Partial Response (PR) 77
- * Local control 51 % at 1 year post treatment.
- * The severe complications rate was 4 - 5 %.

CONCLUSIONS

- * Interstitial template brachytherapy by MUPIT is a good alternative.
- * The locoregional control obtained is definitely better than external beam therapy alone
- * And within the accepted range of complications.