



32nd NATCON IASO National Annual Conference 2018 20th-23rd September 18 - The Leela Kovalam, Trivandrum



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20th-23rd September 18 - The Leela Kovalam, Trivandrum

Title: Outcomes of Patients With Positive Circumferential Resection Margin After Neoadjuvant Chemoradiation In Rectal Cancer – Does Addition Of Induction Chemotherapy Work

Abstract Category: 08: GIT

Authors: Balu Mahenda K., Ashwin Desouza, Reena Enginner, Vikas Ostwal, Anant Ramaswamy, Avanish Saklani

Name of Presenting Author: Balu Mahendra K.

Institute: Tata Memorial Hospital, Mumbai

Presenting Author Mobile No: 9869157941

Presenting Author Email ID: bmahens26@gmail.com

Abstract

Background & Introduction:

- Standard treatment of locally advanced rectal cancer (LARC) is neoadjuvant chemoradiation (NACRT) followed by reassessment for surgery. Induction chemotherapy is used when post-NACRT magnetic resonance imaging (MRI) shows positive circumferential resection margin (CRM)

AIM:

- To compare the short term and long outcomes of patients with positive CRM after NACRT who underwent immediate surgery (Group A) Versus induction chemotherapy (Group B)

Methods:

- Study Design: Retrospective analysis of prospectively maintained database
- Inclusion criteria: Patients with LARC with persistent positive CRM on MRI pelvis after NACRT

Results:

- 780 patients got operated for rectal cancer in our centre from July 2013 to June 2016.
- 158 patients had positive CRM on MRI pelvis after NACRT. 92 patients in Group A, 66 patients in Group B. Basic demographic features are comparable.
- Lap: 25.8%, Open: 67.1%, Robotic 7.1%. TME: 71 (45%), Extended TME: 63 (40%), Beyond TME: 24 (15%)
- Median follow up was 26.9 months (4.5 to 47.9 months).
- Differentiation: WD: 2.1%, MD: 59.6%, PD: 37%, Mucinous: 1.4%
- No statistically significant difference in local and systemic recurrences, disease free and overall survival.

- Surprisingly, there is significantly less exentration in NACTRT arm than NACTRT and induction chemo arm.

Conclusions:

- In CRM positive (MRI based) resectable patients after NACTRT, induction chemotherapy may not show any benefit in DFS and OS.
- Further RCTs are required to confirm this hypothesis

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: GCRI – Baroda Minimal Access Surgery Travelling Fellowship

Title: Robotic Versus laparoscopic sphincter preserving TME: A propensity case matched analysis

Authors: Pavan Sugoor, Kamlesh Verma, Aditi Chaturvedi, Sadhna Kannan, Ashwin Desouza, Avanish Saklani

Name of Presenting Author: Pavan Sugoor

Institute: Kidwai Cancer institute

Presenting Author Mobile No: 9930883248

Presenting Author Email ID: pavansugoor26@gmail.com

Abstract

Background & Introduction:

Robotic total mesorectal excision (R-TME) is expected to have advantages over laparoscopic total mesorectal excision (L-TME). Whether R-TME can be offered as a standard treatment for rectal cancer needs to be evaluated. The aim is to compare the short-term outcomes between initial cases of L-TME and R-TME.

Methods:

Between June 2013 and December 2017, a total of 376 patients who underwent robotic surgery or laparoscopic surgery (first 160 cases) for the treatment of colorectal cancer were identified from the prospectively maintained Colorectal Cancer Electronic Database maintained by the Division of Gastrointestinal and Colorectal Surgical Oncology, Tata Memorial Hospital. Patients with stage IV disease, tumor located >15.0 cm from the anal verge, abdominoperineal resection (APR), Familial adenomatous polyposis (FAP) and hereditary non polyposis colorectal cancer (HNPCC) related tumors, extended resections and previous pelvic surgeries were excluded. 168 patients were assigned to receive

either R-TME (n =84) or L-TME (n =84). Patient characteristics, perioperative outcomes and pathologic details were compared between the groups by 1:1 Propensity score matching of eight variables.

Results:

Majority of tumors were upper and mid third, 94 (56%). 112 (66.7%) had received neoadjuvant therapy. T3-T4 tumors accounted for 129 (76.8%) cases. The inter-sphincteric resection rate and operative time was significantly high and long in R-TME than in L-TME (42.9% vs 25%; $p=0.006$) and (372.4 ± 102.8 vs 301 ± 53.6 , $p=0.000$) respectively. The conversion rate, blood loss, length of hospital stay was similar between both groups. R-TME group had marginally high CRM positive rates when compared to L-TME however did not reach statistical significance (3.5% vs 0%, $p=0.081$). The anastomotic leak rate and major surgical complications was significantly higher in L-TME (initial cases) than in R-TME (9.5% vs 1.2%; $p=0.016$) and (13.1% vs 4.8%; $p=0.034$) respectively.

Conclusions:

The oncologic quality and short term outcomes in the R-TME group were comparable with those in the L-TME group, however anastomotic leak rates and Grade III complications were significantly lower in R-TME compared to initial laparoscopic rectal resections. For experienced laparoscopic surgeons, Robotic sphincter saving TME is associated with lower morbidity when compared to similar phase of laparoscopic approach

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship

Title: Immunological effects of laparoscopic colorectal surgery - A leap in lap

Authors: Dr Sanjeev Kulkarni, Dr Chandramohan K , RCC Trivandrum. Dr Santhosh kumar RGCB Trivandrum

Name of Presenting Author: Dr Sanjeev Kulkarni

Institute: Regional cancer centre, Trivandrum

Presenting Author Mobile No: 7034245384

Presenting Author Email ID: sanjiv2002@gmail.com

Abstract

Background & Introduction: Laparoscopic approach has developed into an interesting therapeutic alternative as it allows for rapid return to preoperative activity with significantly shorter hospitalisation due to limited surgical trauma. Despite promising clinical results, only limited information is available regarding perioperative immunological effects of laparoscopic surgery when compared to open colorectal surgery. This is one of the first study conducted in India.

The objective of our study was to compare the immunological effects of laparoscopic surgery with open colorectal surgery.

Methods: A prospective study was conducted on 52 patients. All were above 18 years and had non metastatic colorectal malignancy treated with curative intent. Patients with known immunological dysfunction, on immunosuppressants were excluded. Blood samples were taken from all eligible patients on pre-op day and POD 1,3 and 5. CRP was done and NK cells were quantified by profiling of CD3-CD16+ and CD56+.

Minimally invasive colorectal surgery was performed as a laparoscopic-assisted procedure with removal of the resected specimen via a horizontal minilaparotomy or Perineum in case of APR. Conventional colorectal surgery was performed via a vertical midline incision. After removal of the resected specimen, stapler or hand sewn anastomosis was performed.

Results: Serum CRP showed trend of return to normal value early in laparoscopic compared to open arm with a significant p value of 0.041, 0.001 on POD 3 & 5. Drop in NK cells percentage was less in laparoscopic arm with a significant p value of 0.003, 0.002 on POD 1 & 3.

Conclusions: Immune function seems to be well preserved after laparoscopic approach compared to open approach. This study highlights that immunological effects seen post operatively with benign conditions is

consistent with malignancy also. Long term follow-up is required to assess whether preserved immunological effects translate into overall survival advantage.

Analysis of Critical complications following Upfront versus Re-do surgery for Thyroid Cancer.

Naveen kumar¹, Seema S¹, NK Shukla¹, Bal C², Sandeep Bhorwal¹, Deo SVS¹

1. Dept of Surgical Oncology, BRA-IRCH, AIIMS, New Delhi

2. Dept of Nuclear medicine, AIIMS, New Delhi

Introduction: Thyroid cancer is the most common endocrine malignancy with a rapid world-wide rise in incidence in the past few decades. Total thyroidectomy with or without neck dissection is the mainstay of treatment with good long-term survival. Sub-optimal or incomplete surgical interventions are common at community level practice. Re-do surgery for thyroid cancer carries a higher risk of morbidity especially related to parathyroids and recurrent laryngeal nerve. We present our experience of thyroid surgery related morbidity in upfront versus redo thyroid surgeries.

Methods: All the cases of biopsy proven differentiated thyroid cancer (DTC) undergoing surgery between 2009 to 2016 were analyzed from prospectively maintained computerized database. An analysis was performed for clinical spectrum, Patterns of surgical intervention, and critical morbidities in patients undergoing upfront surgery (Group-1) and re-do surgery (Group-2).

Results: A total 270 patients fulfilled inclusion criteria. Group-1 had 151 patients and group-2 119 patients. Median age at presentation was 40 years with female predominance. Among all histological variants of thyroid cancer, papillary carcinoma of thyroid was the commonest variant followed by follicular carcinoma thyroid. Majority of the patients had Total thyroidectomy in both the groups: group-1 (92.7%) ; group -2 (81.5%) and almost two thirds of patients had neck dissection in both the groups. The details of critical morbidities are as follows -transient hypocalcemia (3.31%), permanent hypocalcemia (1.98 %) and RLN related vocal cord palsy (0.66%) in group-1 and 3.36%, 2.56%, 2.5% in group-2 respectively.

Conclusion: Surgical morbidity is one of the key determinants of outcome in surgical management of thyroid cancer and in general higher rates of parathyroid and recurrent laryngeal injuries were reported in patients undergoing redo surgeries. However results of the current study indicate the possibility of achieving comparable morbidity in redo cases in high volume centers with experienced surgeons.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship

Title: A Prospective Comparative Study Of Sentinel Lymph Node Biopsy With Indo-Cyanine Green (ICG) Florescence Technique versus Dual Dye Technique for Early Breast Cancer- Going Beyond the Horizon

Authors: Dr Rohit Kumar C , Dr Somashekhar SP, Dr Shabber S Zaveri, Dr Ashwin KR, Dr Parameshw aran, Dr Sushmita, Dr Natraj, Dr Ramya, Dr Shaziya, Dr Anil, Dr Bijan, Dr Priya, Dr Jyotsna

Name of Presenting Author: Dr Rohit Kumar C

Institute: Manipal Comprehensive Cancer Centre

Presenting Author Mobile No: 9880251163

Presenting Author Email ID: drrohit.life@gmail.com

Abstract

Background & Introduction: The dual technique with radio colloid and blue dye is the gold standard in sentinel lymph node biopsy (SLNB) to

stage axilla in breast cancer. The objective of the present study was to assess the diagnostic performance of sentinel lymph node (SLN) biopsy using the indocyanine green (ICG) fluorescence method compared with that using the conventional method in detection of sentinel lymph nodes.

Methods: 60 patients diagnosed with early breast cancer underwent the SLNB procedure using technetium-99m radio colloid (R), methylene blue dye (MB), and ICG. All SLNs that were removed during surgery were labelled as hot, blue or/and fluorescent and sent for pathological examination. The detection rate of SLNs and positive SLNs, and the number of SLNs of ICG, MB+ R, ICG + MB, ICG + R were compared. Injection safety of ICG and MB was evaluated.

Results: Sentinel Lymph Node was identified in all 60 cases. Total Sentinel lymph nodes removed was 160 (Mean=2.6, Range 2-5), ICG was able to identify more nodes than the dual dye technique. The identification rate with the dual dye technique was 95%, with blue dye alone 93.6% and with radioisotope alone 96.8% whereas with ICG alone was 100%, with ICG + MB was 96.6% & ICG + R was 96.6%. 28(46.6%) out of 60 patients had positive nodes which was identified by both dual dye & ICG. None of the patients had any local or systemic reaction with ICG, 3 patients with blue dye had tattooing & staining of skin.

Conclusions: ICG is as effective as the dual dye for SLNB. In addition, as a near-infrared dye, it has the advantages of real-time visualization, lower cost, and wider availability, since no radioactive material needs to be handled. A combination of blue dye and ICG is useful dual approach when radioisotope is unavailable.

AP - 06

Author : Abid Ali Mirza

Introduction

The traditional treatment modalities for Early Carcinoma Larynx include Primary Radiotherapy, Total laryngectomy while Transoral Laser Surgery and Partial Laryngectomy are the conservative approaches. The primary aim of treatment remains local control and disease free survival and in early laryngeal cancer (T1, T2 select T3) all these options lead to equivalent oncological outcomes. Thus quality of life issues assumes an important role when choosing the treatment modality. Although chemoradiation has been successful in treating early disease, increased toxicity and maintenance of local anatomy has not translated to a good functional outcome.

Despite tremendous advances in nonsurgical treatment, conservation laryngeal surgery continues to play a critical role in the treatment of patients with malignancies of the larynx.

The primary aim of this study was to evaluate the Oncological outcome and secondarily to assess the surgical and functional outcomes following conservative surgery for Carcinoma Larynx performed in Regional Cancer Centre from 2010 to 2018.

Methods

A single institution, single arm study was carried out. Patients were recruited from January 2010 to January 2018 and followed up for a minimum period of 1 year. The prospectively recruited patients were analyzed as a separate subset. The study population included:-

- All patients with Biopsy proven Carcinoma Larynx who underwent Conservative Laryngeal Surgery in RCC
- Conservation Surgeries included: Transoral Laser Surgery, Open Partial Laryngectomy & Near-Total Laryngectomy
- Stages I to IVa were included
- Both Primary and Salvage settings were evaluated

The oncological outcomes evaluated include Local Control Rate at end of 1 year, Disease free survival and Recurrence rate. Functional outcomes of voice, speech and swallowing were assessed using the GRBAS vocal scale and the SWAL-QOL questionnaire. Time to decanulation and Laryngeal Preservation rate will be the other outcomes assessed.

Results

A total of 48 patients underwent Conservative laryngeal surgery of which 40 (84%) were MLS and 8 (16%) were open. 37 (77%) of the patients were habituated to either smoking, alcohol consumption or tobacco chewing. Majority (79%) of the cases were performed in the primary setting while 21% were salvage surgeries or after neoadjuvant treatment. Local recurrences were seen in 3 (6.2%) patients while 6 (12.5%) patients had systemic recurrence. Average GRBAS scores were 2,1,2,0,8, 0,6 and 0.8 respectively. Average SWAL-QOL score was 82. The overall laryngeal preservation rate was 94% and decanulation rate was 84.7%

Conclusion

Conservative laryngeal surgery still plays a critical role in the treatment of laryngeal cancers that is oncologically equivalent to chemoradiation in terms of disease free interval but with the added benefit of improved functional outcome of voice, speech and deglutition as demonstrated in this study.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title: Relation of cancer-related gene mutations and clinico-pathological factors in oral squamous cell carcinoma

Authors: NISHANT BATTA, MANOJ PANDEY

Name of Presenting Author: NISHANT BATTA

Institute: IMS, BHU, VARANASI

Presenting Author Mobile No: 9855956777

Presenting Author Email ID: slimern@gmail.com

Abstract

Background & Introduction: Oral squamous cell cancer (OSCC) is the most common malignancy among males in India and the eighth most common cancer worldwide occurring as a result of an interaction between the habits/environmental (tobacco, betel quid, etc.) and genetic (EGFR, TP53, etc.) factors. This study was carried out to evaluate the frequency of functional and non-functional gene mutations in OSCC in the background of tobacco and other habits.

Methods: A single group prospective study including 36 operable OSCC was carried out to elucidate relationship between 50 selected gene mutations and tobacco habits, clinico-pathological factors, effect of previous chemotherapy, resected specimen margins and recurrence. Pathological staging was done according to TNM AJCC 8th. Genetic profiling was done by using semiconductor based Next Generation Sequencing, performed on Formalin fixed paraffin embedded tissue block.

Results: The mean age of patients was 46.6 years, 94.4% being males. Most common site was buccal mucosa (44.4%) followed by tongue (30.6%), lower alveolus (16.7%), lower lip (5.6%) and upper alveolus (2.8%). Lymph node metastasis was present in 36.1%. Patients presenting with stage IV, II and III were 44.4%, 38.9%, 13.9% respectively. Genetic mutations were present in 25 patients out of which 14 had >1 mutation. Tp53 mutation was the most common (41.7%) and had significant relationship with tumor size >4 cm (p=0.032), followed by CDKN2A (19.4%), HRAS (13.9%), PIK3CA (8.3%), KIT, EGFR, BRAF (2.8% each) etc. Depth of Invasion >10mm was present in 16 patients, out of which 8 had Tp53 mutation (p=0.320). Recurrence was present in 8 (22%) patients at 6 months out of which 5 had TP53 mutation (p=0.236), CDKN2A, EGFR & KIT in 1 patient each (p=0.503, p=0.058, p=0.058 respectively).

Conclusions: Advanced staged tumors and recurrence were associated with high-risk pathognomic mutations in this study. Presence of mutations in some of the genes can help in tailoring individual treatment.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: SSO Fellowship /Award paper**

Title: Cytoreductive surgery & HIPEC for peritoneal surface malignancy: clinical spectrum, morbidity and mortality in 102 cases

Authors: Babul Bansal¹, Areendam B¹, Ray MD¹, Sandeep B¹, Rakesh Garg², Sushma Bhatnagar², Lalit Kumar³, Atul Sharma³, Deo SVS¹

¹Department of Surgical Oncology, BRA-IRCH, AIIMS, New Delhi – 110029

²Department of Onco-anesthesia, BRA-IRCH, AIIMS, New Delhi – 110029

³Department of Medical Oncology, BRA-IRCH, AIIMS, New Delhi – 110029

Name of Presenting Author: Babul Bansal

Institute: All India Institute of Medical Sciences, New Delhi

Presenting Author Mobile No: 9013948434

Presenting Author Email ID: babulbansal@yahoo.com

Abstract**Background & Introduction:**

Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) has recently emerged as a viable management option for peritoneal surface malignancy (PSM). However, review of literature reveals a steep learning curve and high morbidity and mortality. We present our experience of first 100 cases of CRS and HIPEC.

Methods:

All patients of PSM undergoing CRS & HIPEC between January, 2015 to June, 2018 were identified from a prospectively maintained surgical oncology database and analyzed for clinical spectrum, surgical morbidity and peri-operative mortality.

Results:

A total of 102 cases of PSM were identified from the database. 77.5% of the patients were females. Epithelial ovarian carcinoma (56.9%) was the most common pathology, followed by colorectal carcinoma (15.7%), pseudomyxoma peritonei (14.7%), malignant mesothelioma (7.84%). Total peritonectomy was performed in 50.9% of cases and disease specific peritonectomy in 49.1%. Optimal CRS could be achieved in 90.2% of patients. Cisplatin and mitomycin were the most common drugs used. A total of 35% of patients had morbidity including deep vein thrombosis (7.8%), sub-acute intestinal obstruction (5.9%), wound dehiscence (3.9%), lymphocele (3.9%), ureteric injury (3.9%), acute renal failure (3.9%), entero-cutaneous fistula (3.9%). The overall treatment related mortality was 2.9% (3/102). The incidence of major morbidities was relatively less and there was no mortality in last 50 cases in comparison to first 50 cases.

Conclusions:

The most common indication for CRS and HIPEC was carcinoma ovary followed by colorectal and appendicular neoplasms with PMP. Overall morbidity and mortality of the current series are comparable to global rates reported from high volume centers. A protocol based multidisciplinary team approach plays an important role for successful outcome in executing complex treatments like CRS and HIPEC.

Abstract Category: Oral Presentation**Type of Presentation: Non-competitive**

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ Award Video

Title: Diagnostic Accuracy of F18-FDG PET/CT in Preoperative Nodal Staging of Esophageal Cancer – a Comparison with Histopathological Findings

Authors: Dr. Nikhil Gulavani, Dr. Amit Patil, Dr. Rajesh Mistry

Name of Presenting Author: Dr. Nikhil Gulavani

Institute: Apple Cancer Institute, Kolhapur.

Presenting Author Mobile No: 8767671555, Presenting Author Email

ID: dr.nikhilgulavani@gmail.com

Abstract

Background & Introduction: Purpose of this study is to more accurately assess the diagnostic accuracy of PET/CT for Lymph node metastasis of carcinoma. We prospectively compared the preoperative lymph nodal staging findings on PET/CT to the postoperative histopathological examinations in patients undergoing esophagectomy with 2/3 field lymphadenectomy.

Methods:

The data of 61 patients with squamous or adenocarcinoma esophagus undergoing F18-FDG PET/CT and surgery with or without neoadjuvant treatment was analyzed prospectively. In principle, a SUVmax of 5.0 or more in the tracheal bifurcation and pulmonary hilum or a value of 2.0 or more in other sites was considered metastatic. Lymph nodal metastasis by PET/CT and its pathological examination were compared across different nodal levels to calculate diagnostic accuracy. Sensitivity, specificity, positive predictive value, negative predictive value, and diagnostic accuracy of PET/CT was calculated using statistical software SPSS version 15.0, IBM and Open Epi ver. 2.3.

Results:

PET/CT for preoperative nodal staging	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)	Diagnostic accuracy (%)
Primary surgery	61.5	90	42.11	95.19	86.99
Before neoadjuvant treatment	35.29	76.89	25.71	83.98	69.2
After neoadjuvant treatment	27.12	89.08	34.04	85.47	78.43

Conclusions: Our study showed higher diagnostic accuracy of PET/CT in squamous carcinoma than adenocarcinoma. Higher specificity of PET/CT for preoperative nodal assessment, as shown in our study may help in surgical decision making pertaining to the extent of lymph node dissection during surgery of esophageal carcinoma, especially in patients with co-morbidities. Although the diagnostic accuracy is good, PET/CT alone may be insufficient in surgical decision making, due to its lower sensitivity. Lower sensitivity may indicate the presence of inflammatory mediastinal nodes (e.g tuberculosis/ sarcoidosis), especially found in the Indian subgroup of patients, which can be false positive on PET/CT.

Abstract Category: Poster/Oral Presentation**Type of Presentation: Competitive**

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/

Title: Minimally invasive surgery in pelvic exenteration for locally advanced Colorectal cancer: Comparison with conventional open surgery

Authors: Naveena AN Kumar, Sajith P Sasi, Kamlesh Verma, Ashwin Desouza, Avanish Saklani

Name of Presenting Author: Naveena AN Kumar, Institute: Tata

Memorial Centre

Presenting Author/Mobile No: 9969523579, Presenting AuthorEmail

ID: nkoncol@gmail.com

Abstract

Background & Introduction: Minimally invasive surgery (MIS) for pelvic exenteration (PE) is not well established and only few studies have been described. The objective of this study is to describe the important technical points and to assess the feasibility of laparoscopic and robotic PE for locally advanced colorectal cancer (CRC).

Methods: This was a retrospective analysis of prospectively collected data. All consecutive patients who underwent Pelvic exenteration for colorectal adenocarcinoma from May 2013 to July 2018 were included. Patients were divided into the MIS group and the conventional open PE (OPE) group. The perioperative and histo-pathological outcomes were compared between the two groups.

Results: The open PE was performed in 95 patients and the MIS in 23 patients. A total of 13 patients underwent laparoscopic PE and 2 patients underwent laparoscopic posterior exenteration. Robotic PE was performed in 4 patients and 4 patients underwent robotic posterior exenteration. The intra-corporeal ileal conduit was performed in one patient and rest was performed extra corporeally through small infraumbilical incision (4–5 cm). Operative time in the MIS group was more compared to OPE (655 vs. 448 min, $p=0.001$). Intraoperative blood loss was less in MIS group and was not statistically significant (1400 ml vs. 1800 ml, $p=0.40$). Postoperative hospital stay was shorter in the MIS group, but statistically not significant (14 days vs. 18 days, $p=0.34$). There was no statistical significant difference in the histo-pathological characteristics, major complications rates.

Conclusions: Minimally invasive surgery is feasible for total pelvic exenteration and posterior exenteration in locally advanced CRC. There is a less intraoperative blood loss in MIS. An R0 resection with adequate margin can be achieved in MIS. Long-term oncological outcomes are still uncertain and will require further follow up.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: SSO Fellowship****Title: Pattern and Predictors Of Various Lymph nodal Station Involvement In Gastric Cancer Patients Undergoing D2 Lymphadenectomy After Neoadjuvant Chemotherapy**

Authors: Dr. Kiran Kamalasanan, Dr. Madhu Muralee, Dr. Chandramohan, Dr. Mira Wagh, Dr. Bharath V Murugan

Name of Presenting Author: Dr. Kiran Kamalasanan

Institute: Regional Cancer Centre, Trivandrum

Presenting Author Mobile No: 7259496056

Presenting Author Email ID: kiran.315@gmail.com

Abstract**Background & Introduction:**

In locally advanced carcinoma of the stomach, perioperative chemotherapy is used at RCC as the standard protocol. Subsequently all patients undergo standard D2 lymphadenectomy. But the fact remains that we do not have any data on the pattern of involvement of various nodal stations in patients undergoing D2 gastrectomy after neoadjuvant chemotherapy in locally advanced gastric adenocarcinomas.

Methods:

Patients undergoing radical D2 gastrectomy following neoadjuvant chemotherapy (NACT) in Surgical Oncology Division of Regional Cancer Centre, Trivandrum have been recruited for the purpose of the study. 15 patients with locally advanced gastric cancer underwent standard pre-treatment assessment and preparation that is being followed currently in the centre. The patients then underwent the standard protocol neoadjuvant

chemotherapy. After completion of chemotherapy the patients were reassessed and taken up for surgery.

A standard surgical technique (D2 dissection as is being currently done in the department) was performed during which various lymph node stations were dissected out separately and sent in marked containers specifying their stations for pathological analysis for assessment of nodal positivity. This data was analysed and correlated with various clinic-pathological factors like – tumor size, grade, location, morphology, histology, radiological T status and radiological N status.

Results:

Upper third gastric cancers have shown an involvement of (Station 9) celiac nodes in 25%. In advanced cancers, there was a high frequency of metastasis in the right gastroepiploic (from 10% in T2 to 50% in T4), left paracardial nodes (station 2) involvement was observed in an important share of middle third tumors (17% in T3, 36% in T4). Splenic hilum nodes metastasis were common in T3 and T4 cancers located in the upper (39%) and middle (17%) stomach. N2 nodal involvement was frequent in lower third advanced cancers

Conclusions:

Given the nodal diffusion in our gastric cancer patients, extended lymphadenectomy is still a rationale to obtain radical resection.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper****Title: Free Anterolateral thigh flaps in recurrent head and neck squamous cell cancers**

Authors: Dr. Ankur Pareek, Dr. Dhairyasheel Savant, Dr. Shravan Shetty, Dr. Ashish Ghuge, Dr. Yash Devkar

Name of Presenting Author: Dr. Ankur Pareek

Institute: Asian Cancer Institute

Presenting Author Mobile No: 9870193456

Presenting Author Email ID: drankurhpareek@gmail.com

Abstract

Background & Introduction: Squamous cell carcinoma of the head and neck presents a treatment challenge since it is often aggressive and has a high rate of recurrence. Recurrent tumor at the primary site is the most common pattern of failure, occurring in approximately 20–30% of patients. Regional recurrence in the neck occurs in 10–15%. Free flap reconstruction in previously irradiated patients decreases local wound complications by bringing non irradiated well-vascularised tissue into the wound. In this study, we present our experience with free single as well as multiple anterolateral thigh flaps for functional and aesthetical reconstruction of complex head and neck soft tissue defects after excision of recurrent oral cancer.

Methods: Twelve patients with recurrent squamous cell carcinoma of the oral cavity underwent salvage surgical treatment. Free anterolateral thigh flaps were used for the reconstruction of the extensive defects caused by excision of the tumors. The complications of the flap and the prognosis of the patients were analyzed with a follow-up from 1 to 14 months.

Results: The overall success rate of the flap was 91.6%. Flap related complications occurred in 4 patients (33.3%). Major complications occurred in 1 patient (8.3%) and minor complications occurred in 2 patients (16.6%).

Conclusions: The free anterolateral thigh flap is a reliable choice for reconstruction of complex soft tissue defects caused by excision of recurrent oral cancer because it can provide several independent skin paddles for multiple separate defects with minimal donor site morbidity

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper****Title: A prospective study to find the significance of delphian nodal metastasis in papillary carcinoma thyroid****Authors:** Dr JeyashanthRiju , Dr Nebu Abraham George, Dr Remya Rajan**Name of Presenting Author: Dr JeyashanthRiju****Institute: Regional cancer centre trivandrum****Presenting Author Mobile No: 7406020741****Presenting Author Email ID: jjriju@yahoo.co.in****Abstract****Background:**

Delphian node (DLN) involvement is well known for its poor prognosis in laryngeal malignancies. With less than 10 retrospective analysis with respect to DLN and carcinoma thyroid, a prospective analysis was mandatory to analyse its significance. So in this study, we have analyzed the significance of DLN in the management of papillary carcinomathyroid (PCT).

Methods:

One hundred and sixty three patients who had FNAC reporting PCT, Bethesda V/VI, who underwent total thyroidectomy with or without neck dissection based on clinical, imageological and intraoperative findings were considered for the study. Uniformly in all cases fascia above the isthmus of the thyroid with DLN and pyramidal lobe were dissected and tagged. Histopathological factors analyzed includes: size of the tumor, isthmus involvement, tumor capsule involvement, extrathyroidal extension, multifocality, lymphovascular invasion, perineural invasion, thyroiditis and pyramidal lobe involvement/

Results:

Inclusion criteria was met by 151 patients. DLN was harvested in 80 patients (53%). Seventeen patients (21.25%) had metastasis in DLN. Gender ($p=0.005$) and capsular involvement ($p=0.025$) were independent factors associated with metastatic DLN. DLN metastasis is associated with high specificity(97.32%) and accuracy(81.46%) to predict central compartment neck nodal involvement(82.4%), risk of which is increased by 17.9 times compared to DLN with no nodal metastasis. Similarly, DLN metastasis is associated with high specificity(94.02%) and accuracy(79.47%) to predict lateral compartment neck nodal involvement(58.8%) risk of which is increased by 7.0 times compared to DLN with no nodal metastasis, both of which showed a significant p -value of 0.0001.

Conclusion:

DLN is a predictor of nodal metastasis and disease with DLN metastasis should be treated aggressively and followed up with caution. When DLN is involved central compartment neck dissection has to be performed and lateral neck dissection is preferred in the side of disease when DLN is involved after radiological correlation.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: SSO Fellowship****Title: A Comparison of Combined Technetium+ Isosulphan Vs Isosulphan alone in staging of neck in early SCC of Oral Cavity****Authors:** Dr. P G Balagopal, Dr.Sunilkumar T, Dr. V M Pradeep, Dr.Nebu AbrahamGeorge**Name of Presenting Author: Dr.Sunilkumar T****Institute: Regional Cancer Centre, Trivandrum****Presenting Author Mobile No: 9500722077****Presenting Author Email ID: 007.linus@gmail.com****Abstract**

Background & Introduction: The incidence of lymphnode metastasis in early squamous cell carcinoma is around 30%, which is undetectable by current imaging modality. Elective neck dissection(END) is the standard of care for clinically N0 neck. Around 70% of patients are over treated by current treatment modality. Sentinel node(SN) biopsy could be a potential solution to this problem.

Methods: Regional cancer centre approved prospective, observational study commenced in January 2018. Clinically and radiologically T1,2 N0 patients were taken for SLNB. One arm containing Technetium99 nono colloid with Isosulphan blue dye and other arm with Isosulphan blue dye alone. Scintiscan will be performed when combined technique is used. Elective neck dissection is done in all patients following SLNB (Sentinle Lymph node biopsy).

Results: A total of 50 patients were included in the study, 25 patients in each arm. Positive nodes were found in 18% of the patients. False negative results were seen in 4% and 7% in Combined technique and Isosulphan respectively. An average of 3.25 and 2.25 nodes were harvested in each arm. SN detection rate was 100% in both arms. SN was the only node positive in neck in 55% of the patients. There was 94% concordance between Tescintigraphy and intra operative SLN(Sentinel Lymph Node)mapping. Average number of nodes harvested by END was 20.5 nodes. There was no significant increase in complications by SLN technique. Sensitivity was 96% and 92% respectively.

Conclusions: SLNB biopsy is safe and effective technique in staging of clinically N0 oral cavity lesions. When combined technique is used sensitivity can be improved, false negative results can be reduced.

ABSTRACTOP - 01**Title: Enhanced nerve growth factor expression in cases of chemoresistance, recurrence, positive family history, and metastasis in human breast cancer: A pilot study****Author: Ashutosh Kumar¹, Ritu Sehgal²**

1. Department of Anatomy, All India Institute of Medical Sciences (AIIMS), Patna, India
2. Department of Anatomy, All India Institute of Medical Sciences (AIIMS), New Delhi, India

Background: The determinative role of nerve growth factor (NGF) in breast carcinogenesis has been speculated by many authors but experimental studies are scarce which have measured it in context of the various variables indicating tumor progression. This study is to fulfill that lacuna in the literature.

Material and Methods: Fresh human breast tissue was obtained from surgically removed specimens of breast cancer (test), and normal tumor margins (control). Immunohistochemistry (IHC) staining for detection of NGF was performed on frozen sections of the test and control tissue fixed in 4 % paraformaldehyde using the indirect streptavidin-biotin-peroxidase complex method. Furthermore sandwich ELISA on tissue homogenates was performed to validate the immunohistological findings. The data generated were analyzed in the context of staging/grading score, triple receptor (ER, PR, HER2/Neu) and sampling lymph node status, recurrence, family history of the breast or other cancers, associated complications, and cycles of chemotherapy received.

Result: Increased expression of the NGF was found in most of the cases of the breast cancer but not all. NGF was distinctively enhanced in most of the chemoresistant, and exclusively in the cases of recurrence, positive family history and metastasis. A significant correlation with staging/grading, triple receptor (ER, PR, HER2/Neu), sampling lymph node status couldn't be ascertained.

Discussion: Distinctively enhanced secretion of NGF in the referred special cases is unique and has been never reported before. The finding might be reflecting determinative role of this molecule in the pathogenesis of

such cases indicating its potential as a drug target. Further studies would be necessary to confirm the findings of this study.

Key words:Breast cancer, chemoresistance, drug target, metastasis, triple receptor status, recurrence

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: GCRI – Baroda Minimal Access Surgery Travelling Fellowship

Title:Efficacy of Methylene Blue in Sentinel Lymph Node Biopsy for Early Breast Cancer

Authors: Bhavin Vadodariya, Anaghazope, Shakuntala V. Shah

Name of Presenting Author: Bhavin Vadodariya

Institute: Apollo CBCC Cancer Care, Apollo Hospital, Ahmedabad

Presenting Author Mobile No: 9909992965

Presenting Author Email ID: imoncosx24@gmail.com

Abstract

Background & Introduction:Sentinel lymph node biopsy is the recommended approach in the evaluation of axilla during breast cancer surgery. In this study, results of patients who underwent methylene blue sentinel lymph node biopsy were evaluated.

Methods:The study included 30 female patients with T1, T2 and T3 tumours. 5 ml of 1% methylene blue was injected into the peri areolar region. The axillary sentinel lymph node was found and removed, and then axillary dissection was performed. The sentinel lymph node and axillary dissection specimen were histopathologically examined and the results were compared.

Results:The sentinel lymph node was found in 27(90%) patients. Lymph node metastasis was not observed in 10(37%) patients in both the sentinel lymph node and axilla. 2(7.4%) patients had metastasis in the axilla although this was not detected in sentinel lymph node. 13(48%) patients had metastasis both in the sentinel lymph node and in the axilla. The accuracy rate was 90%, and the false negative rate was identified as 7.4%. False positive rate was identified as 9%. Sensitivity and Specificity was 86.67% and 83.33%.

Conclusions:Sentinel lymph node biopsy by methylene blue is a method that can be applied with high accuracy. Methylene blue can be considered as an alternative to isosulphane blue in sentinel lymph node biopsy.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship/GCRI – Baroda Minimal Access

Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/Award paper/Award Poster/ /Award Video

Title:Patients attitude towards cancer disclosure

Authors: Dr Rigved.N, Dr Satheesan.B

Name of Presenting Author: Dr Rigved.N

Institute: Malabar Cancer Centre, Thalassery, Kerala

Presenting Author Mobile No: 7674812547

Presenting Author Email ID: n.rigved@gmail.com

Abstract

Background & Introduction:Patients have individualised requirements for information and involvement in their treatment plan, and different ways of coping with a diagnosis of cancer. For example, some experts say there should be no delay in telling, whereas others argue it is best if the clinician selects the most appropriate time and place to tell. Some say that it is best to have family members present

at diagnosis, but others maintain it should be the patient's choice. We want to know the preference of patients coming to Malabar Cancer Centre for treatment of cancer.

Methods:Study Design - Cross sectional **Population**– 90 **Data Collection**–Face validity of the proposed questionnaire was done by sending the questionnaire to various Department Heads at our hospital. Malayalam translation of the questionnaire was also prepared, that was answered by the eligible patients. Initially the bystanders of the patients were enquired if the patient is aware about his/her diagnosis. If aware, an informed consent was taken and the validated questionnaire was given to them for their response. **Inclusion Criteria**Patients on follow up with Surgical Oncology. Patients who are aware about their diagnosis, **Exclusion Criteria**New cases, Patients not aware about their diagnosis, Patients having psychiatric illness.

Results:1.26 (28.9%) told that the word 'cancer' was not used. 2. In 20 patients the condition was directly explained to them. 3 (27.3%) preferred the condition to be disclosed to them first. 4 (21%) (19) preferred their disease to be disclosed to them by their relative rather than the doctor. 5 (65) patients preferred to be disclosed about their disease in the presence of accompanying person. 6 (84.4%) (76) preferred to be disclosed about their disease immediately. 7. 16 patients told that they were not explained about different cancer treatment options. 8 (54) (61.4%) were aware about different treatment options. 9. 51 (58%) were not apprehensive about surgery. 10. 60% (54) were aware about the Multi Disciplinary Treatment decision.

Conclusions:There is a definite underestimation of patients need for information. This is evident as the clinicians are biased to disclose about cancer to the accompanying person, though the patients preferred it be disclosed to themselves. Further research is needed to analyse the importance of patients' preferences in decision-making. We, clinicians must not make assumptions about such preferences. Rather, an individualized approach for each person should be established based on careful assessment and collaboration with the person and family members regarding their unique needs.

Abstract Category: Oral Presentation /Poster

Type of Presentation: Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ Award Video

Title:Initial experience of power ports in patients with solid tumors: A single institute study

Authors: Dr Priyanka Malekar, Dr S Salurkar, Dr Shakuntala Shah.

Name of Presenting Author: Dr Priyanka Malekar

Institute: Apollo CBCC Cancer Care, Ahmedabad, Gujarat.

Presenting Author Mobile No: 9767486673/9824048666

Presenting Author Email ID: dr Rathod.p@gmail.com

Abstract

Background & Introduction:The traditional long term subcutaneous ports in patients with solid tumors cannot be used for intravenous contrast injections. Power ports enable us to use them for contrast injections. We present the first Indian prospective data on power ports. With this initial follow up data we propose to establish a new cost effective flushing protocol of Groshong valve power ports.

Methods:

This is a prospective case controlled study. Patients were enrolled from May 2016 to July 2018. A Total 80 subcutaneous venous power ports were placed in patients with solid tumors. Of these, 53 were Groshong and 27 were non- Groshong (valve-less) power ports. All ports were single lumen catheters. All ports were placed in anterior chest wall under local anesthesia with mild sedation by percutaneous Seldinger technique. All Groshong port patients underwent flushing with sterile water either at 30 days or 90 days.

Results:

The mean duration of catheter use was 243 days. The total duration of use for all catheters was 19491 days, while maximum duration of use was 795 days. There were no immediate procedure related complications. Out of all 80 patients, two patients developed internal jugular vein thrombosis and one of whom also developed pocket infection, requiring removal. Our early experience showed that none of the patients with power ports, experienced complications related to use of IV contrast through the port. We also did not see any difference in the incidence of catheter blocking of Groshong valve ports whether they were flushed every 30 days or every 90 days.

Conclusions:

Power ports are a great advantage for patients with solid tumors. We believe that the 90-day versus 30-day flushing protocol for Groshong power port has shown improved quality of life and may be cost effective.

Abstract Category: Poster/Oral Presentation**Type of Presentation: Competitive/Non-competitive****Section: Award paper/Award Poster**

Title: ROBOTIC ASSISTED NECK DISSECTION – A PROSPECTIVE STUDY FOR THE ASSESSMENT OF FEASIBILITY AND ONCOLOGICAL SAFETY.

Authors: Dr. Kalyan Polavarapu, Dr. Rishi Kosha, Dr. Mandar Deshpande

Name of Presenting Author: Dr. Kalyan Polavarapu

Institute: Kokilaben Dhirubhai Ambani hospital, Mumbai

Presenting Author Mobile No: 9848198777

Presenting Author Email ID: chakradharkalyan@yahoo.co.in

Abstract**BACKGROUND**

. The aim of the study is to evaluate the surgical feasibility and oncologic safety of Robotic Assisted Supra Omo Hyoid Neck Dissection (RAND) which is expected to maximize the post treatment cosmesis and functional outcome in carcinoma of oral cavity.

MATERIALS AND METHODS

A prospective analysis of forty-eight patients diagnosed with Squamous Cell Carcinoma (SCC) of oral cavity with clinically negative neck who underwent elective RAND at tertiary centre between July 2015 and November 2017 was done. Patients clinical information, surgical records, amount and duration of drainage, length of hospital stay, number of retrieved lymph nodes and complications were assessed. Follow up record of the patients was maintained and data of locoregional and distant metastasis was collected to assess the oncological safety of the procedure.

RESULTS

Out of forty-eight patients, forty were male patients while eight were female patients. Mean age of the patients was 47.65 years. Average time required for working space creation was 37.85 minutes. Mean Direct Vision time for dissection was 51.33 minutes. Mean operating time at robotic console was 107 minutes. The average total operating time was 196.18 minutes. Mean duration of drain placement was 4 days. Median number of nodes retrieved per case was 17 nodes. Three patients have developed necrosis of skin flap in retro auricular region of which two were managed conservatively and one required surgical intervention. Three patients had palsy of marginal mandibular nerve in postoperative period.

Mean duration of follow up was 14 months. On evaluation for Disease status during Follow Up, 41 patients (83.67%) were found to have locoregional control of disease. Two patients had ipsilateral nodal recurrence of which one had in field recurrence, while the other patient developed ipsilateral out of field recurrence. Two patients (4.08%) developed contralateral nodal recurrence. The overall nodal control after RAND was 91.8% which is comparable to recurrence rates after SOHND as reported by Spiro et al.

CONCLUSION

The paradigm shift of the trans cervical incision to the retro auricular incision in neck surgery with the application of robotics will open a new era of minimally invasive head and neck surgery. This approach was feasible and safe, with satisfactory cosmetic results for patients with clinically negative neck in oral cavity SCC.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: A randomized controlled study of drain versus no drain in patients undergoing pelvic lymph node dissections with or without paraaortic lymph node dissection in gynaecological malignancies

Authors: Dr. Guru Raghavendra Naik, Dr. H. Narendra, Dr. B. Manilal

Name of Presenting Author: Dr. Guru Raghavendra Naik

Institute: SVIMS, Tirupati

Presenting Author Mobile No: 8801608500

Presenting Author Email ID: raghunaik3232@gmail.com

Abstract

Background&Introduction: The prophylactic use of drains after pelvic lymphadenectomy in the management of gynecological tumors has been widely used to prevent collections of clots or lymph and to avoid infections. Several studies have not shown any differences in the postoperative morbidity between the use and nonuse of drains. Some studies even suggested worse morbidity with the use of drains.

Methods: All willing patients of the age group 18 to 70 years with histologically proven gynaecological malignancies who underwent pelvic lymph node dissection and with or without paraaortic lymph node dissection as a part of their primary surgery were randomized to one of the two groups, group A (drain) and group B (no drain). The postoperative length of drainage and hospital stay, postoperative morbidity such as wound complications, fluid accumulation needing intervention either radiological or surgical, hematoma, seroma, lymphocyst formation are noted. Patients were followed in postoperative period for 30 days, clinically and radiologically, to evaluate and compare the morbidity in both groups. Statistical analysis are done using IBM-SPSS statistics software.

Results: A total of 75 cases are included in the study (39 in drain group and 36 in no drain group), which completed their follow up period. Average visual analogue score for pain (VAS) in drain group is 6.68 and in no drain group is 6.59 ($p=0.496$). Average length of post operative hospital stay in drain group is 8.07 days and in no drain group is 6.74 days ($p=0.015$, statistically significant). There is no statistically significant difference noted in other parameters like wound infection ($p=0.168$), fluid accumulation requiring intervention ($p=0.227$), seroma formation ($p=0.294$), lymphocyst formation ($p=0.220$), paralytic ileus ($p=0.089$).

Conclusions: There is significant difference in length of post operative hospital stay favouring no drain group which is cost effective. Routine placement of pelvic drain confers no added advantage and can be safely omitted after pelvic lymph node dissections in early gynecological malignancies.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: Clinical Utility of Acoustic Radiation Force Impulse Imaging (ARFI) in Predicting the Malignant Cervical Lymph Node – An Ex Vivo Study

Authors: Dr. Neetesh Kumar Sinha, Dr. Hemendra Kumar Mangal, Dr. Saheer Neduvancheri, Dr. Raj Kumar, Dr. Sivasanker M, Dr. Prasanth Penumadu

Name of Presenting Author: Dr. Neetesh Kumar Sinha

Institute: JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER), PUDUCHERRY

Presenting Author Mobile No: 7010424878

Presenting Author Email ID: vssdoc@gmail.com

Abstract

Background & Introduction: Cervical lymph node status is one of the most significant prognostic factors in Head and neck squamous cell carcinoma. Current diagnostic modalities are not very accurate in diagnosing cervical lymph node metastasis. ARFI, a new elastography technique is not well studied for malignant cervical lymph node in head and neck cancers and it has several limitations when done in vivo. To overcome these lacunae and to establish the baseline characteristics of malignant lymph nodes in an artefact free environment, we conducted a prospective study of the cervical lymph nodes in the Ex-vivo setting.

Methods: We evaluated a total of 374 cervical lymph nodes from 67 patients of HNSCC. The B-mode ultrasonography and the elastography findings were compared with the final diagnosis based on histopathological examination (HPE).

Results: Hilum status, Long Axis Diameter (LAD), Short axis diameter (SAD), greyscale VTI grade, colour VTI grade, and shear wave velocity (SWV) was found to be useful in determining malignancy in the cervical lymph nodes. Among all greyscale and elastography parameters SWV max had the best diagnostic performance with sensitivity, specificity and AUC of 76.6%, 76.5% and 0.809.

Conclusions: In its current stage of development with moderate diagnostic performance, it appears that ARFI cannot replace already established methods of the diagnosis like US-guided FNAC. However, it can be helpful in the selection of suspicious neck lymph nodes for FNAC or biopsy.

The potential use of ARFI in the ex-vivo setting for cervical LNs is to diagnose malignant nodes intraoperatively. However, further studies are required, to establish its role for this use, especially in comparison with already established methods like frozen section.

OP - 10

Comparison of Intraoperative imprint cytology with Frozen Section for lymph node metastasis in patients with Head and Neck Cancer.

Author : Dr.Saheer Neduvanchery

Background

Intraoperative evaluation of lymph nodal metastasis in head and neck carcinoma assumes importance in deciding the extent of lymph node dissection. Proper intraoperative evaluation will prevent overtreatment in clinically N0 (node negative) neck. Frozen section is the most commonly employed technique. But it requires significant investment in terms of resources, time and personnel. Intraoperative imprint cytology is a rapid, reliable and an inexpensive alternative that can provide excellent cellular details. So we conducted a prospective diagnostic test accuracy study to assess the diagnostic accuracy of intraoperative imprint cytology and frozen section for lymph node metastasis in Head and neck Cancer when compared to Gold standard, which is the final Histopathology. We also compared the time duration for reporting between imprint cytology and frozen section in the Intraoperative assessment of lymph node metastasis in head and neck cancer.

Materials and Methods

All patients presenting with squamous cell carcinoma of head and neck with clinically N0 neck undergoing surgery as primary treatment were included in the study. For patients undergoing surgery, neck nodal tissue were sent for intraoperative assessment of clinically suspicious nodes. All the suspicious lymph nodes that is >1 cm in diameter, hard/firm in consistency or round, from the drainage area of the primary tumor were considered for intraoperative assessment. Intraoperative assessment was done

by imprint cytology and frozen section and was reviewed and reported by two independent pathologist. The sensitivity, specificity and accuracy of imprint cytology and frozen section were calculated with reference to the final histopathology report. Time duration for reporting were also calculated for both.

Results

Total 34 patients with clinically N0 neck were included in the study and 85 slides were examined for frozen section and imprint cytology. The most common sub site was tongue comprising 32.4 % followed by buccal mucosa forming 23.5 % of patients. Occult nodal metastasis was found in 16 patients (47.06%).

The mean time duration for reporting for frozen was 41.18± 3.62 minutes where as for imprint cytology it was 18.12± 2.01 minutes.

The concordance rate between the frozen section and imprint cytology was 94.12%.

The sensitivity of frozen section was 100 % where as for imprint cytology it was 85.7 % (p= 0.00). The specificity was 98.6 % for frozen section and 95.8 % for imprint cytology (p=0.27). The positive predictive value was 93.3 % and 80 % for frozen section and imprint cytology respectively (p=0.01). The negative predictive value was 100% for frozen section and 97.1% for imprint cytology (p=0.12).

The accuracy for frozen section was 98.8 % where as for imprint cytology it was 94.1% (p=0.09)

Conclusion

Imprint cytology provides a cheaper, accurate, reliable and a rapid alternative for frozen section for intraoperative assessment of neck nodes in squamous cell carcinoma of head and neck and it assumes importance in resource driven countries like India.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award Poster

Title: Initial Retrocolic Endoscopic Tunnel Approach (IRETA) For Laparoscopic Radical Right Colectomy For Malignant Ascending Colon Tumors (MACT): Our Experience From A University Hospital

Authors: Awanish Kumar, Akshay Anand, Ajay K Pal, Manish Agarwal, AA Sonkar, HS Pahwa, King George's Medical University UP India

Name of Presenting Author: Awanish Kumar

Institute: King George's Medical University UP India

Presenting Author Mobile No: 9415859904

Presenting Author Email ID: awanish79@gmail.com

Abstract

Background: Radical laparoscopic oncologic surgery represents a promise as well as a challenge for better patient care with colo-rectal cancer. We present our experience for the Initial Retrocolic Endoscopic Tunnel Approach (IRETA) an ergonomic, modified medial to lateral, laparoscopic technique for radical resection of malignant ascending colon tumors (MACT) as described in literature by Palanivelu et al.

Methods: Standard pre-operative work-up and optimization was done. Post-diagnostic laparoscopy in leg splitting position, dissection was commenced with a four-port strategy. An initial retro-colic dissection was made to mobilize the ascending colon till the hepatic flexure with the lateral peritoneal reflection kept intact initially to maintain intracorporeal specimen stability. This raised the medial extent of the specimen as a distinct lympho-vascular sheath, leading to optimal medial highlighting of ileo-colic, right-colic and relevant right branch of middle-colic vasculature with a resultant well-defined en-bloc radical resection. Dissection was continued to release superior and lateral peritoneal attachments. The specimen was delivered through a trans-umbilical incision, resected and an extra-corporeal anastomosis performed. Trans-umbilical incision was closed in a unique way so as to improve cosmesis.

Results: Five patients (age 44+5 years) were operated by the IRETA technique. The operating time was 190+30 minutes and blood loss 90+20 ml. An R0 resection was achieved in all patients, proximal and distal margin lengths were 12–24 cm and 16–32 cm respectively with 22+8 lymph nodes were resected. Post-operatively patients were managed using ERAS protocol. On follow-up (18+4 months) all patients were disease-free.

Conclusion: The IRETA technique for laparoscopic radical resection for MACT appears to be an ergonomic and an oncologically sound approach. The data set needs to be expanded and long-term follow-up need to be assessed to reach a final conclusion on this technique.

OP - 12

ABSTRACT

Title: Prospective evaluation of surgical outcome after Transoral CO₂ laser resection of potentially malignant & T1/T2 early oral malignancy.

Author: Dr. Vikram Singh, Dr. Shaji Thomas*

Objectives: This prospective study was undertaken with the aim to assess the surgical outcomes following Transoral CO₂ laser resection of potentially malignant & T1/T2 early oral malignancy on basis of Operative time, Blood loss, Hospital stay, Postoperative pain, Time to re-epithelization, Pathological margins adequacy & Post-operative scar

Background: Literature in head and neck oncology continues to support the use of lasers in surgery of premalignant and malignant lesion. The present study provided an evidence based data of the various short term surgical outcomes associated with use of transoral CO₂ laser in potentially malignant and early oral cancer at Regional Cancer centre, Trivandrum, which will guide us in the management of premalignant and early oral cancer in future.

Materials and Methods: 35 patients of either sex admitted to surgical oncology wards of RCC Thiruvananthapuram with diagnosis of Potentially malignant lesions (Leucoplakia (non homogenous), Erythroplakia, Carcinoma in situ) or Early T1/T2 SCC of Anterior oral cavity (Tongue, Buccal mucosa) were taken up for present study. The CO₂ laser was used for excision with standard oncological principles being observed & wound was left for secondary healing & parameters were recorded

Results: In this study 35 patients were included (potentially malignant n:20 & malignant n:15). In 33 patients lesion was in tongue & in 2 patients it was in buccal mucosa. Mean operative time was 36 min (SD 5.56). Mean intraoperative Blood loss was 13 ml (SD: 3.49). Mean pain score on 1st POD was VAS 1.85. Mean hospital stay was 2.45 days (SD 0.9). Time to re epithelization was 3.88 weeks (SD 0.6)

Conclusions: The overall results of this study suggest that CO₂ laser is beneficial in the management of premalignant & low-risk (T1/T2) tumors of the oral cavity with the results being minimal intraoperative blood loss, post-operative pain, rapid re epithelization & soft scar.

*Regional Cancer centre, Trivandrum

OP - 13

Bone scan monitoring of buried free flaps after limb salvage surgery- Our early experience.

Authors:

Anand Raja, Mayilvahanan Natarajan.

Institution:

Division of Musculo-Skeletal Oncology

Cancer Institute (WIA), Adyar,

Chennai, India: 600020

Background. Long term outcome of vascularised bone-grafts depends on the micro-vascular anastomotic viability, which is difficult to monitor in buried flaps. Various invasive and non-invasive options exist but are not imbibed into routine practice. Three-phase bone-scan with

Technetium 99m-Methylene-diphosphonate (MDP) is a simple, effective method for monitoring of these grafts in a resource constrained setting.

Question/Purpose:

Evaluate the value of triple phase bone scintigraphy for the assessment of graft viability following vascularized fibular bone grafts for reconstruction after limb salvage surgery.

Methods:

Protective study: 10 patients.

All patients underwent three phase bone scans within 24 hrs. Scan done using MDP. Blood perfusion phase and blood pool images of the graft site was taken by dual head gamma camera after 2 and 5 mins. Three hours after injection, whole body acquisition counts were acquired. SPECT was also performed. Evaluation of the bone grafts was done using four grade system proposed by Jonas et al, comparing uptake in bone graft with the normal contralateral limb. Grade 1-2 and 3-4 denoted ischaemic and viable grafts respectively.

Results:

10 patients, all patients underwent scan within 24 hours of surgery. 7 and 3 patients had Jonas score of 3 and 4 respectively, denoting patent anastomosis and good viability of the grafts. Follow up scans at 3 months revealed good graft viability. Good clinical outcome has been correlated in all the patients without complications like infection, bone resorption, fracture, and delayed wound healing in any. Radiographic correlation has shown good bone union in 9 patients. One patient had delayed bone union.

Conclusion:

Triple phase bone scan is a cheap, inexpensive, reliable, reproducible and easy to perform investigation assessing the viability of buried free flaps, especially in a resource constrained setting. First bone scan should be scheduled within the first 24 hours, when most of the anastomotic thrombosis occurs.

OP -14

Title: Pre-operative dexamethasone attenuates inflammatory response and reduces postoperative pain, nausea and vomiting after modified radical mastectomy: Results from a randomized controlled trial

Dr. Hussain Amir, Prof. Atia Zaka-Ur-Rab, Prof. Kafil Akhtar, Prof. Najmul Islam

Email: hssn.ahmd@yahoo.com

Abstract

Background: Glucocorticoids have broad anti-inflammatory and regulatory effects on the host immune response. Although preoperative administration of intravenous dexamethasone before surgery has been shown to effect postoperative inflammatory response and reduce postoperative nausea and vomiting (PONV) following the procedure, its effect on peri-operative peripheral leukocyte counts and C-reactive protein (CRP) level in patients undergoing modified radical mastectomy (MRM) have not been reported. Moreover the impact of a single pre-operative dose of dexamethasone on postoperative analgesia are still unclear.

Objective: To evaluate the effect of preoperative intravenous administration of a single dose of dexamethasone on postoperative pain, nausea, vomiting, peri-operative changes in peripheral leukocyte counts and CRP levels in patients undergoing MRM.

Material and methods: This double blind randomized controlled trial was conducted on 2 groups of 50 patients each. The study group received intravenous dexamethasone (8 mg) and the control group received placebo. Peripheral leukocyte counts and CRP level were measured pre-operatively at 6 hours and at 24 hours after surgery. Episodes of PONV and pain score were recorded on a visual analogue scale.

Results: Postoperative peripheral leukocyte counts were significantly lower in patients receiving dexamethasone as compared to controls at 6h (p=0.04) and at 24h (p=0.33) after surgery. A highly significant difference (p=0.02) was noted in post-operative CRP levels between

dexamethasone and control groups at 6 hours ($p=0.02$) and at 24 hours ($p=0.00$) respectively. The incidence of PONV was lower in the dexamethasone group at the early postoperative evaluation ($p=0.02$), at 6 h ($p=0.03$) and at 24 h ($p=0.03$). Patients receiving dexamethasone had lower pain scores just after surgery ($p=0.004$), at 6 h ($p<0.0005$) and at 24 h ($p=0.04$).

Conclusions: Preoperative intravenous administration of a single dose of dexamethasone (8 mg) significantly inhibits postoperative increase in peripheral leukocyte counts and CRP levels in patients undergoing modified radical mastectomy. It also causes significant postoperative analgesia and reduction in the incidence of PONV.

Abstract Category: Oral Presentation OP -15

Type of Presentation: Competitive

Section: Award paper

Title: A randomized controlled study of Quilting and axillary lymphatic vessel ligation without drain vs conventional closure with drain for patients undergoing modified radical mastectomy for breast cancer.

Authors: Dr. V.Naresh Kumar, Dr. H. Narendra, Dr. B. Manilal

Name of Presenting Author: Dr. V.Naresh Kumar

Institute: Sri Venkateswara Institute of Medical Sciences, Tirupati.

Presenting Author Mobile No: 9652297633 / 9885154824

Presenting Author Email ID: vnaresh.kmc@gmail.com

Abstract

Background & Introduction: In spite of more and more advances in chemotherapy and radiotherapy in the management of breast malignancy surgery remains gold standard of treatment. Post operative seroma formation is a common sequelae after mastectomy. Many procedures explained, but no standard procedure has been established for effective diminution of this seroma incidence. This study is to assess the impact of quilting closure technique along with axillary lymphatic vessel ligation on frequency of post operative seroma requiring aspiration or surgical evacuation following mastectomy.

Methods: All willing patients of the age group 18 to 85 yr with proven breast cancer undergoing modified radical mastectomy were randomized to one of the groups, group A (conventional) and group B (quilting). We will compare seroma (grade 2 or 3) incidence, wound related complications, drain volume, post operative stay, time of drain removal, pain and shoulder movement. Statistical analysis done using IBM-SPSS statistic software.

Results: 10% in quilting group and 30% in conventional group developed grade 2 or 3 seroma (p value-0.263). No patient in either groups developed hematoma and surgical site infection. 30% of patients in conventional group and 20% of patients in quilting group developed flap necrosis ($p=0.605$). Mean post operative hospital stay in conventional group is 5.8 days while in quilting group is 6.6 days ($p=0.122$). Mean time of drain removal in conventional group is 12 days while in group B is 9.3 days ($p=0.031$). The mean drain volume for first 24 hours is 89ml in conventional group while in quilting is 65ml ($p=0.084$). The mean visual analogue score for pain on pod1 is 6.7 for conventional group and in quilting is 6.4 ($p=0.232$), on pod3 it is 5.6 in conventional and in quilting it is 5.8 (0.277).

Conclusions: Drain can be removed early in patients who underwent quilting leading to decreased post operative discomfort.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award poster

Title: Novel method of Vascular Pedicle Transfer with Intact Mandible

Authors: Dr. Ankur Pareek, Dr. Dhairyasheel Savant, Dr. Shravan Shetty, Dr. Ashish Ghuge, Dr. Yash Devkar

Name of Presenting Author: Dr. Ankur Pareek

Institute: Asian Cancer Institute

Presenting Author Mobile No: 9870193456

Presenting Author Email ID: drankurhpareek@gmail.com

Abstract

Background & Introduction: The use of free flaps for reconstruction of head and neck oncologic resections is quite common today. Intra oral and maxillary free flaps derive their vascular supply from anastomosis done in the neck. Proper positioning of the flap and vascular pedicle is paramount for survival of the flap. We present a novel method for tunneling of the vascular pedicle of free flaps into the neck for microvascular anastomosis.

Methods: Ten patients with squamous cell carcinoma of the oral cavity underwent surgery. Free radial forearm flaps were used for the reconstruction of the defects caused by excision of the tumors. The complications of the flap and the prognosis of the patients were analyzed with a follow-up from 1 to 12 months.

Results: Successful microvascular anastomosis was achieved in the neck using our technique with no damage to the vascular pedicle.

Conclusions: Only two other methods have been described in literature for safe transfer of vascular pedicle. The method we propose provides a safer and better way to transfer the vascular pedicle without compromising the vascularity of the free flap.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award Poster

Title: Preoperative assessment of Depth of Invasion (DOI) in MRI and correlation with final histopathology: A prospective study in cases of Carcinoma Tongue

Authors: Dr Ankur Verma, Prof Ashish Singhal, Dr Akash Agarwal

Name of Presenting Author: Dr Ankur Verma

Institute: Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow

Presenting Author Mobile No: 8130402193

Presenting Author Email ID: geniusav23@gmail.com

Abstract

Background & Introduction: Neck nodal metastasis is the most important prognostic factor in squamous cell carcinomas (SCC) of tongue. Depth of invasion (DOI) in SCC tongue in current scenario is considered as an independent prognostic factor for local recurrence, neck metastasis and patient survival. It is crucial for surgeons regarding reconstruction and prognosis. Although DOI may be measured preoperatively by various imaging, there is no standard tool for accurate determination. The aim of our study was to evaluate the accuracy of Magnetic Resonance Imaging (MRI) regarding preoperative assessment of DOI.

Methods: This prospective study consists of fifty patients with SCC tongue that presented to the Department of Surgical Oncology, RMLIMS over period of one year. Clinical examination, MRI using a fixed protocol (3T) and appropriate staging (AJCC 7th) were determined preoperatively. DOI in preoperative MRI is then compared with final histopathology (HPE). Correlation and regression by SPSS software is used for analysis.

Results: 50 patients (37 males and 13 females) were included in the study. The mean depth of invasion in MRI was 9.24 mm and in final HPE was 8.82 mm. For all patients, depth of invasion (DOI) in MRI ($r=0.903$; $p<0.001$) correlated well with pathological DOI. By using regression analysis, shrinkage factor obtained was 0.78.

Conclusions: Recently DOI has been introduced in AJCC 8th edition as independent variable for staging. MRI provides satisfactory accuracy for the measurement of DOI and staging of SCC tongue. Preoperative MRI is beneficial in SCC tongue in order to evaluate DOI particularly for superficial tumours that are invasive in terms of depth.

Abstract Category: Poster/Oral Presentation/Video: Oral
Type of Presentation: Competitive/Non-competitive: Non competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video: Award papers (Faculty)
Title: Predicting response to neoadjuvant chemotherapy using 18F FDG whole body PET-CT in patients with locally advanced breast cancer

Authors: Narendra H, Sivanath Reddy G, Radhika K, Kalawat T
Name of Presenting Author: Narendra H
Institute: Sri Venkateswara Institute of Medical Sciences, Tirupati 517507
Presenting Author Mobile No: 7382629699
Presenting Author Email ID: drnarendrah@yahoo.co.in

Abstract

Background & Introduction: Accurate assessment of response to neoadjuvant chemotherapy (NACT) is crucial in the management of locally advanced breast cancer (LABC). Commonly used methods include clinical examination, mammogram and CECT. Whole body PET-CT is a relatively newer investigation.

Methods: Total 30 willing women with biopsy confirmed LABC (stage III AJCC/TNM, 2010) underwent a baseline whole body 18F FDG PET-CT at the time of diagnosis. All patients received NACT as per the standard protocol. The response was determined clinically before each new cycle and was recorded. A repeat staging evaluation and a whole-body PET-CT was done after 2/3rd cycle in clinical non-responders and a decision was made regarding change of chemotherapy regimen or surgery or radiotherapy by the hospital multidisciplinary tumor board. For clinical responders a PET-CT was repeated after 3-4 cycles. All patients underwent modified radical mastectomy. The pathological response (PR) was assessed by histopathological analysis of operative specimen. Residual cancer burden (RCB) was calculated using RCB calculator from www.mdanderson.org and the patients were classified into four RCB classes pathological complete responder (pCR), RCB- I, RCB – II and RCB-III. Patients in RCB – III were considered as non- pathological responders (non-pR) and the rest as pathological responders(pR).

Results: For all patients the mean post treatment SUV max of primary tumor was 9 (SD – 9.16), a 44% reduction when compared to the baseline mean SUVmax of 16.12(SD – 8.6). In our study using a cutoff value of 50% of the baseline SUVmax, PET/CT had sensitivity, specificity, PPV, NPV and accuracy of 64%, 75%, 75%, 65%, and 69%, respectively in differentiating pathologic responders from non-pathologic responders. The above values for clinical examination and CT evaluation were 43%, 67%, 60%, 50%, 54% and 22%, 75%, 50%, 45%, 46% respectively.
Conclusions: PET/CT predicted the NACT response with greater accuracy than CT or clinical examination. It can be used effectively to identify non –pathological responders early in the course of NACT so that toxicities of ineffective chemotherapy can be avoided, and other treatment options can initiated.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title: Laparoscopic versus Robotic Intersphincteric Resection for Low rectal cancer: Comparative study of Early Oncological and Functional Outcome.

Authors: Kamlesh Verma, Jitendra Rohila, Ashwin L. Desouza, Avanish Saklani.

Name of Presenting Author: Kamlesh Verma

Institute: TATA Memorial Centre Mumbai.

Presenting Author Mobile No: 09930462874

Presenting Author Email ID: kamleshverma2001@gmail.com

Abstract

Background & Introduction: Intersphincteric resection (ISR) is surgical option to preserve anal sphincter for low rectal cancer. In this study we compared the short term oncological and functional outcome of low rectal cancer patients who underwent robotic and laparoscopic ISR.

Methods: Prospectively maintained database of patients who underwent ISR from September 2013 to July 2017 was retrospectively analysed.

Results: During above mentioned period 62 patients underwent laparoscopic and 24 patients underwent robotic ISR. After median follow up of 23.4 months, 1 (1.5%) patient developed local recurrence, 11 (17.7%) patients developed systemic recurrence and 3 (4.8%) patients developed both local and systemic recurrence in laparoscopic surgery group whereas 2 (8.3%) patients developed systemic recurrence in robotic surgery group. There was no significant difference in estimated 3 year DFS (p value = 0.15) and OS (p value = 0.68). Functional assessment was done in 61 patients with laparoscopic and 19 patients with robotic ISR. Mean stool frequency in each group was 5.2 (p value = 0.99). Wexner score for anal incontinence was 4.0 in laparoscopic group and 4.5 in robotic group (p value = 0.730).

Conclusions: Laparoscopic and robotic ISR have similar oncological and functional outcome. Randomized studies with long term follow up are required to generate more robust evidence.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship

Title: Persistent involvement of anterior mesorectal fascia in carcinoma rectum—Extended resection of rectum versus total pelvic exenteration: Results from a single-center retrospective study.

Authors: Kamlesh Verma, Reena Engineer, Vikas Otswal, Suman Kumar, Supreeta Arya, Ashwin L. Desouza, Avanish Saklani.

Name of Presenting Author: Kamlesh Verma

Institute: TATA Memorial Centre

Presenting Author Mobile No: 09930462874

Presenting Author Email ID: kamleshverma2001@gmail.com

Abstract

Background & Introduction: Involvement of anterior mesorectal fascia (iAMRF) after neoadjuvant treatment leads to either resection of involved organ alone [extended resection of rectum (ERR)] or total pelvic exenteration (TPE). The purpose of this study was to compare the rate of recurrence and survival of patients undergoing ERR or TPE. Outcome of patients who underwent total mesorectal excision (TME) after down staging was also compared.

Methods: Retrospective study of primary rectal cancer patients.

Results: Of 237 patients, 61 (21.5%) patients with nonmetastatic carcinoma rectum had iAMRF at baseline. Ten patients defaulted before completion of neoadjuvant CRT. After neoadjuvant CRT, 22 patients (43.1%) developed systemic metastases, 7 patients (13.8%) were down staged to free anterior mesorectal fascia (fAMRF) and underwent total mesorectal excision, and remaining 22 patients (43.1%) had persistent iAMRF. Thirteen patients with persistent iAMRF underwent ERR, whereas nine patients underwent TPE. After a median follow-up of 31.6 months, 5 patients with TPE (55.6%), 4 patients with ERR (30.7%) and 3 patients in down staged group (42.9%) developed systemic recurrence. None of the patient with TPE and down staged group developed local recurrence. Three patients with ERR (23.1%) developed local recurrence. Median disease-free survival (DFS) was 12.3 months in TPE group, 18.9 months in the ERR group and 10.6 months in down staged group whereas mean overall survival (OS) was 36.2, 32.8 and 27.9 months respectively.

Conclusions: Though there is no significant difference in the OS and DFS, ERR is associated with a high risk of local recurrence.

Abstract Category: Poster.

Type of Presentation: Competitive.

Section: Award poster.

Title: Cushing's syndrome –A rare presentation of bronchial carcinoma tumour

Authors: Dr K Chandra sekhar Rao; Dr Sivasanker M, Dr Prasanth Penumadu.

Name of Presenting Author: Dr K Chandra sekhar Rao

Institute: JIPMER

Presenting Author Mobile No: 9491031225

Presenting Author Email ID: karampudicsekhar@gmail.com

Abstract

Background & Introduction:- Carcinoids account for 1–2% of all pulmonary neoplasms in adult. Cushing's syndrome is a very rare clinical feature of typical pulmonary carcinoid.

Methods: We here in report a case of 35 year old gentleman presented with facial puffiness and bilateral pedal oedema and diagnosed as having Cushing's syndrome. During evaluation for Cushing's syndrome patient was diagnosed as having left lung hilar neuro endocrine tumour. Patient underwent surgical excision of the hilar mass. Patient symptomatically improved and cured from Cushing's syndrome.

Results: Postoperative pathology confirmed the diagnosis of typical pulmonary carcinoid. The patient is on follow-up and without any recurrence till date.

Conclusions:- Typical carcinoid with or without lymph node involvement has overall survival of 95 to 100% at 10 years after surgery alone. Radical resection of the lung and systemic lymph nodes may provide complete relief from symptoms. Knowledge of paraneoplastic complications is helpful for early diagnosis of the tumour and improved survival.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: PRIMARY AMELOBLASTIC CARCINOMA OF MANDIBLE: A CASE REPORT AND LITERATURE REVIEW

Authors: Dr Vijay Kumar Munivenkatappa, Dr AmenaKhanum

Name of Presenting Author: Dr Vijay Kumar M

Institute: BHIO HCG MYSORE

Presenting Author Mobile No: 8971719450

Presenting Author Email ID: drvijaykumarm@gmail.com

Abstract

Background & Introduction: Primary Ameloblastic Carcinoma is an uncommon malignant epithelial odontogenic tumour. The lesion comprises about 1% of all cysts and tumours occurring in the jaws.²Clinically, it has aggressive, infiltrative growth pattern. It displays histological features of ameloblastoma. Radiologically it shares features similar to ameloblastoma but with acumen ameloblastic carcinoma can be diagnosed. It dictates more aggressive surgical approach than that of ameloblastoma.

Case Presentation: We present a case of ameloblastic carcinoma of the mandible in a 48 year old male who presented with lump in the left side of oral cavity and left lower jaw from 2 months. O/E a lump of about 6x5cm present over the mandible more on the left side and over the floor of mouth. Patient underwent midsegment mandibulectomy with modified radical neck dissection and fibular free flap mandibular reconstruction. There was extensive local bone destruction locally aggressive in nature with perforation of the cortical plate, extension into surrounding soft tissue. HPE of the specimen reported as Ameloblastic carcinoma with squamous metaplasia, lymph nodes free of metastases.

Conclusions: Ameloblastic carcinoma is rare and represents less than 1% of all oral malignancies. Wide local excision with adequate hard and soft tissue margins with a contiguous neck dissection is a must for diagnostic staging and therapeutic purposes. As these tumors are prone to recur, a regular, close and long term follow-up with systematic examination and periodic imaging, particularly of the chest, is required.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive

Section: Award paper

Title: Intra-operative Frozen Section Analysis in Breast conserving surgery: Cliché vs Prerequisite?

Authors: Dr. Madhavi Nair, Dr. K.S. Gopinath, Dr. Amerendra.S, Dr. S.Swamy,

Name of Presenting Author: Dr. Madhavi Nair

Institute: HealthCareGlobal Enterprises, Bangalore

Presenting Author Mobile No: 9845119241

Presenting Author Email ID: madhavi.nair21@gmail.com

Abstract

Background & Introduction: Horiguchi et al¹ reported a positive microscopic surgical margin as a risk factor for local recurrence in the conserved breast. Therefore, the need for ensuring an adequate safety margin has is perhaps the most important issue in Breast Conserving Surgery. Over the past 20 years or so, with the increasing availability of Intra-operative Frozen Section Analysis (IFSA), it has become a routine practice in BCS. But the dependence on this tool limits the scope of this procedure to higher centers. This translates to many young females not being offered the option of BCS in peripheral centers and undergoing mastectomy instead.

Methods: A retrospective study.

100 patients of Carcinoma Breast with or without neo-adjuvant chemotherapy. who underwent BCS without IFSA and studied the final Histopathology reports for margin positivity and oncological clearance.

Results:

Out of the study population a significant percentage had complete oncological clearance.

Conclusions:

IFSA is a tool that is required only in select cases of BCS. To employ it routinely is an unnecessary waste of resources. Adequate training and Experience in the procedure without dependence on IFSA will increase the feasibility of the procedure in smaller and rural centers.

Abstract Category: Poster/

Type of Presentation: Competitive

Section: Award Poster

Title: Aggressive Surgical Management of Metaplastic Squamous Carcinoma Breast with BRCA1 mutation

Authors: Dr. Madhavi Nair, Dr. K.S. Gopinath, Dr. Amerendra.S, Dr. S.Swamy

Name of Presenting Author: Dr. Madhavi Nair

Institute: HealthCareGlobal Enterprises, Bangalore

Presenting Author Mobile No: 9845119241

Presenting Author Email ID: madhavi.nair21@gmail.com

Abstract

Background & Introduction: Metaplastic Carcinoma of the Breast is rare in BRCA1 mutation.

Methods: Here we present a unique case of Carcinoma Breast in a BRCA1 mutated patient who developed axillary recurrence after completing primary treatment. The infiltration of the brachial plexus and resistance of the tumor to all other modalities of treatment, indicated aggressive surgical management.

We performed a forquarter amputation of the limb with complete removal of the tumorr and novel approach to reconstruction using autologous forearm free flap from the amputated limb.

Results:

After what is usually known to be a very mutilating surgery, patient now has a good quality of life.

Conclusions:

There is still a place for aggressive surgical approach in management of breast Carcinoma recurrence. Reconstruction must be planned with minimum morbidity to the patient.

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Molecular profile of carcinoma breast- single tertiary institute experience from a metropolitan city

Dr Bharat Nandu, Dr Anuja Raniwala, Dr Vinay Deshmane
Department of Surgical Oncology, P D Hinduja Hospital & Medical Research Centre, Mahim, Mumbai-400016

Background & introduction-

Breast Cancer is the most common cancer in Indian Women. There is paucity of Molecular Subtype data at Population & Hospital level in India. Molecular Profile of breast cancer is necessary to understand the cancer epidemiology, guide treatment as well as prognosticate the disease especially in this era of personalized medicine. The aim our study was to analyse the ER/PR/Her2Neu status along with Ki67 level in diagnosed cases of breast cancers and classify them in molecular subtypes.

Methods-

We retrospectively evaluated the IHC data for diagnosed & operated cases of breast carcinoma from Jan 2014 to Dec 2017 at a Tertiary Care Centre in one of the metropolitan city of India and classified them in molecular subtypes as per the 2013 St Gallens molecular classification. Clinicopathological data based on molecular subtypes was also analysed.

Results-

Total of 414 patients were analysed. Infiltrating Duct Carcinoma NOS was the most common type of carcinoma in the majority of these patients. The most common molecular subtype was Luminal B Her2 Negative(150/414= 36.23%) followed by Luminal A(129/414= 31.16%), TNBC(83/414= 20.05%), HER 2 enriched(45/414=10.87%) and least common being Luminal B Her2 Positive subtype(34/414=8.12%).

Conclusion-

Luminal B & A subtypes were the common types in this study. Population & Hospital based molecular subtype data will help understand better the prevalence & pathophysiological determinants to guide treatment for this most common & prevalent cancer in India.

PA- 123

Title:Dural Metastases: A Retrospective analysis

Author: Dr.Vikas Maheshwari

Background:

Metastases to the dura mater of the brain constitutes one of the least common and least studied pattern of neoplastic spread to the craniospinal axis.

Carcinoma breast was earlier cited as the most common malignancy to cause dural metastases. However, of late an increasing number of other malignancies have been found to have propensity for dural metastases.

Methods:

A retrospective analysis was carried out at tertiary level hospital of Armed Forces from Jan 2015 to Dec 2017. There were 22 cases of brain parenchymal mets but only 03 cases of duralmets.

Results:

Out of 03 cases of duralmets, 02 cases were of Ewing's Sarcoma of which one was primary involving the frontal bone and the other was secondary to fibula .The remaining one case was secondary to carcinoma breast. The

patients were managed surgically with gross total excision and adjuvant chemoradiation.

Conclusion:

Metastases to dura without any brain parenchymal involvement is a rare entity. Various malignant neoplasmssuch as breast cancer, prostate cancer, melanoma, multiple myeloma and malignant lymphoma can secondarily involve dura. However duralmetastases of Ewing's Sarcoma is exceedingly rare.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title:A CLINICO-PATHOLOGICAL PROFILE OF RENAL TUMOURS IN EASTERN INDIA – A STUDY FROM A TERTIARY CARE ARMED FORCES HOSPITAL

Authors: SINGH VP , RAO PR, TANDON SANJEEV

Name of Presenting Author: RAO PR

Institute: COMMAND HOSPITAL (EC), KOLKATA

Presenting AuthorMobile No: 8527855442

Presenting AuthorEmail ID: vpsafmc@gmail.com

Abstract

Background & Introduction: Renal Tumours are seventh most common tumours in Western world. The profile of these patients has not been studied in our country as yet. Renal Tumours have varied presentations and histologies. Data available in our country is either retrospective or inadequately collected. We studied various renal tumours presenting at a Tertiary care Armed Forces Hospital in Eastern India.

Methods: All patients presenting at Command Hospital (EC), Kolkata with Renal Tumours were studied for their clinical profile including symptoms & signs. They underwent a CECT Chest, Abdomen & pelvis and WB FDG PET/CT if needed. All were addressed to surgical resection (Radical or Partial Nephrectomy or Biopsy). Final histology was studied and correlated with their various parameters. Duration of study: May 2016 to May 2018

Results: We received 38 patients with Renal tumours including 25 males and 13 females. 21 of them were symptomatic with pain, 13 with hematuria and 05 were incidentally detected, 01 had presented with features of metastatic disease. During evaluation 3 cases were found to be unresectable, a biopsy and palliative TKI was started. 35 cases underwent Resection – 31 radical nephrectomy and 05 partial Nephrectomy. Final histology revealed 13 cases of Clear cell carcinoma whereas 25 cases had various other histologies. Interestingly, younger individuals had more cases of Clear cell carcinomas whereas elderly had other Non-clear cell histologies.

Conclusions: In the absence of any robust data on RCC, this study provides baseline information on Epidemiology and management profile of RCC in India.

Author: Dr.Tarun Chowdary PA -125

Abstract

INTRODUCTION- staging laparotomy in ovarian cancer includes pelvic and andpara aortic lymph nodal dissection. While dissecting gross nodes aims to achieve optimal cytoreduction, regular nodal dissection in all cases is debatable. Recent LION trial showed that nodal dissection in cN0 advanced cancers does not improve survival. In early stage cancers regular dissection is done as it upstages the disease in upto 4-27% cases, but data from Indian patients is lacking.

AIM-

Primary aim-to know the pathological involvement of nodes in stage I ovarian cancers in cN0 Indian population.

Secondary aim -to know clinicopathological factors that determine lymph node yield.

METHODS - 39 cases of stage 1 (preoperatively and intraoperatively)ovarian cancers were taken from January 2013 to March 2017 . In all cases preoperatively contrast enhanced CT scan was done to determine cNo status.

In all the cases staging laparotomy was done by a single surgical oncology team. Standard techniques for pelvic and paraaortic dissection were used.

Exclusion criteria-

- Patients that were upstaged intraoperatively.
- Patients in which para aortic dissection was not done.
- Patients with poor ECOG status and comorbidities.

RESULTS-

Only 2 of 39 patients got upstaged after staging laparotomy. One patient had pelvic nodal positivity while other had para aortic nodal positivity. None of the patients had ascitic fluid or random biopsies positive. There was a significant correlation between cN0 and pN0 (0.000).

Mean pelvic nodal yield was 14.59 and para aortic yield was 5.97.

The lymph node yield was significantly more in Grade 3 tumours vs Grade 1 tumours but it wasn't significant between grade 1 vs 2 and grade 2 vs 3.

There was no difference in nodal yield between serous and non serous histologies ($p=0.438$), between stages 1a, 1b and 1c and in between premenopausal and postmenopausal females . The lymph node yield did not correlate with the levels of CA 125.

CONCLUSION

CT staging of the nodal involvement significantly correlates to surgical staging and staging laparotomy in all early ovarian tumours may not be warranted in Indian scenario.

Drawbacks

Retrospective study, less para aortic nodal yield and less sample size.

PA- 128

Author: Dr.Sriphani Puvvala

ABSTRACT:

Background:The aim of the present study was to define the complete mesocolic excision in conjunction with central vascular ligation as the defined surgical treatment for colon cancer.

Methods:A prospective study was conducted between August 2015 and august 2017, at City Cancer Centre. A total of 28 patients (21 cases in open and 07 in laparoscopic arm) demographic data, operative details and post-operative outcomes, follow up, pathologic results were reviewed.

Results:All patients (n=28) underwent an elective CME+CVL for colon cancer. The mean age of patients was 55+/-12.6. Of the 28, 19 were male, and 09 were female. The mean operation time was 1887min. The mean blood loss was 101ml. The mean number of total harvested lymph nodes was 28. The mean length of the hospital stay was 12.9 days.

Conclusion:Based on the data presented in this study, CME with CVL is feasible and safe procedure for treating colon cancer. Although the present study had certain limitations, like its small study, patients from a single centre, CME with CVL was found to lead to better oncological outcomes for colon surgery.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title:Indocyanine green dye as a tracer dye for sentinel lymph node biopsy in early breast cancer in Indian population

Authors: Dr. Shashank Nigam (Presenting author), Dr. Sanjit Kumar Agrawal, Dr. Rosina Ahmed

Institute: Department of Breast Surgery, Tata Medical Center, Kolkata

Presenting Author Mobile No: 9073659588

Presenting Author Email ID: shashank.n13@gmail.com

Abstract

Background & Introduction: Dual tracer method using radioactive colloid and blue dye is the most commonly employed method of sentinel lymph node biopsy (SLNB) in early breast cancer. Logistical issues including non-availability of radioactive colloid, higher cost and legislative complexities have lead to search for newer and more readily available SLN identification methods. With this regard, Indocyanine green (ICG) dye has been in the limelight and it's usage in SLNB has been supported by various studies.

Methods: This study was conducted at a tertiary cancer care centre in India, and the data was retrieved from a prospectively maintained database from January 2018 to July 2018. First 50 patients with early breast cancer who underwent SLNB using methylene blue + ICG dye were included in the study.

Results: Median number of SLNs removed was 3 (IQR: 2-4). SLN was not identified in one patient (Identification rate(IR) was 98%). In 43/50 patients, SLNs were identified by methylene blue dye (IR = 86%), while in 48/50 patients SLNs were identified by the fluorescence of ICG dye (IR = 96%). Thus, use of ICG dye in addition to methylene blue conferred a 10% benefit in tracing sentinel nodes. 25% of the patients were detected to have positive SLNs, all of whom had axillary dissection. None of our 50 patients had any allergic reaction or skin necrosis to the use of either dye.

Conclusions: Results of this study are in line with other studies which quote an equally high IR of SLNs with methylene blue + ICG dye. ICG dye offers a higher IR with added advantage of being cheap, readily available and more user-friendly. ICG dye improves the mapping performance of methylene blue dye and can thus be an excellent alternative to radioactive tracer for dual method in developing countries.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title:Neoadjuvant chemotherapy or neoadjuvant chemoradiation in cancer esophagus, and gastro-esophageal junction

Authors: Syed Nusrath, Subramanyeshwar Rao, Sujit Patnaik, KVVN Raju

Name of Presenting Author: Syed Nusrath

Institute: Basavatarakam Indo-American Cancer Institute and Research Centre, Hyderabad.

Presenting Author Mobile No: +919030747486

Presenting Author Email ID: dr.nusrath2008@gmail.com

Abstract

Background & Introduction:Neoadjuvant chemotherapy (NACT) and neoadjuvant chemoradiotherapy (NACRT) have been demonstrated to improve survival compared to surgery alone in esophageal carcinoma, but the evidence is scarce on which of these therapies is more beneficial, particularly with regard to resectability rates, postoperative morbidity and mortality, and histological responses.

Methods:612 patients of carcinoma esophagus or gastroesophageal junction who were operated at an apical cancer centre from January 2010 till December 2016 were retrospective analysed. Of which 341 patients were operated upfront, 91 patients underwent neoadjuvant chemotherapy, 177 patients neoadjuvant chemoradiation. Rest of the short term outcomes, unresectability and various pathological parameters were evaluated.

Results: 341 patients who underwent upfront surgery, 91 patients had unresectable, rest of the patients underwent resection, mean ICU and hospital stay was 4 and 9 days, 36 patients had margin positivity, 101 had node positive disease out of which 86 had perinodal extension. Median size of tumor size was 4.5 cm. Lymphovascular invasion was seen in 107 cases, perineural invasion in 71.

Ninety one patients received only neoadjuvant chemotherapy, unresectable disease was present in 27 cases, median ICU and hospital stay was 4 and 9 days, median tumor size 3cms, nodal positive disease was present in 64 patients, of which perinodal extension was seen in 18 cases. Lymphovascular invasion and perineural invasion was seen in 18 cases. Margin positivity was seen in 6 cases, Complete pathological regression was seen in 6 cases.

177 patients underwent neoadjuvant chemoradiotherapy, median tumor size 2cms, median ICU and hospital stay was 4 and 8 days. Node positive disease was seen in 46 patients of which perinodal spread was present in 15 cases. Positive margin was present in 2 cases. Lymphovascular invasion and perineural invasion was seen in 28 and 20 patients.

Conclusions: Neoadjuvant therapy is superior to being operated upfront in term of pathological outcomes and resectability rates. While neoadjuvant chemoradiation is comparable to neoadjuvant chemotherapy in term of resectability rates and histological responses.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster

Title: Oncologic outcomes after surgery in Gastric cancer : results from Tertiary Care Centre from South India.

Authors: Dr Rajesh Kumar Singh, Dr Virendra Tiwari, Dr Rexeena Bhargavan, Dr Madhu Muralee, Dr Arun Peter Mathew, Dr Kurian Cherian, Dr Chandra Mohan K, Dr Paul Augustine, Dr Jem Prabhakar, Dr Iqbal Ahamed M.

Name of Presenting Author: Dr Rajesh Kumar Singh

Institute: Department of Surgical Oncology, Regional Cancer Centre, Thiruvananthapuram

Presenting Author Mobile No: 7976698938, 9868993083

Presenting Author Email ID: rajeshsurg@gmail.com

Abstract

Background & Introduction: Gastric Cancer is fifth leading cause of cancer worldwide and third cause of cancer related mortality. In India, North eastern and Southern states come under higher incidence regions. We conducted a retrospective review of the data of all patients who had undergone any form of surgery – curative and palliative ; in Gastric cancer.

Methods: Analysis of case records of all patients who had underwent surgery for gastric cancer – curative/ palliative at Regional Cancer Centre, Thiruvananthapuram, South India for a period of 5 years (2009-2012) was done. Descriptive statistics were used for analysing the data using SPSS version 20. OGJ cancers were excluded.

Results: Total 272 patients were identified. M/F ratio was 2:1. Mean age at diagnosis was 55 years (22-82). Vomiting was present in 53% but gastric outlet was negotiable in 73% on endoscopy. Most common site was distal stomach (67%). 33% underwent emergency surgery. 30% received neoadjuvant chemotherapy, of which 2/3 rd responded and proceeded for surgery. 65% underwent curative resection (DRG / TG) and 35% palliative GJ or FJ. Post op morbidity was seen in 13% with no 30 day mortality. Pathological complete response was seen in 3%. 35% received post op RT and 56% adjuvant chemotherapy. At a median follow up of 2 years, 12% recurred locoregionally, 16% distant sites and 13% both. 50% of these

recurrences got best supportive care, while rest received palliative chemotherapy with or without RT. The 3 year survival probability was 56%.

Conclusions: This study follows the natural history of gastric cancer and outcomes after multimodality approach. Surgery is a reasonable option, both in curative and palliative setting.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Award paper/Award Poster

Title: Broncho vascular sleeve resection/plasty is oncologically feasible than feared in lung cancer :results from a tertiary care centre.

Authors: Dr Rajesh Kumar Singh; Dr Prriya Eshpuniyani, Dr Sanjay Sharma; Dr Ramakant Deshpande, Dr Dhairyasheel Savant (Department of Surgical Oncology) ;Dr Kumar Doshi (Department of Pulmonology); Dr Samir Pathan (Department of Pathology)

Name of Presenting Author: Dr Rajesh Kumar Singh;

Institute: Department of Surgical Oncology, Asian Cancer Institute, Sion, Mumbai

Presenting Author Mobile No: 7976698938 and 9868993083

Presenting Author Email ID: rajeshsurg@gmail.com

Abstract

Background & Introduction: Use of bronchovascular sleeve resections for the treatment of centrally-located lung cancers, has emerged as an alternative to pneumonectomy/ multilobectomy for patients with impaired pulmonary function and has gained popularity due to a marked decrease in morbidity and reported similar oncological outcome. Purpose of this study was to assess peri operative morbidity, mortality and long-term results of bronchovascular sleeve resections performed for lung cancer surgeries.

Methods: Broncho vascular sleeve resection/plasty was performed in 46 patients over a period of 3.5 years (Dec 2013- May 2018) in the department of Thoracic Oncology at Asian Cancer Institute, Mumbai. Data was collected and analysed using SPSS ver 20.

Results: There were 32 males and 14 females. Mean age of diagnosis was 51 years (range 26-75 years). NSCLC was most common histology (53%) followed by NET/carcinoid (15/46); Adenoid cystic; mucoepidermoid; synovial sarcoma -2 each and metastasis (1). 16 (35%) patients had one or more comorbidities- DM, HTn, hypothyroidism and/or TB. 40% received NACT. Bronchoplasty was done in 34 (74%) ; tracheobronchial sleeve in 2; carinal sleeve in 1; vasculoplasty in 4; vascular sleeve in 1; combined bronchovascular plasty in 4 and bronchovascular sleeve in 1 cases respectively. Post operative morbidity was seen in 12 (26%) cases - collapse (6); cord palsy (3); tracheostomy (2); air leak in 1 cases respectively. There was no anastomotic leak. There was one peri- op mortality. Median duration of ICD removal was 8 days and hospital stay was 9.6 days. 11 patients received adjuvant chemo and 7 post op CRT. At a median follow up of one year; 45% of patients were alive. There were 3 cases locoregional recurrences, 3 cases of extrathoracic metastasis and one had both.

Conclusions: Broncho vascular sleeve resections and plasty is oncologically feasible surgery in lung cancer cases who are otherwise deemed unresectable.

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ABSTRACT

Background and Introduction: Simultaneous occurrence of papillary thyroid carcinoma (PTC) and medullary thyroid carcinoma (MTC) in the same patient is a rare condition. The cell origin, histopathology features, prognosis and treatment of these two carcinomas are completely different. Secondly solitary sternal metastasis of medullary origin has never been reported in literature.

Case Presentation: This paper describes a case of the simultaneous occurrence of medullary carcinoma thyroid and papillary carcinoma thyroid in the same patient. This case is unique for various reasons: (a) Both medullary and papillary ca thyroid is seen in same patient. (b) Patient had solitary sternal metastasis of medullary origin which was resected and reconstruction was done.

Conclusion: Our case suggest that these two tumors are usually independent and coincidental events in patients and role of solitary sternal metastases and its treatment has to be elaborated further.

PA- 135

Introduction: Estimated incidence of radiation induced sarcoma is 0.09-0.11%. Chondrosarcomas account for only 3.7% of all radiation-induced sarcomas. An estimated incidence of 0.03%-0.8% of gynaecologic malignancies as an absolute risk of post radiation sarcoma has also been reported. The latent period after radiation therapy, can vary widely from as little as 5 years to 50 years later. The prognosis for patients diagnosed with RIS is generally very poor with a median survival of 23 months.

Case Presentation: This paper describes a rare case of radiation induced chondrosarcoma of pelvic region in a 52 year old lady who had undergone concurrent chemoradiation for carcinoma cervix about 20 years back. She underwent wide local excision of tumor with meshplasty with composite mesh with bladder repair

Conclusion: Radiation-induced sarcomas are rare, highly aggressive, and may be difficult to diagnose. Furthermore, the only means of achieving long-term survival is through early and extensive surgery. This case is reported for its clinical manifestation and rarity.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship

Title: BREAST CONSERVING SURGERY: A RETROSPECTIVE STUDY OF 50 CASES

Authors: Dr. Vidhi Shah, Dr. Sushrut Bhukte, Dr. Priya Eshpuniyani, Dr. Sanjay Sharma, Dr. Dhairyasheel Savant, Dr. R.K. Deshpande

Name of Presenting Author: Dr. Vidhi Shah

Institute: Asian Cancer Institute, Mumbai

Presenting Author Mobile No: 9869267804

Presenting Author Email ID: vidhi@thinkash.com

Abstract

Background & Introduction: Breast conserving surgery (BCS) for Carcinoma breast is increasingly becoming the choice of treatment for eligible cases. With early diagnosis, better imaging technology, neoadjuvant chemotherapy, improved radiation facilities and increase general awareness of public, breast conserving surgery is increasingly been offered to these patients. However the option of breast conserving surgery is dependant on various factors. Herein we present data of 50 cases at a single high volume cancer centre in Mumbai.

Methods: Retrospective data of eligible and available 50 cases from July 2017 to July 2018 was collected. Demographic, clinical, etiopathological, surgical, follow up including recurrence data was collected and tabulated. Patient feedback was collected with the EORTC (European Organisation for Research & Treatment of Cancer) based questionnaire.

Results: Size was not the primary criteria for BCS in our series. Few patients with locally advanced breast cancer who met with all other criteria were subjected to neoadjuvant chemotherapy followed by BCS with good cosmetic and oncological results. Sentinel lymph node biopsy was done for all clinically node negative patients. Patients who were proven positive were subjected to a complete axillary lymph node clearance. In young patients simultaneous reconstruction with Latissimus

dorsi flap was used with good results. Adjuvant Chemotherapy was given to patients with T > 1cm or node positivity.

Conclusions: Breast conserving surgery is the standard oncologic management in deserving cases. Primary reconstruction gives excellent cosmetic and psychological results with no inferior oncological outcome.

Abstract Category: Poster

Type of Presentation: Competitive

Section: SSO Fellowship

Title: PALB2 GENE MUTATION IN A CASE OF BREAST CANCER: A CASE REPORT

Authors: Dr Vidhi Shah, Dr Sagar Sharma, Dr Nitesh Maurya, Dr Deepak Parikh

Name of Presenting Author: Dr. Vidhi Shah

Institute: Asian Cancer Institute, Mumbai

Presenting Author Mobile No: 9869267804

Presenting Author Email ID: vidhi@thinkash.com

Abstract

Background & Introduction: PALB2 (partner and Localizer of BRCA2) is a tumour suppression gene that helps to control the rate of growth and cell division in the body. Loss-of-function mutations in PALB2 are known to confer a predisposition to breast cancer. Such mutations confer a 2.3-fold higher risk of breast cancer. PALB2 positive women have upto 33 to 58 % lifetime risk of developing breast cancer

Methods: Hereby we present a case of 23 yr old young unmarried female, known case of hypothyroidism presented with history of left breast lump since few months. Diagnosis was confirmed on imaging and histopathology. She underwent a left skin & nipple sparing mastectomy. Intraoperatively there was a 5x 4 cms peri-areolar mass with multiple satellite nodules with positive axillary lymph nodes. Final Histopathology report was invasive ductal carcinoma, grade III, stage pT2N1M0. Immunohistochemistry revealed ER: 45%/ PR: 5%/ Her 2: Neg/ MiB: 45 %/ AR: 60 %. She was given adjuvant treatment as per a multidisciplinary tumour board. Though she had no positive family history, in view of her young age, she was subjected to genetic profile testing. She was positive for PALB2 while her father and sister tested positive as carriers. Further management planned as per guidelines.

Results: PALB2 mutation is rare but known to be pathogenic for Carcinoma Breast. Since these patients are also at risk of developing Pancreatic Carcinoma, patient education and awareness is must

Conclusions: Risk of developing contralateral breast cancer is approx. 10% within 5 years. Hence active surveillance is must. First degree relatives should be tested for the same and if positive have to be kept under surveillance.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award Poster

Title: Evaluation of Serum of Breast Cancer Patients using High Resolution Magic Angle Proton Magnetic Resonance Spectroscopy (HR-MAS): A Search for Possible Biomarker?

Authors: Faraz Ahmed, Surender Kumar, AA Sonkar, Saroj JK, Anit Parihaar, Atin Singhai and VK Singh, King George's Medical University UP India

Name of Presenting Author: Faraz Ahmad

Institute: King George's Medical University UP India

Presenting Author Mobile No: 9415151996

Presenting Author Email ID: drfaraz2312@gmail.com

Abstract

Background: Early diagnosis is an important factor for successful outcome in breast cancer. Current existing prognostic and predictive tool like

ER, PR and HER2 status have main utility to guide whether a patient should or should not receive adjuvant endocrine or targeted therapy and situation has become more complex after the discovery of genomic tests like oncoType Dx etc. So the need to enhance the understanding of the disease process and treatment response, a hunt for suitable tumor marker is still on.

Sample collection: 5–7 ml fasting peripheral venous blood was withdrawn from newly diagnosed breast cancer patients. The subjects were properly matched in terms of age, sex, dietary habits and other parameters. The blood was centrifuged and resultant supernatant serum was put into the 3 ml ependorf tube and the specimen was immediately snap frozen in liquid nitrogen and was transferred to the HRMAS lab where it was stored at -80°C . The collected samples (Malignant 32, Benign 32 and Healthy Control 28) were thawed and subjected to 800 MHz HRMAS spectrometer. The HRMAS findings were correlated with the standard histopathological report.

Results: The 3D scattered PCA score plot of serum (explaining 83% of the total variance showed distinct group separation among the healthy, fibroadenoma and malignant tumor samples. The PLS-DA model generated considering all the three groups showed a predictive ability of 78% which proves that the model was robust enough for group differentiation. The X-loading plot (PC-1 which explained 69% of total variance) of the cases, exhibited positive loadings of lactate, succinate and alanine in serum. When compared with healthy controls, while glucose was found to be down-regulated in almost all the fibroadenoma and malignant cases.

Conclusion: All malignant tumors showed up regulation of lactic acid, acetate and choline containing compounds while down regulation of glucose and lipids. The study did provide evidence for the clinical use of these identified metabolites. However, future studies involving large sample size using sequential samples should be carried out.

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TITLE: Circulating male sex hormone (testosterone) and tumor characteristics in pre and postmenopausal breast cancer patients: a cross-sectional study from a tertiary care hospital in India

Authors – AkshayAnand, MuditMehrotra, AbhinavArunSonkar, Surender Kumar, KulRanjan Singh; King George's Medical University UP India

Background

Breast cancer is frequently a hormone dependent cancer. Preclinical data indicate that testosterone has dual effects on breast tumorigenesis: a proliferative effect mediated by the ER and an antiproliferative effect mediated by the androgen receptor. The preponderance of observational epidemiological studies has reported strong associations between higher levels of estradiol and testosterone and an increased risk of postmenopausal breast cancer, especially ER-positive breast cancers. Role of androgens in development of breast cancer in premenopausal women is not well established. In this study we made an attempt to establish a relationship between serum testosterone levels and menopausal status in Indian women with breast cancer.

Methods

Between August 2016 and July 2017, $n=67$ patients with BC (premenopausal BC=19, postmenopausal BC=48); age-matched healthy controls=45 were enrolled in the study and serum testosterone levels were estimated after institutional ethical approval. Serum testosterone was assayed using electro-chemiluminescence immunoassay. Serum testosterone levels between the premenopausal and postmenopausal BC with control were correlated for the prognostic markers like TNM, AJCC stage and molecular subtypes. Statistical analysis was done using SPSS 17.0 software.

Results

Higher levels of serum testosterone are found in both pre ($p=0.25$) and postmenopausal ($p<0.001$) BC patients as compared to matched controls. Higher levels of serum testosterone are associated with larger tumor size, high lymph node burden, metastasis and increased overall stage in postmenopausal breast cancer patients (though statistically insignificant), no such trends are seen in premenopausal patients.

Higher levels of serum testosterone were seen in Luminal A subtype BC with low levels in triple negative BC in postmenopausal patients ($p=0.01$). Same pattern was observed in premenopausal patients though trend was not statistically significant.

Conclusion

The association of testosterone with tumor size implies that it is involved in tumor growth, especially in postmenopausal BC. The strong association of testosterone with luminal molecular subtypes contrasts with the weak association with triple negative BC and confirms testosterone as a marker of hormone-dependent tumors. These findings suggest that testosterone evaluation might be useful to better identify patients with hormone-dependent disease.

Pa- 140

Title: Vitamin D, Calcium status and Quality of life in patients with neoadjuvant chemotherapy in stage II/III breast cancer – a non-randomized comparative trial

Authors – AbhinavArunSonkar, ParasBhandari, AkshayAnand, Surender Kumar, KulRanjan Singh; King George's Medical University UP India

Introduction

Vitamin D insufficiency affects about 50% of women and even more patients with early breast cancer (EBC). This insufficiency worsens the multifactorial bone metabolism alterations observed in these patients, increasing the osteoporosis risk, particularly in women with EBC. The aim of this study is to evaluate the health-related quality of life changes of women with breast cancer undergoing chemotherapy and their association with Vitamin D supplementation.

Methodology

The study was conducted in Department of General Surgery King George's Medical University, UP between June 2016 to June 2017. The subjects (Stage II/III breast cancer) for the study were enrolled with written and informed consent with $n=55$ cases in two groups (Group I – Chemotherapy with Vitamin D (Calcitriol 60,000 IU weekly) + Elemental Calcium (200 mg) daily; Group II– Chemotherapy alone) of breast cancer each receiving neoadjuvant chemotherapy (NACT). Serum Vitamin D levels (SVDL) and Bone mineral density (BMD) were taken before start and at completion of 6 cycles of NACT for evaluation of. Quality of Lifewas assessed by FACT-G questionnaire.

Results

There was no significant ($p>0.05$) difference in SVDL before chemotherapy between the groups. SVDL was found to be significantly higher in group I (38.27 ± 6.07) than group II (5.79 ± 3.04) after NACT. Calcium level was found to be significantly higher in Group I (4.83 ± 0.23) than group II (4.21 ± 0.66) after chemotherapy and supplementation in group I. Vitamin D Supplementation had a significant improvement in physical well being but has not effect on social, emotional or functional and total overall QOL scores.

No significant change in BMD femoral neck and L2-L4 was found from before to after chemotherapy in both groups

Conclusion

Vitamin D levels were seen to decrease in patient undergoing neoadjuvant chemotherapy in EBC. In relation to QOL parameter only physical aspect was found to have a significant association with change in SVDL.

Abstract Category: 03. Head & Neck, Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: Marginal Mandibulectomy - Oncological safety and functional outcome. An institutional experience.

Authors: Shaji Thomas, Sandeep Suresh, Malu Rafi, Deepak Janardhan, Shirish Patil

Name of Presenting Author: Sandeep Suresh

Institute: Regional Cancer Centre, Trivandrum

Presenting Author Mobile No: 8129420999

Presenting Author Email ID: drsandeepsuresh@gmail.com

Abstract

Background & Introduction: The concept of squamous cell carcinoma invading the mandible by direct extension through the occlusal surface rather than through the periosteal lymphatics revolutionized the surgical management of oral cavity cancers by popularizing marginal mandibulectomy. The purpose of the study was to assess oncological safety of marginal mandibulectomy by assessing disease free survival and to assess the functional outcome.

Methods: This is a retrospective study done by reviewing 71 patients who underwent marginal mandibulectomy as part of surgical treatment for oral cavity malignancies from 2011 to 2015 in our institution. As per our institution protocol, a margin of at least 2 cm will be obtained between the lesion and vertical osteotomies during marginal mandibulectomy. Data regarding tumour size and characteristics, nodal involvement, extent of resection and follow-up was collected and analysed. Only patients who had bone involvement on histology underwent post-operative radiotherapy.

Results: Patients who underwent marginal mandibulectomy for oral cavity malignancies had a smaller tumour size (T1-54%, T2-30%) and less extensive nodal metastasis (N0-59%, N1-24%). Post-operative radiotherapy as an adjuvant modality was required for only 11 patients. 10 patients had loco-regional recurrence during follow-up, however in none of them mandible was the site of recurrence. 11% patients had multiple primary tumours. 5-year disease specific survival rate in our study population was 76%.

Conclusions: Marginal mandibulectomy is an oncologically sound treatment providing good quality of life to patients. Surgery can be limited to marginal mandibulectomy in tumours not involving bone. In carefully selected cases, marginal mandibulectomy without adjuvant radiation serves to preserve radiotherapy as a treatment option for an eventual second primary. Considering the functional outcome, marginal mandibulectomy provides excellent treatment option especially in centres where infrastructure for free tissue transfer is not available.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: Small cell neuroendocrine carcinoma of the nasal cavity and paranasal sinuses

Authors: Elizabeth Mathew Iype, Sandeep Suresh, Shirish Patil, Bipin T Varghese, Shaji Thomas, Ramdas, Rejinish Kumar

Name of Presenting Author: Sandeep Suresh

Institute: Regional Cancer Centre, Trivandrum

Presenting Author Mobile No: 8129420999

Presenting Author Email ID: drsandeepsuresh@gmail.com

Abstract

Background & Introduction: Primary small cell Neuro Endocrine Carcinoma (SNEC) of nose and paranasal sinuses is an extremely rare malignant tumour known for its aggressive clinical course, high rate of recurrence and poor prognosis. Objective of this study was to analyse the clinicopathological features of SNEC of the nasal cavity and paranasal

sinuses and to assess the treatment results and the rate of recurrence among these patients who were treated at a tertiary care cancer centre.

Methods: The medical records of 14 patients presenting with nasal and paranasal SNEC at our institution from 2001 to 2017, were analysed to determine the clinical features and current treatment and the recurrence rate of the disease.

Results: Patient data were obtained from the clinical records of the patients with SNEC who attended our clinic from 2001 to 2017. Patients' staging for 14 cases of SNEC was: T2, three; T3, two and T4, nine; N0, twelve; N2, two; M0, thirteen; and M1, one. Immunohistochemistry: Twelve cases were positive for cytokeratin, 14 for chromogranin and 11 for neuron-specific synaptophysin. Five patients underwent surgery, one had endoscopic craniofacial resection and four patients had endoscopic clearance from the nasoethmoid region. Chemoradiation was given to eleven patients and radiotherapy was given to three patients. Recurrence occurred in 8 cases. Seven of these patients died within five years of onset of the disease. Four patients are still on follow up without any evidence of disease and three patients were lost to follow up.

Conclusions: Small cell neuroendocrine carcinoma of the sinonasal tract is an uncommon neoplasm with aggressive clinical behaviour. They can be distinguished based on immunohistochemical characteristics. Recurrence is frequent and the prognosis is poor. However, the current treatment of these neuroendocrine neoplasms varies widely.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: Independent prognostic importance of "T stage" in patients with stage II and

IIIA primary colorectal cancer: a possible limitation in TNM staging

Authors: KapilDevSheoran, Arun Pandey, Shiva kumar, C Ramachandra, KVV Veerendrekumar, S Krishnamurthy, M Vijaykumar

Name of Presenting Author: KapilDevSheoran

Institute: Kidwai Cancer Institute, Bangalore, India

Presenting Author Mobile No: 8197010684

Presenting Author Email ID: drkapil.oncosurgeon@gmail.com

Abstract

Background & Introduction: In terms of prognostic significance in colorectal cancer (CRC), staging system shows superiority over other factors. The aim of our study was to determine the validity of the inclusion of CRC T1-2N1 into stage IIIA rather than in the category of stage II.

Methods: This study was a retrospective analysis of 191 CRC patients, who underwent curative treatment with stage II and IIIA. Disease-free, and overall survival were analysed at 3, and 5 years, calculated from the date of completion of primary treatment.

Results: A significant difference in the 3-year, and 5-year DFS between T4N0 (IIB) and T1/T2N1 (IIIA) was seen, 75.0% versus 84.4% ($p=0.001$), and 62.5% versus 74.02% ($p=0.01$), respectively. The three-year and 5-year overall survival in patients with stage IIB were significantly worse than that in stage IIIA patients, 80.6% versus 89.1% ($p=0.003$), and 70.1% versus 83.6% ($p=0.001$), respectively.

Conclusions: The T1/T2N1 subgroup of stage IIIA colorectal cancer should be subcategorized into stage II disease, and it is also notable that these changes in the staging system would guide the treatment approaches of patients who crossover the timeframes between TNM editions.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: SSO Fellowship**

Title: Challenges in early period of practice of a Surgical Oncologist in India

Authors: KapilDev, Neha Shivran, AseemRaiBhatnagar, Rajesh Khurana, Suresh K Bhargava, Anish Maru
Name of Presenting Author: KapilDev
Institute: Shalby Hospital, Jaipur, Rajasthan, India
Presenting Author Mobile No: 8197010684
Presenting Author Email ID: dr.kapil2010@gmail.com

Abstract

Background & Introduction: The multidisciplinary management pertaining to organ specific sub-specialty in cancer patients is the prime need in modern era. The accurate analysis of disparity in standard cancer care in the developing world revealed several factors such as the causative factors, social, economical factors and availability of health facilities. Apart from these, a diversity in Surgical Oncology training programs and certification requirements, carry an inverse correlation to a country's income. Surgeons are the primary caregiver to a cancer patient in multidisciplinary cancer care.

Methods: We analyzed first one hundred (n=100) patients who received surgical treatment with different organ of origin during initial period of clinical practice. Patients included, head and neck cancer (n=19), thyroid (n=4), thoracic cancers (n=5), breast (n=17), gastro-intestinal (n=14), hepato-biliary (n=8), genitourinary (n=9), gynecological (n=14), soft tissue sarcoma (n=3), cutaneous (n=4), neural (n=1) and metastatic with unknown origin (n=2). All patients underwent diagnostic and staging work-up followed by multidisciplinary tumor-board discussion. All parameters during pre-, intra-, and postoperative period were observed and analyzed.

Results: Head & neck cancer: Majority of patients had cT4 lesions with delayed presentation and co-morbidities, non-acceptance of surgical treatment and need of major reconstruction. Thyroid cancer: One female was diagnosed with pathological humerus fracture primarily followed by thyroid malignancy on PET-CT with history of long standing goiter. Two females who underwent subtotal thyroidectomy previously, presented to us with gross residual disease on post-operative scan. Thoracic cancer: Two patients presented with esophagus cancer (GEJ adenocarcinoma) with poor pulmonary functions and low BMI. Breast cancer: unplanned breast lump excision biopsies, poor acceptance of breast conservation surgery, and presentation with advanced local disease are common drawbacks. Gastrointestinal cancer: poor nutritional status, delayed presentation and sphincter preservation are major challenges. Hepatobiliary cancers: Unresectability and supra-major surgeries itself are difficult task to achieve an acceptable quality of life. Gynecological cancers: delayed presentation, poor nutritional status and extensive surgeries are main difficulties with a significant post operative morbidity. Genitourinary cancer: One 40 year male presented with an abdominal mass and was under treatment with a misdiagnosis of Non-hodgkin lymphoma, with no response with treatment, he was then diagnosed as intraabdominal seminoma and treated accordingly. One 45 year female treated for polymetastatic disease with unknown origin (two nodules in right lung and one anterior abdominal wall nodule).

Conclusions: Implementation of an organ specific cancer care is an important starting point to provide a structural solution to the anticipated lack of practical capabilities in low- and middle income countries.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award Poster

Title: Malignant duodeno-colic fistula

Authors: KapilDev, Neha Shivran, AseemRaiBhatnagar, Rajesh Khurana, Suresh K Bhargava, Anish Maru
Name of Presenting Author: KapilDev
Institute: Shalby Hospital, Jaipur, India
Presenting Author Mobile No: 8197010684
Presenting Author Email ID: dr.kapil2010@gmail.com

Abstract

Background & Introduction: Colonic-duodenal fistulas are rare, and may be secondary to benign or malignant conditions. Malignant duodenocolonic fistulas may also develop in patients with right colon or hepatic flexure carcinoma or duodenal malignancy. Patients with malignant colo-duodenal fistulae can present with symptoms from the primary, from the fistula or from metastatic disease. The fistula often results in diarrhoea and vomiting with dramatic weight loss. The diarrhoea relates to colonic bacterial contamination of the upper intestines rather than to a pure mechanical effect. Occasionally patients will present with a gastro-intestinal bleed. Surgical treatment is the best option with acceptable oncological outcome. We present a case of malignant fistula between the duodenum and hepatic flexure in a 72-years-old male patient

Case presentation

A 72 year old male patient presented with diarrhoea and pain in upper abdomen to a malignant colo-duodenal fistula near the hepatic flexure. Adenocarcinoma with signet ring cell differentiation was confirmed on histology from a biopsy obtained during the patient's oesophageogastroduodenoscopy, and the fistula was demonstrated in cross sectional imaging. Staging computed tomography showed a locally advanced carcinoma of the proximal transverse colon, with a fistula to the duodenum and regional lymphadenopathy. Following discussions at the multidisciplinary meeting, this patient was decided for surgical intervention. He underwent diagnostic laparoscopic for staging purpose, revealed a localised disease near hepatic flexure. Extended Whipple's procedure as pancreaticoduodenectomy with right hemicolectomy done. Histopathology revealed signet ring cell carcinoma with stage pT4N0M0 and receiving adjuvant chemotherapy FOLFIRINOX.

Conclusions: Colo-duodenal fistulae from colonic primaries are rare but early diagnosis may allow curative surgery. This case emphasises the importance of accurate staging and repeated clinical examination.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title: RETROSPECTIVE ANALYSIS OF PATHOLOGICAL LYMPHNODE STATUS IN UPFRONT SURGERY AND SURGERY IN POST-NEOADJUVANT CHEMORADIOTHERAPY IN RECTAL CANCER

Authors: DR.MADHABATHULA SANTOSH, DR SAMIR BHATTACHARYYA, DR ARNAB GUPTA, DR P. BHARATH KUMAR

Name of Presenting Author: DR. MADHABATHULA SANTOSH
Institute: SAROJ GUPTA CANCER CENTER & RESEARCH INSTITUTE

Presenting Author Mobile No: +919494572901

Presenting Author Email ID: santu.mbbs2k3@gmail.com

Abstract

Background & Introduction: The number of lymph nodes harvested from the surgical specimen after total mesorectal excision (TME) is a key factor in the management of rectal cancer. Fewer than 12 LNs is considered a surrogate marker of inadequate surgery and/or pathologic examination and is a relative indication for adjuvant therapy. Recently, neoadjuvant chemoradiation (NACRT) therapy has been considered the preferred treatment strategy for locally advanced rectal cancer. The increasing use of NACRT in rectal cancer raises questions:

1. Is harvest of less than 12 nodes acceptable? 2. If so, can a cut of value for a minimum number of nodes harvested after NACRT be specified? This study was thus undertaken to evaluate the influence of NACRT on lymph nodal yield and lymph node ratio (LNR)

Methods: This is a retrospective non-randomized Observational comparative Study, in which GROUP A: all patients subjected for upfront surgery GROUP B: all patients who underwent NACRT followed by

surgery. Post-operative histopathology(HPE) report analyzed and compared the pathological LN status in both groups.

Results:Total 60 patients analyzed, group A and group B(n=30) each. Results are in favour of group B, where total number of lymph nodes retrieved, positive lymph nodes identified and LNR are less in group B and statistically significant (P<0.05)

Conclusions:Patients with rectal cancer undergoing NACRT had a reduced nodal yield after surgery and optimum lymph node retrieval after NACRT should be redefined.

Abstract Category: Poster

Type of Presentation: Competitive

Section: Award Poster

Title:ROLE OF INDOCYANINE GREEN (ICG) IN CARCINOMA ENDOMETRIUM AND RECTUM IN ROBOTIC ONCOSURGERY

Authors: DR. ANIL.J, DR. SOMASHEKHAR SP, DR.SHABBER S ZAVERI, DR.VIJAY AHUJA, DR.ASHWIN, DR.AMIT, DR.ROHIT, DR.NATARAJ, DR.RAMYA.Y, DR.JYOTHSNA, DR.PRIYA

Name of Presenting Author: DR.ANIL.JAMPANI

Institute: MANIPAL COMPREHENSIVE CANCER CENTRE, MANIPAL HOSPITALS, BENGALURU, KARNATAKA.

Presenting Author Mobile No: 9704931662

Presenting Author Email ID: jampanianil@yahoo.in

Abstract

Background & Introduction:Rectal cancer and Endometrial cancer are common cancers in India. Surgery remains the mainstay of treatment. Minimally invasive surgery is the standard of care. The new firefly technology in robot with NIR imaging enables identification of ICG stained structures. ICG stains the vasculature and SLN and this can be employed in rectal and endometrial cancer surgery.

Methods: All the cases of carcinoma endometrium and carcinoma rectum undergoing robotic surgical resection of tumor at Manipal Hospital, Bangalore between 17 /09/2017 and 28/07/2018.

Results:20 cases of carcinoma endometrium and 30 cases of carcinoma rectum were included in the study. SLN detection rate in endometrial cancer was 100% with lymphnodal positivity rate of 0.5%.In carcinoma rectum the line of transection was identified in 100% cases. Clinical Line of transection corresponding to ICG line of transection in 15.5% only. The line of transection moved proximally in 7.6% patients and distally in 76.9% of patients.

Conclusions:ICG based localization of SLN in endometrial cancer is technically feasible and unnecessary lymphadenectomy in 95% of patients can be avoided. ICG identifies the route of spread of endometrial cancer and real sites of possible metastasis. Unnecessary splenic flexure mobilization and resection of excess sigmoid colon could have been avoided in 76.9% of patients. Anastamotic failure could have resulted in 7.6% of patients if anastomosis has been done by clinical judgment alone. This can identify the vascular segment of bowel real time and thereby provides safe anastomosis. Hence SLN based surgical staging is more appropriate than surgical staging done without it.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award poster

Title:CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR ADVANCED EPITHELIAL OVARIAN MALIGNANCIES: A PROSPECTIVE STUDY

Authors: DR. ANIL.J, DR. SOMASHEKHAR SP, DR.SHABBER S ZAVERI, DR.VIJAY AHUJA, DR.ASHWIN, DR.AMIT,

DR.ROHIT, DR.NATARAJ, DR.RAMYA.Y, DR.JYOTHSNA, DR.PRIYA

Name of Presenting Author: DR.ANIL.JAMPANI

Institute: MANIPAL COMPREHENSIVE CANCER CENTER, BENGALURU

Presenting Author Mobile No: 9704931662

Presenting Author Email ID: jampanianil@yahoo.in

Abstract

Background & Introduction: Ovarian malignancy is one of the most common causes of peritoneal secondaries. Novel treatment approach with curative intent in the form of CRS-HIPEC has evolved due to better understanding of natural history of the disease. Present objective of the study is to evaluate perioperative and oncologic outcomes after CRS & HIPEC. Although a survival benefit of this procedure has been reported, it is still not commonly performed because of long learning curve and high postoperative morbidity and mortality rates.

Methods: Total 88cases of advanced epithelial stage IIIc malignant tumours of ovary admitted in Manipal hospital Bengaluru from March 2013 to December 2017 included in the study. As per institution protocol all relevant data with reference to perioperative details were entered in HIPEC registry and data analysed.

Results: Out of 88patients mean PCI score and CC score in upfront, interval and secondary CRS HIPEC were 11, 9, 11 & 100%95% 92% respectively. Bowel resection was performed in 41%24%& 59% patients respectively. Multivisceral resection performed in 16%6%& 18%.Recurrence rates were 1%7%8%, respectively. Median PFS and OS in months were 26, 29, 16 & 43, 37&46respectively.

Conclusions: Patients with interval cytoreduction has more benefit compared to upfront and secondary CRS HIPEC. Secondary CRS HIPEC is associated with increased morbidity, and prolonged hospital stay compared to upfront and interval CRS HIPEC.

Abstract Category:Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /Award paper

Title:“SHOULD WE BE GENEROUS IN PERITONECTOMY?”: FIRST PROSPECTIVE COMPARATIVE ANALYSIS OF TOTAL VERSUS INVOLVED FIELD PARIETAL PERITONECTOMY IN CRS-HIPEC FOR PERITONEAL SURFACE MALIGNANCIES

Authors: DR SOMASHEKHAR SP, DR SHABBER S ZAVERI, DR ASHWIN KR, DR ROHIT KUMAR C

Name of Presenting Author: DR RAMYA Y

Institute: MANIPAL COMPREHENSIVE CANCER CENTRE, MANIPAL HOSPITAL, BANGALORE

Presenting Author Mobile No: 9480485211

Presenting Author Email ID: ramyayethadka@gmail.com

Abstract

Background&Introduction: Peritonectomy is one of the important components in management of peritoneal surface malignancies (PSM). The aim of this study was to assess the recurrence pattern, oncological outcomes, morbidity & mortality of extent of parietal peritonectomy with CRS & HIPEC. **Methods:** Patients diagnosed with PSM from various diseases underwent total parietal peritonectomy (TPP) or involved field parietal peritonectomy (IFP) with CRS- HIPEC. All pre & intraoperative data were analyzed with main focus on postoperative morbidity, mortality, recurrence pattern and oncological outcomes. **Results:**Of the 163 cases, primary organ of origin were ovary, colorectal, appendicular, stomach& rarer (67.4%, 16.5%, 11%, 6.1% & 4.9%) respectively. 20 upfront, 94 interval and 49 recurrent cases. 70 & 93 patients underwent TPP& IFP respectively. Base line characteristics were comparable between both groups except median PCI (18.5 versus

9). Even though TPP group had longer duration of surgery (11 vs 9), more blood loss (1050 vs 600 ml) when compared to IFP group, number of diaphragmatic resections, bowel resections, anastomosis and stoma were comparable in both group except splenectomy & multivisceral resections. Overall G3-G5 morbidity was comparable in both groups 39% v/s 32%. TPP group had increased intra-pleural & intra-abdominal collections which needed intervention. With a median follow up of 45 months, DFS was significantly higher in TPP group (29months vs 21months, $p < 0.01$) and median overall survival was 48 months in IFP group (yet to be achieved in TPP group). Most of the recurrences in TPP group were in lymph nodes (55%), liver(18%), whereas in IFP recurrence were peritoneal (45%), nodal (30%). **Conclusions:** It is the first prospective comparative study done on parietal peritonectomy in PSM. In this cohort, TPP group had significantly higher DFS, with manageable postoperative morbidity. However, longer follow up and a prospective randomized study needs to be designed for more evidence of the same.

Abstract Category: Oral Presentation

Type of Presentation: Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: The Contralateral neck node metastasis in recurrent and second primary oral cavity squamous cancers

Authors: Dr. Sudhir V Nair, Dr. Manish Mair, Dr. Pankaj Chaturvedi

Name of Presenting Author: Dr. Sudhir V Nair MS MCh.

Institute: Tata Memorial Centre, Mumbai

Presenting Author Mobile No: 9769617780

Presenting Author Email ID: sudhirvr@gmail.com, snair@actrec.gov.in

Abstract

Background & Introduction:

Recurrences and second primaries are not uncommon in oral cavity cancers and when these happen in the contralateral side, the management is similar to the initial disease, i.e. surgery of the primary and same side neck dissection. However, very often disease recurrence can happen in the previously operated side and we face the dilemma of how to address the neck.

Methods:

Over the years, at our institution, we have addressed these situations many times by addressing the contralateral neck also. By this retrospective study, we studied the medical records of those patients who had ipsilateral recurrent or second primary oral cavity cancers and underwent definitive treatment at our hospital.

Results:

There were 78 eligible medical records for inclusion in the study during the period 2012 to 2016. The mean and the median disease free interval between the initial and recurrent disease was 38 months and 32 months respectively (range :18 months -140 months). Surgery followed by contralateral neck dissection was primary modality of treatment. As per the histopathology report, nodal metastasis was seen in 18 patients (23.1%) and is higher than the reported contralateral nodal metastasis (< 10%) in first time ipsilateral primary disease. Patients with perineural invasion and Lymphovascular emboli had higher risk of nodal metastasis.

Conclusions:

The risk of contralateral neck nodes are higher in ipsilateral primary recurrence or second primary especially the ipsilateral neck has been addressed previously. It is safer to do a selective contralateral neck dissection in such situations.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title: Abdominoperineal resection vs Sphincter sparing surgery in carcinoma rectum.

Authors: Sivashankar Behuria, Ramakrishnan A Seshadri

Name of Presenting Author: Sivashankar Behuria

Institute: Cancer Institute (WIA)-Chennai

Presenting Author Mobile No: 9654387658

Presenting Author Email ID: siv11shan@gmail.com

Abstract

Background & Introduction: Sphincter sparing surgeries (SSS) are increasingly performed for rectal cancer now-a-days due to advent of neoadjuvant chemo radiation. Patients undergoing Abdominoperineal resection (APR) reported to have worse oncological outcome than those undergoing SSS. The purpose of this study is to compare the long-term oncological outcome between these two groups in our institution. **Methods:** Retrospective analysis of patient with rectal cancer who underwent surgery with curative intent between 2002 to 2012 in our institute. Clinical, pathological and treatment related data as well as 5 year oncological outcomes are compared between two groups

Results: Out of 830 patients with rectal cancer treated during this time period, 459 patient underwent surgery; 260 (56.6%) patients underwent APR (Group 1), and 199 (43.4) underwent Sphincter sparing surgery (Group 2). Overall postoperative complications are 33.5% and 30.7% in Group 1 and group 2 respectively. Clavien-Dindo grade 3 and grade 4 morbidity were observed in 13.5% and 13.6% in Group 1 and Group 2. After mean follow up of 50 months and 49 months in the two groups, the overall recurrence rate were 38.8% and 25% in Group 1 and Group 2 respectively ($p = 0.002$). Median interval to recurrence was 28 months and 37 months in Group 1 and Group 2. 5 years Disease free survival and overall survival was significantly higher who undergoing SSS comparing those who undergoing APR (Disease free survival 44% vs 55%, $p = 0.016$; Overall Survival 60% vs 70%, $p = 0.035$ respectively)

Conclusions: Patients who underwent SSS had better long-term oncological outcome as compared to those who underwent APR.

Abstract Category: Poster

Type of Presentation: Competitive/Non-competitive

Section: Award Poster

Title: PRIMARY STERNAL OSTEOSARCOMA: A RARE CASE OF PRIMARY STERNAL TUMOUR

Authors: Dr Vijay Koduru, Dr Ravi Arjunan, Dr Ashwathappa

Name of Presenting Author: Dr Vijay Koduru

Institute: Kidwai Cancer Institute, Bengaluru

Presenting Author Mobile No: 9686323447

Presenting Author Email ID: koduruvijay7@gmail.com

Abstract

Background & Introduction:

Primary sarcomas of the sternum are infrequent; the most common histological types are chondrosarcoma, plasmacytoma, Ewing's sarcoma and Hodgkin's tumours. Since osteosarcoma of the sternum is a very rare entity, we have thought to explain the principal characteristics and the clinical and therapeutic approach based on our experience.

Methods:

We report a 57-year-old female with an immobile slow growing mass located in the middle of the sternum. The patient had no significant pain or tenderness and the past medical history was not remarkable. CT-scan showed a large densely sclerotic sternal mass. We performed a CT-guided needle biopsy, but it was inconclusive. A PET-CT was done to look for

other sites of primary lesion which was negative and is showing uptake only at the sternal region.

Results:

Considering it a primary bone tumour patient was taken up for surgery and a partial Sternal reconstruction with synthetic mesh repair is done and final biopsy report came as Osteosarcoma of sternum and is on regular follow up now with no recurrence or metastasis at present.

Conclusions:

Osteosarcoma is the most common primary malignant bone tumour of long bones, whereas primary osteosarcoma of chest wall, especially in sternum, is extremely rare and is best treated by complete surgical excision if operable.

Abstract Category: Oral Presentation

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: Second Primary Malignancy at a tertiary cancer hospital : Our experience

Authors: Dr.Shravan Shetty, Dr.Priya Eshpuniyani, Dr.Sagar Sharma,Dr. Dhairyasheel Savant, Dr.Deepak Parikh, Dr.Ramakant Deshpande, Dr.Jagdeesh Kulkarni

Name of Presenting Author: Dr.Shravan Shetty

Institute: Asian Cancer Institute

Presenting AuthorMobile No: +91-9741396621

Presenting AuthorEmail ID: drshravanshetty@gmail.com

Abstract

Background & Introduction:The incidence of double malignancy is not uncommon. Recently there has been an increase in the number of patients diagnosed with multiple primary cancers. This trend can be attributed to improved diagnostic techniques, prolonged life span and increased incidence of long term survival of patients with cancer. The second primary malignancy (SPM) is a second de novo malignant neoplasm with a known cancer. Warren & Gates first gave the criteria for the diagnosis of SPM. An SPM can be synchronous or metachronous. When the SPM is diagnosed within 6 months of the primary tumor, it is known as synchronous malignancy and the term metachronous is used when the SPM is diagnosed more than 6 months after the diagnosis of the primary tumor.

Methods: This was a retrospective study conducted in the Department of Surgical Oncology in a tertiary cancer center between August 2013 and July 2017. A total of 3700 cases of cancer were analyzed, out of which cases which presented with histological proven synchronous and metachronous primary as per the Warren and Gates criteria were included in the study.

Results:A total of 15cases were encountered in the 4 year study period. Out of them 5 patients were in the metachronous category and 10 patients were in the synchronous category as the second primary malignancy was detected mostly during clinical evaluation of the patients for the primary malignancy. In the present study, most commonly diagnosed synchronous malignancies were carcinoma colon and renal malignancies, while in metachronous malignancies, carcinoma breast was most common. Majority of the cases were in the 6th-7th decade.

Conclusions:Second primary malignancies are not very rare. Hence, greater awareness of this is required duringpretreatment and follow-up evaluation among both cancer patients and their treating clinicians.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title:A COMPARISON OF CERVICAL DELTA ANASTAMOSIS WITH HAND SEWN ANASTAMOSIS AFTER ESOPHAGECTOMY

Authors: Dr.AmitPatil, Dr.Kalyanchakradhar, Dr.Rajesh Mistry

Name of Presenting Author: Dr.AmitPatil

Institute: KokilabenDhirubhaiAmbani Hospital

Presenting AuthorMobile No: +91 8080931017

Presenting AuthorEmail ID: dr.amit.patil2012@gmail.com

Abstract

Background & Introduction:Subtotal Esophagectomy and reconstruction with a gastric conduit is the gold standard for surgical management of resectableesophageal cancer. Anastamotic leakage and stricture formation are major challenges after resection for EC. This retrospective study was done to assess the safety and efficacy of cervical delta shaped anastomosis.

Methods:A retrospective review of medical records of patient with carcinoma of esophagus who underwent Mckeownesophagectomy between April 2014 and September 2016 were reviewed. Patients who underwent either cervical delta anastomosis with ENDO GIA stapler or conventional hand sewn anastomosis were included in the study. The clinical characteristics and short term outcome were assessed between the groups.

Results:A total of 97 patients were included in this study. Of these 64 were males (65.97%) and 33 were female(34.02%). The median age of the patients was 59.71 years with a range of 35 – 80 years. The clinical characteristics were similar between the two groups. Cervical anastamotic leakage occurred in 4 (6.6%) of 60 patients in the DSA group and in 4 (10%) of 37 patients in the hand sewn group. The median follow up of patients was 15.06 months. The incidence of anastamotic stenosis requiring dilatation was 1.6% (1/60) and 8.10% (3/37) in the DSA and hand sewn groups respectively. There was no significant difference in surgical duration, blood loss, pulmonary complication, postoperative mortality, time of hospitalisation and time of ICU stay between the two groups.

Conclusions:Despite improvement in anastamotic techniques Cervicalanastamotic leak after esophagectomy is reported to occur between 15-25% of patients. Deltashaped anastomosis may be an effective alternative method of gastroesophageal anastomosis after esophagectomy, with lower incidence of leakage and stenosis.

ABSTRACT CATEGORY : POSTER ABSTRACT - 156

TYPE OF PRESENTATION : COMPETITIVE

SECTION : AWARD POSTER

TITLE: GASTRO INTESTINAL TUMOUR SERIES: A MULTIDICIPLINARY DIAGNOSTIC AND TREATMENT CHALLENGE.

AUTHORS: DR. VIKASH K AGARWAL¹ , DR. SWARUPJIT GHATA²

NAME OF PRESENTING AUTHOR: DR. SWARUPJIT GHATA

INSTITUTE: AMRI GROUP OF HOSPITALS, KOLKATA

PRESENTING AUTHOR MOBILE NO: 8895222263

P R E S E N T I N G A U T H O R E M A I L I D : DRSWARUPJIT2011@GMAIL.COM

ABSTRACT

BACKGROUND & INTRODUCTION: Gist are the most common mesenchymal tumour located in the gastrointestinal tract. Most studies have reported the incidence of clinically relevant gist between 10 and 15 cases per million. However, it is common to detect small asymptomatic lesions as incidental findings during abdominal surgery or in radiological or endoscopic studies , so gist cases are often misdiagnosed. Its usual manifestation is gastro intestinal bleeding. **METHODS:** However, small asymptomatic lesions are frequently detected as incidental finding characteristically more than 95%, gists are positive for kit protein (CD117) by

the staining & approximately 80-90%, Gists carry a mutation in the C-KIT or PDGFRA given. Mutational analysis should be performed before Neo Adjuvant and Adjuvant Therapy. Tyrosine kinase inhibitors have revolutionized adjuvant, neo adjuvant & recurrence of disease. **RESULTS & CONCLUSIONS:** Multi disciplinary approach is required. Surgery is potentially curable for resectable gists. In case of high risk of gists surgery plus Adjuvant imatinib for 3 years is standard treatment. Neo Adjuvant imatinib should be considered for shrinkage of tumor which is locally advanced primary or recurrent unresectable, complex anatomic location. In metastatic gist under neo adjuvant treatment, if complete response, stable or limited, complete cytoreductive surgery could be therapeutic. These are the observations by single centre multi disciplinary approach for series of Gist tumour.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /Award paper

Title: RECTAL CONSERVATION IN CYTOREDUCTIVE SURGERY FOR ADVANCED OVARIAN CARCINOMAS— A SAFE AND FEASIBLE OPTION?

Authors: Dr. Prashant Vanzar, Dr R.Rajagopalan, Dr. T.S. Rao

Name of Presenting Author: Dr. Prashant Vanzar

Institute: Basavatarakam Indo American Cancer hospital and Research Institute

Presenting Author Mobile No: 8096925433

Presenting Author Email ID: drprashantvanzar@gmail.com

Abstract

Background & Introduction: Optimal cytoreduction is the most important prognostic factor leading to improved overall survival, in recent years, a trend towards aggressive cytoreduction has gained ground. Surgical procedures in other cancers have evolved towards organ preservation after neoadjuvant treatment. The purpose of this study was to evaluate the clinical and surgical outcomes with and without bowel resection as part of cytoreductive surgery for ovarian cancer.

Methods: This retrospective study was conducted at Basavatarakam Indo American Cancer Hospital between January 2015 and December 2016. All patients of ovarian carcinomas with involvement of intestinal surface, were included in the analysis. Data regarding patient age, body mass index, tumor histology, disease stage, the site of intestinal resection, post-operative complications, ICU/ hospital stay and oncological outcomes were collected and analyzed.

Results: A total of 75 patients having disease on the intestinal surface were included in this study, only 37 pts required bowel resection. In the remaining 38 pts, surface disease was successfully removed without any intestinal resection. In the patients, requiring bowel resection – 21 (56.75%) were post Neoadjuvant Chemotherapy. The commonest resection, was Anterior resection, needed in 19 (51%) pts. There were no Clavien-dindo grade IV and V events in this study

Conclusions: Cytoreductive surgery with or without bowel resection can be done in patients with advanced ovarian cancer with an acceptable morbidity and mortality rate. As ovarian carcinoma, is typically a surface spreading disease, oncological clearance can be achieved with procedures like douglasectomy, serosal removal without a formal intestinal resection-anastomosis This avoids the added morbidity of an intestinal resection to the patient without compromising on the oncological outcomes.

Abstract Category: 03. Head & Neck. Poster

Type of Presentation: Competitive

Section: Award Poster

Title: Role of Transnasal Endoscopic Salvage Nasopharyngectomy in managing Carcinoma Nasopharynx recurrence

Authors: Shaji Thomas, Vinod Felix, Sandeep Suresh, Deepak Janardhan, Safer Mohammed

Name of Presenting Author: Sandeep Suresh

Institute: Regional Cancer Centre, Trivandrum

Presenting Author Mobile No: 8129420999

Presenting Author Email ID: drsandeepsuresh@gmail.com

Abstract

Case report: A 19 year old gentleman, a known case of Carcinoma Nasopharynx who was treated with concurrent chemoradiation, presented with a suspicious lesion at the same site of primary noticed during follow-up nasal endoscopy, within six months of initial treatment. Nasal endoscopy showed a lesion adjacent to torus tubaris in the right fossa of Rosenmuller, medially reaching midline. MRI imaging showed a 1x0.9cm lesion in nasopharynx abutting the prevertebral muscles. Biopsy showed poorly differentiated carcinoma. With non-surgical option of full dose radiotherapy already exhausted, the need for a salvage surgery was contemplated considering the young age of the patient. Since the lesion was small in size and accessible, patient underwent a transnasal endoscopic excision of nasopharyngeal mass. Per-operatively the mass was excised from around the fossa of Rosenmuller after excising the prevertebral ligament. Frozen section and final histopathology showed margins free of tumour. The patient is now on close follow-up and doing well nearly six months following surgical intervention.

Conclusions: Endoscopic transnasal surgery could be the only salvage option following recurrence of nasopharyngeal malignancy. This case report also emphasizes the importance of close follow-up with routine nasal endoscopy in treated cases of nasopharyngeal malignancy to pick up a residual or early recurrence which is salvageable.

Abstract Category: Poster/Oral Presentation

Type of Presentation: Competitive/Non-competitive

Section: Award paper/Award Poster

Title: A Novel Technique for Pyloric Dilatation After Esophagectomy – How we do it and our experience

Authors: Dr.kalyan Polavarapu, Dr.Amit.S.Patil, Dr.Rajesh Mistry

Name of Presenting Author: Dr.Kalyan Polavarapu

Institute: Kokilaben Dhirubhai ambani Hospital, Mumbai

Presenting Author Mobile No: 9848198777

Presenting Author Email ID: chakradharkalyan@yahoo.co.in

Abstract

Background & Introduction:

Gastric stasis following esophagectomy is associated with increased incidence of complications like aspiration pneumonia and anastomotic leak. To date there is no consensus on the routine need for a pyloric drainage procedure for patients undergoing an esophagectomy with gastric conduit reconstruction. In this study, we present a novel method of pyloric drainage which offers the benefit of improved gastric drainage and reduced risk of perioperative complications.

Methods:

A standard Esophagectomy is performed using either, Ivor Lewis esophagectomy, or a Minimally invasive esophagectomy with a cervical anastomosis (McKeown esophagectomy). Stomach tube is made extracorporeally by using linear stapler. Marking of the stomach tube is done. Two linear staplers are fired along the line and an incision is made on the stomach at lesser curvature medial to the marking. A sponge holder is inserted through gastrostomy along the lesser curvature and is passed across the pylorus. The sponge holder is then opened in both longitudinal and transverse planes to cause the fracture of pyloric sphincter. The sponge holder is removed and then the third stapler is fired along the marking to complete the stomach tube. The stomach tube is then pulled up through the posterior mediastinum into the neck and stapler or a hand sewn anastomosis is done between the esophagus and stomach.

Results:

We analysed our technique in two hundred and thirty-eight patients with esophageal carcinoma treated by esophagectomy with gastric conduit reconstruction between 2011 and 2016. On analysis postoperative incidence of pulmonary complication is 13% and anastomotic leak rate is 5.8%. Only 2 out of 238 patients required postoperative endoscopic balloon dilatation for gastric stasis.

Conclusions:

Our technique of pyloric dilatation is associated with no additional risk to patient and with added advantage of low incidence of pulmonary complications and anastomotic leak.

PA- 160**Title: Laparoscopic management of Gastric gastrointestinal stromal tumors and its long term outcomes****Abstract****Objective:**

Gastric gastrointestinal stromal tumors (GISTs) are rare neoplasms that require excision for cure. Although the feasibility of minimally invasive resection of gastric GIST less than 2cms has been established, the long-term safety and efficacy of these techniques are unclear. We hypothesized that complete resection of gastric GISTs using a combination of laparoscopic, endoscopic and laparoendoscopic techniques even for lesions larger than 2cms resulting in low perioperative morbidity and an effective long-term control of the disease.

Methods:

Between Jan 2005 and June 2018, Total of 51 patients of Gastric GIST was evaluated out of which 42 consecutive patients who underwent laparoscopic or laparoendoscopic resection of gastric GISTs was identified in a prospectively collected database. Outcome measures included patient demographics and outcomes, operative findings, morbidity, and histopathologic characteristics of the tumor. Patient and tumor characteristics were analyzed to identify risk factors for tumor recurrence.

Results:

42 patients, mean age 56.70 years (range, 23–79 years), underwent laparoscopic, endoscopic and laparoendoscopic resection of gastric GIST. Vague abdominal pain, dyspepsia and GI bleeding were the most common symptoms. Mean tumor size was 3cms (range 0.5cm–12cms) with the majority of the lesions located in the proximal stomach. Mean operative time was 110 minutes (range, 50–310 minutes), the mean blood loss was 80 mL (range, 10–600 mL), and the mean length of hospitalization was 4.5 days (range 2–12 days). There were no major perioperative complications or mortalities. All lesions had negative resection margins (range, 2–40 mm). Four patients had 5 or more mitotic figures per 50 high power fields. Lap wedge resection was done for 21 patients, Lap transgastric approach was used in 11 patients for tumors near OG junction at posterior stomach wall. ESD/Lap assisted ESD was done in 5 patients. Laparoscopic subtotal gastrectomy was done in 1 case, Lap proximal gastrectomy in 2 cases, lap distal gastrectomy with distal pancreatectomy-splenectomy was done in 2 cases. At a mean follow-up of 48 months, 39(95.2%) patients were disease free, 1 patient had local recurrence, and 1 patient died of metastatic disease. Univariate analysis showed that there was a statistically significant association of disease progression with tumor size, high mitotic index, tumor ulceration, and tumor necrosis. The presence of >10 mitotic figures per 50 HPF was an independent predictor of disease progression.

Conclusion:

A laparoscopic approach to surgical resection of gastric GIST is associated with low morbidity and short hospitalization. As found in historical series of open operative resection, the tumor mitotic index predicts local recurrence. The long-term disease-free survival of 95.2% in our study establishes laparoscopic resection as safe and effective in treating gastric GISTs even for tumors larger than 2 cms. Given these findings as well as

the advantages afforded by minimally invasive surgery, different laparoscopic approaches may be preferred for most patients with small- and medium-sized gastric GISTs located at different positions.

Abstract Category: Oral presentation**Type of Presentation: Competitive****Section: Award paper****Title: Long term outcomes of thyroid cancer involving tracheal resection: a 15 year experience for a tertiary regional cancer care centre of South India**

Authors: Dr Yogesh Tiwari

Name of Presenting Author: Dr Yogesh Tiwari

Institute: Cancer Institute (WIA)

Presenting Author Mobile No: 08965857372

Presenting Author Email ID: drytiwari85@gmail.com

Abstract

Background & Introduction: There is a paucity of data in literature with regards to the long term outcomes of thyroid cancers with tracheal invasion. The present study primarily aims at studying the long term outcomes of patients of thyroid cancers with tracheal invasion and analyzes the various factors influencing the same.

Method- Between the years 2002 and 2016, 37 patients underwent radical surgery for tracheal involvement in thyroid cancers were analyzed.

Results –

M0 and M1 disease OS ($p < 0.015$), Stage 3 and 4 OS ($p < 0.031$). There was no 30 day post-operative mortality in our cohort.

Survival	%
5 years survival	81.7 %
15 years survival	35.9 %
5 years EFS	37.6 %
15 years EFS	12.8 %

Conclusions: Our series clearly demonstrates the safety, feasibility and the long term favorable oncological outcomes of tracheal resection in thyroid cancers. This radical procedure requires expertise and is also a worthwhile exercise in the recurrent setting as well as in the presence of metastatic disease. Our series of tracheal resections, with a 15 year outcome results thus adds to the limited long term data available in literature.

Abstract Category- Poster**Type of Presentation- Competitive****Section: Award Poster****Title: A rare case scenario of testicular choriocarcinoma metastasis to jejunum with intussusception.**

Authors: Dr Yogesh Tiwari

Name of Presenting Author: Dr Yogesh Tiwari

Institute: Cancer Institute (WIA) Adyar, Chennai

Presenting Author Mobile No: 08965857372

Presenting Author Email ID: drytiwari85@gmail.com

Abstract

Background & Introduction: Gastrointestinal metastasis in testicular cancer is very uncommon. We are presenting a rare case scenario of metastatic choriocarcinoma metastasis to jejunum with intussusception, melena and severe anemia.

Methods: 24 year gentleman presented to primary health care hospital with right testicular swelling. After right high inguinal orchidectomy, he presented to tertiary cancer institute of south India with complaints of episodic crampy abdominal pain, intermittent vomiting that suggest partial intestinal obstruction with melena.

Results: AFP was 1.7 ng/mL, HCG was 364678 mIU/mL. CT abdomen and pelvis showed abnormal target like mass (bowel with in a bowel appearance) suggestive of enteroenteric intussusception. For anemia multiple blood transfusions were given. He had persistent symptoms. Emergency laprotomy was done, Jejunal polyp was the lead point. Wedge resection of jejunal segment was done. Biopsy was metastatic choriocarcinoma. His post operative recovery was uneventful.

Conclusions: High suspicion of gastrointestinal metastasis should be considered in patients of testicular mass with complaints of melena and anemia especially in case of multivisceral metastasis. This is unusual site of metastasis. Gastrointestinal metastasis is poor prognostic factor suggest high burden metastatic disease with 45 % 6 months mortality rate.

PA- 165

Chest wall resection in locally advanced or recurrent breast cancer – an Institution review

Background

The usefulness of chest wall resection in breast cancer is poorly defined as extensive surgical resection is seen inappropriate, as it is regarded as harbinger of systemic disease. We report our experience of chest wall resection in recurrent or locally advanced breast cancers

Materials and methods

We reviewed our institute records for chest wall resection in locally advanced or locally recurrent breast cancers from 2016 - 2018

Results

We had 3 cases of chest wall resection for carcinoma breast. 1 for recurrent breast cancer and 2 for locally advanced breast cancer after NACT. Preoperative symptoms were ulceration in recurrent tumor, pain and mass in other. One patient needed Lattismus dorsi myocutaneous flap and one required a free flap. One underwent LD muscle flap. Mean postop days were 10. One patient required repeat flap surgery for partial flap necrosis

Conclusions

Full thickness chest wall resection is relatively safe procedure with acceptable morbidity and can be considered in carefully selected patients

Key Words: Breast carcinoma—Chest wall resection—Chest wall recurrence

PA- 166

Title: Role of pelvic lymphadenectomy in intermediate risk endometrial cancer and predictors of nodal positivity in Indian Patients

Authors: Suhaildeen K, Department of Surgical oncology, Sri Ramachandra Medical college and Research Institute, Chennai

Background: One of the most intense controversies in endometrial cancer revolves around the need for lymphadenectomy at the time staging. Study carried out to analyze the role of staging with pelvic lymphadenectomy in intermediate risk stage I endometrial cancer (Stage IA Gr III and Stage IB Gr I & II) and to study patient and tumor factors correlating with pelvic nodal metastasis and assessing the morbidity of routine pelvic lymphadenectomy in staging intermediate risk carcinoma endometrium

Methods: Review analysis of all the patients with Stage I Carcinoma endometrium intermediate risk, treated at our institution between January 2006 and Dec 2014. All demographic data, tumor factors, adjuvant treatment, follow up and recurrence were recorded

Results: 65 were in intermediate risk group, of which, 21 were in low intermediate and 44 in high intermediate risk group, with 4 patients with positive pelvic node in each group. Patients with Low intermediate risk

Stage I A, Grade III tumors the nodal involvement was substantial even when the myometrial invasion was less than 50%. All grade I tumors did not have pelvic nodal metastasis, even though the depth of myometrial invasion was >1/2. Of all 8 patients with pelvic node positive tumor in our study population, 7 had tumor size of at least 4cm. One had tumor size of 2.5cm. Overall percentage of pelvic nodal metastasis in our review of intermediate risk carcinoma endometrium was 12%, with 19% in stage I A, Grade III tumors, and 9% with Stage I B, Grade I and II tumors.

Conclusions: A systematic lymphadenectomy should be done in patients with endometrial cancer who are at intermediate to high risk of lymph node metastases. The grade III histology is more likely to predict for nodal metastasis more than depth of myometrial invasion. It is recommended to stratify patients into risk groups to formulate guidelines for therapeutic lymphadenectomy.

Key Words : Intermediate risk, Carcinoma endometrium, Lymphadenectomy

PA- 167

Title- carcinoma buccal mucosa and nasolabial flap- our experience at IGIMS, patna

Background – carcinoma of buccal mucosa is one of the common cancer in this part of country. But due to many factors they usually present late. Early stage buccal mucosa cancer can be cured by surgery with or without other treatment modality. After doing wide local excision and neck dissection the primary defect was reconstructed with the help of nasolabial flap. The reconstruction should be done ideally by free flap but due to resource constraints it cannot be done in all cases.

Aims and objectives – excision of primary tumor with adequate margin and reconstruction of buccal mucosa defect with the help of nasolabial flap with good mouth opening, swallowing and good lip closure.

Material and methods – we selected early stage buccal mucosa cancer without involvement of upper or lower gbs without rmt involvement with good mouth opening who attended the surgical oncology opd from April 2017 to September 2018.

Conclusion – final result will be analyzed as per histopathological report ,functional status, comesis and recurrence.

PA- 169

Impact of Molecular Subtypes on Survival Outcomes in Breast Cancer : Indian perspective

Background :

Breast Cancer has been classified into four molecular subtypes : Luminal A (LABC), Luminal B (LBBC), Triple negative (TNBC) and HER2-enriched (HER2e) based on Immunohistochemistry. These subtypes have distinct biological behavior and outcomes. In this background we wanted to assess the pattern of molecular subtypes in the Indian population and its impact on survival outcomes.

Material and methods :

We retrospectively reviewed the records of all breast cancer patients registered at the oncology department at Max superspeciality hospital, Shalimar bagh from January 2014 to 2018. These patients were divided into 4 subgroups depending on the presence or absence of immunohistochemical markers: i) Luminal A (ER/PR+, Her 2 neu-); ii) Luminal B (ER/PR+, Her 2 neu+); iii) Her 2 enriched (ER-/PR-, Her 2 neu+) and; iv) Triple negative (ER-,PR-, Her2 neu-). Clinical and pathological features and survival were compared between patients in the 4 subgroups and SPSS software used for statistical analyses.

Results :

There were 184 eligible patients . Median age at presentation was 55 years (Range 23 - 80). 95 were Luminal A (51.35%), 46 were Luminal B (25.4%), 25 were TNBC (14.05 %) and 18 were HER 2 enriched (10.02%). Median

follow up was 11 months. Luminal A presented with lower stage ,grade and Ki 67 and had better survival. HER 2 enriched tumors were practically unseen in the elderly population. They never presented early (stage 1 : 0).TNBC were seen more commonly in younger women (16%<40) , presented with higher grade & Ki 67.The survival outcomes are better and similar for Luminal A & B and worst for TNBC.

Conclusions :

Even though the majority of the patients were Luminal A, the fraction of patients with TNBC ,Luminal B or HER 2 enriched were higher in the Indian population when compared to the western population. Therefore the incidence of breast cancer is higher in young women with aggressive biology

Characteristic	LUMINAL A(95)	LUMINAL B(46)	HER 2 ENRICHED (18)	TNBC(25)
AGE <40	6	4	2	4 (16%)
40 – 70	83	40	16	16
>70	6	2	0	5
GRADE 1	13	5	3	8
2	60	19	7	5
3	20	21	8	12 (48%)
STAGE I	9	3	0	3
II	42	12	8	9
III	26	19	8	8
IV	18	12	2	4
Ki 67 <20	60	16	6	1
20-50	15	15	2	6
>50	7	4	2	5
NA	13	11	8	13
Overall Survival	97.8%	97.8%	93.8%	84%

Abstract Category: Poster presentation

Type of Presentation: Competitive

Section: Award Poster

Title: CLINICAL SIGNIFICANCE OF LYMPH NODE RATIO WITH PATHOLOGICAL N1 BREAST CARCINOMA IN INDIAN POPULATION.

Authors: Dr Sanjeev Kulkarni, Dr LohitaKrishna , Dr B.S.Srinath

Name of Presenting Author: Dr Sanjeev Kulkarni

Institute: Sri Shankara Cancer centre , Bangalore

Presenting AuthorMobile No: 7034245384

Presenting AuthorEmail ID: sanjiv2002@gmail.com

Abstract

Background & Introduction:There is always a controversy about administration of regional radiotherapy in patients with N1 disease. Lymph node ratio(LNR) is defined as the proportion of positive lymph nodes of all dissected nodes. Aim of the present study is to evaluate the prognostic value of lymph node ratio in relation to distant metastases.

Methods:We retrospectively analysed clinical data of patients with pathological N1(1-3 positive lymph nodes) infiltrating breast carcinoma who underwent modified radical mastectomy or breast conservation surgery in the year 2012-2013 and are on minimum 5 year follow up at srishankara cancer hospital & research centre. Based on statistical analysis, we used cutoff value of 0.12, which yielded the most significant result and divided patients into two groups according to lymph node ratio, low LNR(≤ 0.12) and high LNR(≥ 0.12)

Results:Out of 73 patients with pathological N1 disease , 50 had low LNR (≤ 0.12) and 23 had high LNR(≥ 0.12). Univariate and bivariate analysis done. Distant metastases correlated significantly($p < 0.05$) with high LNR .

Conclusions:– LNR is an independent prognostic factor in pathological N1 disease and could be an indicator for distant metastases. LNR may aid in planning adjuvant therapy .

Abstract Category: Poster

Type of Presentation: Non-competitive

Section: Award paper

Title:Loss of E74 like ETS transcription factor 3 (ELF3) promotes epithelial to mesenchymal transition in bladder carcinoma

Authors: Dr.Shobha;Dr.Veerendrakuma;Dr.SyedAltaf;Dr.Prashanth

Name of Presenting Author: Dr.Shobha

Institute: KIDWAI CANCER INSTITUTE ,BENGALURU

Presenting AuthorMobile No: 9845880095

Presenting AuthorEmail ID: drshobha2010@gmail.com

Abstract

Background & Introduction:Bladder cancer (BCa) is the most common cancer of urinary system. It ranks ninth among the list of occurrences and thirteenth in terms of mortality rate. Many transcription factors (TFs) are deregulated in cancer and targeting them can be highly effective in treating cancers. TFs bind DNA and regulate gene expression. Among various other cellular changes, TF's also control epithelial to mesenchymal transition (EMT): phenomenon which gives cancer cells its plasticity. Epithelial-mesenchymal transition is a dynamic process and has been identified as crucial drivers of tumor progression. The ETS family of transcription factor ELF3 exhibits epithelial restricted expression pattern. In the present study, we assess the role of ELF3 in the pathogenesis of bladder cancer.

Methods: To understand the role of ELF3 in EMT induced BCa progression, we employed various bioinformatics analysis and antibody-based validation studies. We assessed the expression pattern of ELF3 and other EMT markers by performing western blot and immunocytochemical assays. Immunohistochemistry was performed to check the expression pattern of ELF3 expression in BCa tissue sections. Further, we confirmed its role by transiently overexpressing ELF3 in highly aggressive bladder cancer cell line UMUC3.

Results: We observed that expression of ELF3 was specific to low-grade BCa cell lines and epithelial region of bladder tumor section. Furthermore, the cell lines that selectively expressed low ELF3 showed increased expression of mesenchymal markers and decreased expression of epithelial markers. We also demonstrated that upon overexpression of ELF3 in UMUC3, the most aggressive bladder cancer cell line the invasive ability was reduced. Further we also observed that ELF3 expression was associated with increased risk and decreased survival rates in bladder cancer patients.

Conclusions: ELF3 expression is significantly downregulated in primary bladder cancer and ELF3-modulated reversal of EMT may be a new approach in the treatment of bladder cancer.

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ABSTRACT

NEED FOR STUDY: Low anterior resection syndrome (LARS) is increasingly recognized as a concern after low anterior resection for the treatment of rectal cancer. The lack of a precise definition outlining the symptoms and the time course that constitute LARS hinders ongoing research into the incidence, risk factors, pathophysiology, and treatment of this syndrome. This review will outline the current characterization of LARS, the approach to measuring LARS, and the risk factors for development of LARS.

METHODS: It is a hospital based prospective study of the cases of carcinoma rectum admitted in the Dept. of Surgical Oncology from April 2015 till April 2017 This study will be done in the Department of Surgical Oncology, Kidwai Cancer Institute, Bangalore. All patients who were operated for Ca rectum by low anterior resection were followed up for 1 year from the time of surgery. All these patients were followed up in the opd and were asked to take part in the study. The details of the patient with the treatment obtained by the patient recorded and tabulated.

RESULTS: Out of 60 patients, 55 responded and 50 responded appropriately. A total of 47%

of the patients presented “severe” LARS and 34% did not develop quantifiable ARS. Quality of life was worse in the highest LARS scores.

CONCLUSION: Half of the operated patients presented high LARS score and only a third did not provide a quantifiable ARS. The overall perception of quality of life was significantly worse in patients with more severe LARS. The absence of the rectum (total mesorectal excision) and the type of anastomosis were the main factors associated with the LARS score

Pa-175

Uterine Sarcoma – A single centre retrospective cohort analysis

	Number	Mean age	premenopausal	Major Symptom	Adjuvant Therapy		
Type		43	14(87%)		CT	HT	RT
Endometrial Stromal sarcoma	16	50	5(35%)	HMB[11(87%)]			
low grade	12				2(66%)	8(66%)	-
High grade	4				1(25%)	3(75%)	1(25%)
Leiomyosarcoma	14	45	2(33%)	Pain [4(28%)]	12(86%)		
Undifferentiated uterine sarcoma	6	60	0	HMB [2(33%)] PMB [2(33%)]	4(66%)		
Adenosarcoma	1	21	1	Mass	1		
Rhabdomyosarcoma	1	22	22(38%)	HMB	1		

Median follow up 18.5 months(10-36 months). A total of 25 events occurred. 21(55% recurrence), 4(10%) progression. Median EFI 19 months (95% CI 0–48). Three years EFS rate was 40%.

Conclusion:

The present study showed that the histological type of the sarcoma is the main prognostic factor. Other variables showed no significance statistically due to small sample size. Multicentre study or national cancer database is needed to derive clear conclusions.

PA- 176

TITLE:

Flow through double free flap in Head and Neck complex reconstruction:

a success story in a crisis situation

Authors:

Dr Adharsh Anand¹, Dr Sajith Babu Thavarool², Dr Manu Santhosh³, Dr Sandeep Vijay³, Dr Ajay Kumar³, Dr Rahul Singh³

- 1- Assistant Professor, Malabar Cancer center, Thalassery, Kerala
- 2- Associate Professor, Malabar cancer Center, Thalassery, Kerala
- 3- Fellow, Malabar cancer Center, Thalassery, Kerala

Abstract

Back ground:

Flow through flap has been described in literature for extremity reconstruction where a flap cover as well as vascular salvage of the limb is needed in continuity. It has often been done in traumatic extremity injuries as well as limb salvage surgeries done for extremity malignant or

Background:

Uterine sarcomas constitute 1% of female genital tract tumours and 7% of uterine neoplasm. The WHO has modified the classification of uterine sarcoma in 2014, These tumours are rare compared to uterine carcinoma. The standard treatment including extent of surgery and role of adjuvant therapy are not clear. The present study aims at analysing the clinicopathological characteristics and other factors affecting the outcome.

Material and Methods:

All histologically proven cases of uterine sarcoma (WHO 2014), registered in our centre from 2007 – April 2017 were analysed. Patients those who were in Stage IV and were given only best supportive care were excluded from analysis. A total of 38 patients were analysed for event free survival and overall survival.

Results:

benign tumours. As far as we know , this is the first time a flow through double free flap reconstruction has been done for a major head and neck resection.

Method, Result, Discussion& Conclusion:

42 year old lady was diagnosed with a low grade adenoid cystic carcinoma of the face which involved the nose, premaxilla and bilateral maxilla , hard palate , right buccal mucosa , left full thickness buccal mucosa and left side of lower alveolus. She was discussed in our multispecialitytumour board as well as our NCG virtual tumour board and decided for surgery followed by adjuvant. Her resection involved the nose, premaxilla, right infrastructure maxillectomy, right buccal mucosa, left total maxillectomy, left ITF clearance, left full thickness cheek, left superficial parotidectomy and left segmental mandibulectomy. Midface reconstruction was planned via RPT model and free fibula flap was used for the same with the skin paddle used for nasal surfacing. Lower face reconstruction was done by Anterolateral thigh flap which was superthinned and formed the right buccal mucosa lining, hard palate, upper lip and bipaddled on the left side to form the left cheek. The pedicle of ALT flap was anastomosed to left facial artery and facial vein. But, the pedicle of free fibula flap which was planned to anastomose to right facial artery was falling too short. The attempt to reach the right superficial temporal artery also failed. The distal end of the ALT pedicle was checked for flow which showed good flow and since it was close to the fibula pedicle, it was anastomosed to peroneal artery and vein thereby becoming a flow through flap.

Both the flaps survived and she was decannulated after two weeks and started on oral feeds and underwent adjuvant radiotherapy. Nasal framework reconstruction was done by using spectacle laden nasal prosthesis and is currently disease free and on follow up. Flow through technique is a viable option in double free flap surgeries especially to circumvent such critical situations where pedicle length is an issue.

PA- 177

TITLE:

PMMC - rib – intercostal muscle composite flap for segmental mandibulectomy defects- technique and outcomes.

Authors:

Dr Adharsh Anand¹, Dr Sajith Babu Thavarool², Dr Shawn T Joseph³

- 1- Assistant Professor, Malabar Cancer center, Thalassery, Kerala
- 2- Associate Professor, Malabar cancer Center, Thalassery, Kerala
- 3- Consultant, VPS Lakeshore, Kochi, Kerala

Abstract**Back ground:**

The standard of care in Gingivobuccal sulcus and lower alveolus SCC with gross involvement of mandible or significant paramandibular spread involves a segmental mandibulectomy. PMMC flap was the workhorse flap in the reconstruction of such defects. But the last few decades have shown a paradigm shift in the reconstructive ladder where free bone flap has been used for achieving better occlusion, dental rehabilitation and cosmesis. But, free bone flap surgeries are not without complications. Failure rate in literature has been quoted to be 8- 10% with upto 15-20% re-exploration rates. Moreover, lengthy operating time and the need for expertise add to the issues. Also, it is a fact that only a few patients undergo dental implant procedures, especially after postoperative radiotherapy. Thus, in a low resource setting prevalent in large volume centers, even in the presence of expertise for free flap and microvascular surgery, a reconstructive surgeon may often look for regional bone flap reconstructive options.

Methods:

In this case series we describe an innovative technique of harvest of PMMC – rib-intercostal muscle composite flap for such segmental mandibulectomy defects and its outcomes. In this technique, the vascular intercommunications between the pectoral and the internal mammary – intercostal system is utilized to get a vascularized pedicledosteo- musculo- cutaneous flap. All of these patients have received PORT and is on follow up with us.

Results, Discussion and Conclusion:

Surgical outcomes were also measured in terms of operative time, hospital stay, complications, etc. Functional outcomes in terms of occlusion, cosmesis and mouth opening were also objectively measured and found to be excellent. Thus, PMMC-rib-intercostal muscle composite flap is a viable and robust regional reconstructive method for segmental bone defects.

Abstract Category: Poster/Oral Presentation/Video**Type of Presentation: Competitive/Non-competitive**

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship /Award paper/Award Poster/ /Award Video

Title: Estimation of prevalence of androgen receptor among 50 consecutive breast cancer patients treated in our hospital and correlation with various tumor related clinic-pathological factors.

Authors: Balasubramanian V, Suhaildeen K, Jagdish Chandra Bose

Name of Presenting Author: Balasubramanian V

Institute: Sri Ramachandra Medical College and Research Institute, Chennai

Presenting Author Mobile No: 9444547541

Presenting Author Email ID: balapsgimsr@gmail.com

Abstract**Background & Introduction:**

Breast cancer is the most common malignancy among women in the world. It is a very heterogeneous disease with various subtypes defined based on the clinical stage, molecular typing and hormonal receptor

status. The frequency of expression of androgen receptors varies with different subtypes of breast cancer, 85-95% in ER/PR positive, 63 – 66% HER 2 enriched type and 10-53% in triple negative cancers.

Methods:

We retrospectively analysed the hormonal status of 50 consecutive breast cancer patients, evaluated in our hospital to identify the pattern of hormonal receptors distribution and to correlate with their clinico pathological correlation.

Results: Of the 50 patients enrolled in our study, 76% had right breast cancer. 36% of patients had early stage breast cancer, 48% had locally advanced breast cancer and 16% had metastatic breast cancer. 76% of patients were hormone receptor negative breast cancer. 84% had androgen receptor positive breast cancer.

Conclusions:

Antiandrogen therapy has been found to have limited efficacy, shown to benefit only patients with estrogen/progesterone positive breast cancer, there is a need to identify targeted therapeutic options for patients with ER/PR negative breast cancer. Since ER and PR negative patients can have Androgen receptor positive, Antiandrogen receptor therapy can be used as a targeted therapy modality in these patients beyond chemotherapy

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: Award paper**

Title: CRS and HIPEC for huge pseudomyxomas: experience of a tertiary cancer centre in India

Authors: Ramakrishna Reddy Y, Ramakrishnan A Seshadri, Gourav Das, Hemanth Raj E

Name of Presenting Author: Ramakrishna Reddy Y

Institute: Dept. of Surgical Oncology, Cancer Institute (WIA), Chennai, India

Presenting Author Mobile No: 9177137417

Presenting Author Email ID: yarram.yrk@gmail.com

Abstract**Background & Introduction:**

The learning curve for cytoreductive surgery (CRS) for pseudomyxomaperitonei (PMP) is very long and CRS for huge PMP poses many challenges to the surgical team and anaesthetists. The aim of this study is to analyse the short-term treatment outcomes of PMP in our institution with special reference to huge PMP.

Methods: A prospectively maintained database of patients who underwent CRS and hyperthermic intraperitoneal chemotherapy (HIPEC) in our institution between 2012 and 2018 was retrospectively reviewed to identify patients with PMP. Patients were divided into two groups based on the peritoneal cancer index (PCI) score- Group A (huge PMP; PCI ≥28) and Group B (PCI <28). Various clinical, pathological and treatment related factors and the oncological outcomes were compared between patients in the two groups. Univariate and multivariate analysis of various patient and treatment related factors were performed to identify independent predictors of grade 3-5 morbidity.

Results: A total of 27 patients with PMP underwent CRS and HIPEC during this period of which 16 had huge PMP (group A). Patients with huge PMP were younger (median age 50.5 vs 54 years) and had a lower serum albumin (mean 2.9 vs 3.6g/dl) and BMI (median 23.5 vs 27). The median PCI score was 33.5 (range 29-39) and 17 (range 0-27) respectively. The median duration of surgery (13vs 9 hours) and the median blood loss (1800 ml vs 1400 ml) was lower in Group A compared to Group B. A completeness of cytoreduction score of 0/1 was achieved in 93.7 and 100% of patients in Group A and B respectively. None of these differences were significant. Rectal resections, total colectomy, splenectomy and a diversion stoma were more commonly performed in patients with huge PMP. Grade 3-4 complications were seen in 43.75% and 9% of patients and 90-day mortality occurred in 12.5% and 18% of patients in

Groups A and B respectively. The only independent predictor of Grade 3–5 morbidity was the duration of surgery.

Conclusions: Patients with huge PMP presented with a poor nutritional status. They had a significantly higher overall morbidity when compared to the patients with a lower PCI. The only independent factor predicting grade 3–5 morbidity was the duration of surgery.

Abstract Category: Poster

Type of Presentation: Non-competitive

Section: Award Poster

Title: SOLID PSEUDOPAPILLARY TUMOR – A RARE NEOPLASM OF THE PANCREAS

Authors: Ramakrishna Reddy, Hemanth Raj E, Ramakrishnan A Seshadri.

Name of Presenting Author: Ramakrishna Reddy

Institute: Cancer Institute (WIA), Adyar, Chennai.

Presenting Author Mobile No: 9177137417

Presenting Author Email ID: yarram.yrk@gmail.com

Abstract

Background & Introduction: Solid pseudopapillary neoplasm of pancreas (SPN) otherwise known as Frantz tumor, is a rare entity, accounting for only 1–2% of pancreatic neoplasms. It is almost exclusively seen in females and occurs in the second or third decades of life. Due to the paucity of the number of cases seen, the natural history of the disease is not fully understood. It differs from the more common pancreatic adenocarcinoma in that, is more indolent, and carries a better prognosis.

Methods: Patients who underwent surgery for pancreatic tumors between July 2013–July 2018 were retrospectively reviewed to identify the patients with SPN.

Results: Only two cases identified.

CASE 1- A 15 year old girl was evaluated for abdominal pain and diagnosed to have pancreatic tumor involving the body and tail. Tumor was encasing the splenic vessels throughout its length and abutting the the portal vein and superior mesenteric vein (PV-SMV)confluence. CT Guided biopsy – S/O SPN. Underwent Enblock Distal pancreatectomy + Splenectomy + PV – SMV Confluence resection and reconstruction with a PTFE interposition graft on 17.07.2013. Post operatively had partial graft thrombosis with well formed collaterals. Kept on anti coagulants. She is under regular follow-up. DFI of 5 years. No Loco regional /Systemic recurrence.

CASE 2 – 47 year old lady with h/o tobacco chewing x 20 years, presented with left hypochondrial pain and diagnosed to have 12x11x11 cm multiloculated cystic lesion of pancreas involving the body and tail. Underwent enblock distal pancreatectomy with splenectomy on 11.01.2018. Post operative HPE- S/O SPN, all resected margins are free. She is under regular follow up. 6 months of DFI. No Loco regional/ Systemic recurrence.

Conclusions: SPN are rare tumors of pancreas with low malignant potential, mostly involving the distal pancreas. Surgical resection is the main stay of treatment. Because long-term survival can be achieved, patients with SPN should be treated aggressively with complete resection. Need regular follow up with annual imaging to identify the early recurrences.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: Award paper

Title: STUDY OF PATHOLOGICAL COMPLETE RESPONSE (pCR) RATES AFTER NACT IN PATIENTS WITH BREAST CANCER AT A TERTIARY CENTRE IN MUMBAI

Authors: Dr. Anuja Raniwala, Dr. Bharat Nandu, Dr. Vinay Deshmane

Name of Presenting Author: Dr. Anuja Raniwala

Institute: Hinduja Hospital and Research Centre

Presenting Author Mobile No: 9822869639

Presenting Author Email ID: anujaraniwala@gmail.com

Abstract

Background & Introduction:

Breast cancer is the most common cause of death due to cancer in women. Locally advanced breast cancer is common in India due to delay in presentation to the hospital. Neoadjuvant Chemotherapy (NACT) was initially developed as a component of combined modality treatment for locally advanced breast cancer (LABC) that either was inoperable at presentation or required extended radical surgery. The NSABP B-18 trial found no difference in the timing of chemotherapy relative to surgery in operable breast cancer patients but found that pCR correlated with improved Disease Free Survival and Overall survival.

Methods:

We retrospectively studied 150 patients with T2 and T3, N0/N1 and LABC from the year 2013 to 2018. At the first visit, patients underwent clinical evaluation for tumor size and thereafter after every cycle of chemotherapy, response was evaluated as per the RECIST criteria. They underwent MRM or BCT and response to chemotherapy was determined by the Pathology report.

Results: Out of 150 patients, 40 (26%) patients had pathological Complete Response, 55 (36.6%) patients had partial response and 55 patients (36.6%) had no response to chemotherapy. Of the 55 patients with no response, 7 patients had disease progression. Of the 40 pCR patients, 26 underwent BCT (65%) and remaining underwent MRM. 15 out of 67 patients with LABC had pCR (22%) and were eligible for BCS.

Conclusions:

The pCR rate is 26% in our study. NACT leads to downstaging of tumor and makes breast conservation an option for patients.

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Title: Neoadjuvant Short course Chemo-radiation v/s Long Course Chemo-radiation in Rectal Cancer.

Dr Samir Bagasrawala, Dr Harsh Sheth, Dr Jay Anam, Dr Jageshwar Pandey, DR Nikhil Kalyani, Dr Sharmila Agarwal, Dr Sanket Mehta

Abstract

Purpose

To compare the short term outcomes of short term versus long term neoadjuvant Chemoradiation in locally advanced rectal cancer.

Results

In this retrospective study 22 patients were analysed from 2015 to 2018, 14 patients were treated with short-course Radiotherapy with 2 cycles Chemotherapy and 08 patients were treated with Long course chemoradiation. The sphincter-saving rate (84.61% vs. 60%, short-course Radiotherapy with 2 cycles Chemotherapy vs. long-course chemoradiation), pathologic complete remission (76.92% vs. 62.5%), down staging (92.85% vs. 62.5%) and treatment complications including anastomotic site leakage, bowel adhesion, and hematologic toxicity associated with short-course Radiotherapy with 2 cycles Chemotherapy were not significantly different from those associated with long-course chemoradiation.

Methods and materials

22 patients with rectal cancer were analysed in the retrospective study which were divided into 2 groups of 12 patients receiving a regimen of 25 Gy in 5 fractions over the course of 1 week as a short course radiation therapy with the concurrent administration of 2 cycles of chemotherapy. The remaining 8 patients received a regimen of 50.4 Gy in 25–28 fractions which was administered with a concurrent 5-fluoropyrimidine-based chemotherapy administered in 28 equal doses. Chemotherapy consisted of a bolus injection of 5-Fluorouracil + Leucovorin during the first and last week of radiotherapy. Surgery was performed 6–8 weeks after completion of radiotherapy in both groups.

Conclusions

Preoperative short-course chemoradiation has clinically comparable outcomes for the respective endpoints as compared to long term

chemoradiation. Thus in our experience preoperative short-course Radiotherapy with 2 cycles Chemotherapy is as effective and safe a modality as long-course Chemoradiation in locally advanced rectal cancer.

Keywords: chemoradiotherapy, preoperative treatment, rectal cancer

PA- 183

Sarcoma of lung - a rare entity

Dr Athul K Vasudev, Dr Rexeena Bhargavan, Dr Paul Augustine Damodaran, 72yr, male

DM/HTN/sive, Cough and hemoptysis x 4 months

CECT : lesion subpleural aspect of the left LL 5.9x3.2x3.2cm.

Guided biopsy : High grade synovial sarcoma

PET CT : No mets

Underwent right lower lobectomy on 3/7/18

Per operative : Multiple fleshy proliferative growth right lower lobe surface, largest 4.5x4 cm, also multiple pleural based nodules largest 1.5x1cm on the diaphragm, hemorrhagic fluid present

Pathology : Biphasic synovial sarcoma. Pleural surface shows tumour nodule. No LVSI. Bcl2 - positive

Pictures of CT, peroperative and Histopathology

- Primary lung sarcoma very rare malignant tumor, 0.01 to 0.4 % of all lung tumors
- Most common lung sarcomas - leiomyosarcoma, malignant fibrous histiocytoma and synovial sarcoma
- Total of 300 cases reported in the literature
- Symptoms and signs similar to epithelial lung cancer.
- Not related to smoking
- Middle-aged individuals, with a slight predominance in men
- Important DD : metastatic spread from an extrapulmonary sarcoma
- Radiation exposure predisposing factor
- Aggressive progression
- Chemosensitive with doxorubicine and ifosfamid but with response rate less than 20%
- In localized disease, surgical removal is the treatment of choice for all histological types
- RT if margin positive
- Median survival is 48 mt and 5-yr survival -38 and 48%
- Average age at presentation - 25 yr.
- Large pleural-based intrathoracic masses at presentation.
- Necrosis and hemorrhage were almost uniformly present
- Synovial sarcomas are divided into four
 - biphasic
 - monophasic fibrous
 - monophasic epithelial
 - poorly differentiated
- Worse prognosis with synovial sarcomas include
 - tumor size (>5 cm)
 - male gender, older age (>20 years)
 - extensive tumor necrosis
 - high grade
 - large number of mitotic figures (>10 per 10 high-powered fields)
 - neurovascular invasion
 - SYT-SSX1 variant

Reference

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PA- 184

TITLE: The prognostic role of tissue miRNA 21 in non-small cell lung cancer: A meta-analysis

Pankaj Kumar Garg, Shreyash Rai

Department of Surgery, University College of medical Sciences and Guru Teg Bahadur Hospital, University of Delhi, India

Introduction

MicroRNAs (miRNAs) are a highly conserved family of small, non-coding, endogenous, single stranded RNA molecules that negatively regulate gene expression by binding to complementary sequences on target messenger RNA (mRNA). The potential role of tissue microRNA 21 as a prognostic factor has been evaluated in a number of studies. The present meta-analysis was conducted to summarize the evidence assess the prognostic role of tissue microRNAs 21 in Non-small cell lung cancer (NSCLC).

Methods

A literature search was performed in Pubmed for the clinical studies that assessed the role of tissue microRNA 21 in non-small cell lung cancer published prior to September 2017. Review manager (Cochrane Collaboration's software) version RevMan 5.2 was used for analysis. The generic inverse variance method was used to calculate the estimate the hazard ratio (HR) of over-expressed microRNA-21 for cancer specific mortality and recurrence free survival. The data was entered as natural logarithm of relative HR and standard error of mean for each of the studies. A fixed effect or random effects model was used to pool the data according to the result of a statistical heterogeneity test. Heterogeneity between studies was evaluated using the Cochran Q statistic and the I² test, with p < 0.05 indicating significant heterogeneity.

Results

There were seven studies available for the analyses which have assessed the role of over-expressed tissue microRNA 21 in the cancer specific mortality and recurrence free survival. A total of 1354 patients were included in the meta-analysis. Over-expressed microRNA-21 was associated with short recurrence free survival (HR=2.09, 95% CI 1.38-3.16) and poor overall survival ((HR=2.15, 95% CI 1.94-2.39).

Conclusion

The present meta-analysis suggests that an over-expressed microRNA-21 confers poor prognosis in patients with NSCLC.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: Surgical Management of Adrenal Myelolipoma: An institutional experience of more than 100 cases.

Authors: Chand G., Mishra A, Agarwal G, Agarwal A, Mishra SK

Name of Presenting Author: Dr. Gyan Chand

Institute: Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Presenting Author Mobile No: 09451546353

Presenting Author Email ID: drgyanchandpgi@gmail.com

Abstract

Background & Introduction: Adrenal myelolipoma is a rare nonfunctioning, benign tumor, usually discovered incidentally or at autopsy. The aim of this study is to review the clinicopathological analysis and surgical management of adrenal myelolipoma.

Methods: Between Sept.1999 to June 2018. 101 patients underwent Adrenalectomy for adrenal myelolipoma at our institute; seven females and eight males with mean age of 43.26 years(35–65 years); 73 with mass on right side(72.28%) while 25 on left side(24.75%) and three presented with Bilateral masses(2.97%).

Results: 84 patients were diagnosed incidentally by abdominal ultrasonography and computed tomography. While 17 patents during evaluation of

abdominal pain. Biochemically: 11 had raised 24hrs urinary metanephrine and two with raised Normetanephrine. All underwent surgery: Nine require alpha blockade before surgery; 42 were attempted laparoscopically, 25 were successfully completed while 05 required terminal hand assisted and 12 converted to open adrenalectomy due to large size, remaining managed by open trans peritoneal adrenalectomy, while two underwent Bilateral open adrenalectomy. Pathologically, the mean size was 10.86 cm(3–25cm) and mean weight 341.24gm(10–2186gm), Masses removed were surrounded by a thin fibrous capsule and compressed cortical tissue. A cut section showed yellowish fatty areas with focal brown-hemorrhagic areas. Microscopically tumor consist mainly mature adipose tissue with interspersed active hematopoietic cells. There was no operative mortality and no gross morbidity.

Conclusions: Adrenal Myelolipomas are usually small in size and asymptomatic. Not uncommonly they become large and symptomatic; Complications like hemorrhage and pressure symptoms may occur. Though conservative management is recommended; In our experience myelolipoma tend to attain large sizes and thus it would be prudent to surgically remove them at an early stage.

Abstract Category: Video

Type of Presentation: Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title:Trans Oro-vestibular Endoscopic Thyroid Surgery for Management of Thyroid Tumor: a review of initial 12 cases

Authors: Chand G, Mishra SK

Name of Presenting Author: Dr. Gyan Chand

Institute: Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Presenting Author Mobile No: 09451546353

Presenting Author Email ID: drgyanchandpgi@gmail.com

Abstract

Background & Introduction The different endoscopic approaches for the management of thyroid tumor have shown clear cosmetic advantage. The transorovestibular approach (TOVA) is the shortest route to reach thyroid tumor, it is totally scar free surgery with high cosmetic outcome. In current study of 12 patients with thyroid tumor, we are going to highlight the benefits of endoscopic trans oral vestibular approach in the management of thyroid tumor.

Methods Prospectively collected the data of endoscopic thyroid surgery through transorovestibular approach, from June 2017 to May 2018 patients having thyroid tumor ≤ 6 cm. Total 12 patients underwent this procedure through TOVA.

Results: Out of 12 patients 10 were female and two were male who underwent hemithyroidectomy. The mean duration of tumor was 9.67 ± 11.08 months, the mean thyroid tumor size was 4.5 ± 0.91 cm. all were cytological benign, the mean TSH was 2.68 ± 1.34 IU/ml, the mean operation time was 120.42 ± 21.69 min, The mean hospital stay was 2.42 ± 0.79 days, most patient discharged on 3rd post operative day except one male patient discharged on 4th post operative day due to prolong drain output. On univariate analysis the duration of tumor and size of tumor was not correlated significantly similarly the size of tumor and duration of surgery was not correlated significantly ($p=0.012$). The mean cost of therapy was 25283.42 ± 5338.11 INR. On follow up there was no RLN or mental Nerve Palsy.

Conclusions: The endoscopy technology provide excellent visualization and magnification, which helps in identification and preservation of recurrent laryngeal nerve, parathyroid gland and vital vessels.

Abstract Category: PosOral Presentation/Video

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: Gastroprotective Activity of 1-hydroxy-5, 7-dimethoxy-2 naphthalene-carboxaldehyde isolated bioactive compound from *Aeglemarmelos L.* Human gastric Carcinoid NCI-N87 [N87] cells.

Authors: Lubna Azmi1, 2, Ila Shukla 1, Aartigoutam1, ShyamSundar gupta1, Padam Kant1, 2, Ch.V.Rao1

Name of Presenting Author: LubnaAzmi

Institute: 1.CSIR-National Botanical Research Institute, RanaPratap Marg, Lucknow

2. Department of Chemistry, University of Lucknow, Lucknow

Presenting Author Mobile No: +91-8765874707

Presenting Author Email ID: azmilubna@gmail.com

Abstract

Background & Introduction: Gastric adenocarcinoma comprises in excess of 95% of malignant neoplasms of the stomach, and is thus the focus of this overview. Primary gastric lymphoma is the second commonest malignancy affecting the stomach with gastrointestinal stromal tumours (GISTs) and rare tumours, such as carcinoids, accounting for the remainder of cases. Nevertheless, many are asymptomatic and misdiagnosed. As response rates to chemotherapy are low, surgery remains the only effective treatment. Because many tumors have metastasized at the time of diagnosis, curative surgery is rarely achieved. Consequently, a substantial need for new therapeutic options has emerged.

Methods: The effects of 1-hydroxy-5, 7-dimethoxy-2 naphthalene-carboxaldehyde (HDNC) isolated bioactive compound from *Aeglemarmelos L.* were investigated in the GISTs cell line NCI-N87 [N87] transplanted mice. Proliferation and viability were analyzed using cell counting and WST-1 cell proliferation assay. Apoptosis was determined by DAPI staining and electron microscopy, and quantified by luminescence assays for caspases 6, 8, 9 and 2.

Results: HDNC showed a dose-dependent reduction of proliferation and induction of apoptosis in the NCI-N87 [N87] cells. Normal fibroblasts were not impaired. Tumor growth inhibition was also observed in heterotransplanted SCID (severe combined immunodeficiency) mice.

Conclusions: The in vitro and in vivo outcomes suggest a potential clinical effect of HDNC in GISTs.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster

Title: Pulmonary Metastectomy of Colorectal Cancer Origin: CT thorax in the staging and followup improves the survival

Authors: Naveena AN Kumar, Kamlesh Verma, Ashwin Desouza, Vikas Ostwal, Reena Engineer, George Karimundackal, Pramesh CS, Avanish Saklani.

Name of Presenting Author: Naveena AN Kumar, Institute: Tata Memorial Centre

Presenting Author Mobile No: 9969523579, Presenting Author Email ID: nkoncol@gmail.com

Abstract

Background & Introduction: This study was undertaken to evaluate the effect of change in policy of computed tomography (CT) scan of the thorax in staging and follow up of colorectal cancer (CRC). Another objective was to review the outcomes following pulmonary metastasectomies (Pmet) and to determine the prognostic factors affecting outcomes.

Methods: This is a retrospective analysis from a prospective cohort database of patients, who underwent Pmet for colorectal cancer origin from August 2004 to February 2016. The outcome measures were number of Pmet per year, overall survival (OS), disease-free survival (DFS), and prognostic factors affecting survival. Survival was estimated by Kaplan Meier analysis. Analysis of prognostic factors was done by log-rank test and Cox proportional hazard model.

Results: Of 71 patients, 38% ($n=27$) underwent Pmet prior to 2013 and 62% ($n=44$) had surgery after 2013. The 2-year DFS after Pmet was 49.3% and estimated 5-year OS was 51.4% at a median follow-up of 28 months. There was a significant increase in number of Pmets/year ($P = 0.0015$), increased detection of synchronous pulmonary metastasis (PM) ($P = 0.005$), increased diagnosis of extra-pulmonary metastasis (EPM) ($P = 0.005$) and improved OS ($P = 0.026$) after introduction of CT scan as staging tool. Site of primary tumor (colon) ($P = 0.045$), primary nodal stage ($P = 0.009$), and presence of extra pulmonary metastases ($P = 0.01$) were independent important prognostic factors affecting survival.

Conclusions: The CT scan of thorax as a baseline tool for staging and follow-up in colorectal cancer increases referral for Pmet and improves the survival. Surgery achieves excellent prognosis and long-term survival outcomes in colorectal cancer with isolated PM and carefully selected patients with solitary liver metastasis.

Abstract Category: Poster/Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster

Title: Pelvic Exenterations for Locally advanced and recurrent colorectal Adenocarcinoma: Aggressive surgical resection improves outcomes. Analysis of 110 cases.

Authors: : Naveena AN Kumar, Kamlesh Verma, Sajith P Sasi, Ashwin Desouza, Reena Engineer, Vikas Ostwal, Avanish Saklani

Name of Presenting Author: Naveena AN Kumar, **Institute:** Tata Memorial Centre

Presenting Author Mobile No: 9969523579, **Presenting Author Email ID:** nkoncol@gmail.com

Abstract

Background & Introduction: Pelvic exenteration (PE) is indicated in locally advanced or recurrent rectal cancers in order to achieve R0 resection. The objective of study was to assess the long-term survival and perioperative outcomes of patients undergoing pelvic exenteration for locally advanced or recurrent colorectal cancers (CRC) in a tertiary center.

Methods: This was a retrospective analysis of prospectively collected data. All consecutive patients who underwent Pelvic exenteration for colorectal adenocarcinoma from May 2013 to March 2018 were included. The Long-term outcome measures were overall survival (OS), disease-free survival (DFS) and Prognostic factors affecting survival. The short-term measures were perioperative outcomes and postoperative complications.

Results: Out of 110 patients, 93 primary and 17 recurrent CRC patients underwent PE in the above mentioned time span. The surgery included total pelvic exenteration in 84 patients (76.4%) and posterior exenteration in 26 patients. The sphincter saving supralelevator exenteration was performed in 25.5% of the patients. Minimal invasive surgery including laparoscopic surgery was performed in 15 patients and robotic in 8 patients. Median age was 43yr with male: female ratio of 1.08:1. The locally advanced cT4b were in 53%. The neo-adjuvant chemo-radiotherapy was given to 70(63.6%) patients, short course radiotherapy was given to 13 patients and 63 (52%) patients were received neo-adjuvant chemotherapy. The median Blood loss was 1500ml and the median hospital stay was 12 days. The major complications (Clavien–Dindo grade III/IV) occurred in 18 (16.3%) patients and minor complications (Clavien–Dindo grade II) occurred in 27 (24.5%) patients. There was one peri-operative mortality. The final histopathology reported stage pT4b in 53 (48.18%) patients, stage pN+ in 39 (35.5%) patients and pathological complete response (pCR) was in 12 (11%) patients. The circumferential margin was positive in 16 (14.5%) patients. Long-term outcomes were

measured for 63 patients, who have completed 12 months of follow up (median 25 months). Six patients developed local recurrence and 24 (21.8%) developed distant recurrence. The 2 year OS was 81% and estimated 5 year OS was 63.9% The 2 year DFS was 72.9% and 3 year DFS was 56.8%.

Conclusions: Pelvic exenteration improves an R0 resection rate in locally advanced and recurrent CRC with good short-term and long-term outcomes.

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THORACO – EPIGASTRIC FLAP – A NOVEL TECHNIQUE IN CHEST WALL RECONSTRUCTION FOR LOCALLY RECURRENT BREAST CANCER

Author: Dr. Mohammed Ibrahim, Consultant Surgical Oncologist, Shifa Hospitals, Tirunelveli, India. (mdibrahimdr@yahoo.co.in). +91 98841 72943

INTRODUCTION:

Chest wall recurrence is one of the challenges in breast cancer survivors. Isolated chest wall recurrences usually occur after exploitation of all three modalities namely, Surgery, Chemotherapy and radiation to chest wall. Chest wall recurrences usually require one or two rib resections for oncological clearance.

AIM OF THE STUDY:

- To assess the usefulness of Thoraco Epigastric flap in the reconstruction of chest wall for isolated chest wall local recurrence for carcinoma breast.
- Oncological safety and cosmetic outcomes after chest wall reconstruction

MATERIALS AND METHODS:

- 36 patients
- Period of study - 24 months
- Isolated chest wall involvement with or without rib infiltration
- Undergo immediate chest wall reconstruction with mesh and thoraco epigastric flap
- Oncological safety – margin status
- Questionnaire to evaluate her personal experience after the reconstruction.

RESULTS:

- The age range was 31 to 65 years
- Patients with positive or close margin MRMs – 16
- Patients with margin negative MRMs – 20
- Operating time -130 to 210 minutes (mean 153.9)
- Blood loss - 75 to 300 ml (mean 134.2)
- Skin island used for volume replacement - 4cm x 3cm to 10cm x 6 cm
- Margin positivity or close margins – nil
- Complications:
 - Major wound complications - 3
 - Minor wound complications - 5
 - Seroma - 5
- Follow up – 12 to 23 months

CONCLUSION:

Isolated Chest Wall recurrences are completely resectable if we have an oncoplastic option like Thoraco Epigastric Flap. This has increased the oncological safety with less number of margin positive resections with immediate reconstruction of chest wall with good cosmetic outcome and less donor site morbidity.

DISCUSSION:

Isolated chest wall recurrences are a great challenge to oncologists but with good oncological outcome in long term follow up if proper negative margin resection is possible. Thoraco Epigastric flap is an ideal way of reconstruction for such large defects with good cosmetic outcome and quality of life.

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"ONCOPLASTY IN BREAST CONSERVATION SURGERY – COSMESIS AND ONCOLOGICAL SAFETY – A PROSPECTIVE STUDY"

Author: Dr. Mohammed Ibrahim, Consultant Surgical Oncologist, Shifa Hospitals, Tirunelveli, India. (mdibrahimdr@yahoo.co.in). +91 98841 72943

INTRODUCTION:

Breast Conservation is the treatment of choice for Early Breast Cancer. There is a greater expansion in the scope of BCS with contraindications shrinking over the years. Oncoplasty has come as a great help for breast conservation with increased cosmesis but with no oncological compromise.

AIM OF THE STUDY:

- Oncological safety and cosmetic outcomes in breast conservation following large volume resections using oncoplastic techniques.
- The role of oncoplastic techniques in improving breast conservation rates in our clinical practice

MATERIALS AND METHODS:

- 50 patients
- Period of study - 36 months
- Large volume resections
- Undergo immediate partial breast reconstruction with Lattisimus dorsi flap
- Oncological safety – margin status
- Cosmetic outcome – photographs (1 month, 3month, 6month & 1year)
- Questionnaire to evaluate her personal experience after the reconstruction.
- Cosmetic Assessment (Subjective) - LENT–SOMA SCORE

RESULTS:

- The age range was 20 to 65 years
- Primary BCS – 45
- Post NACT BCS – 5
- Operating time -110 to 210 minutes (mean 153.9)
- Blood loss - 75 to 350 ml (mean 134.2)
- Volume of resection - 30 to 300 cc
- Skin island used for volume replacement - 4cm x 3cm to 14cm x 6 cm
- Margin positivity or close margins – nil
- Complications:
 - Major wound complications - 3
 - Minor wound complications - 5
 - Seroma - 7
 - Lymphedema - 3
- Follow up – 12 to 23 months
- 46 patients had scores ≥ 3
- 4 patients had score < 3
- CONCLUSION:
 - Oncoplasty in breast conservation surgery has an increased cosmesis, both subjectively and objectively, with no compromise in the oncological safety. Lattisimus dorsi is an ideal flap for large volume reconstruction after breast conservation surgery with lesser donor site morbidity.
- DISCUSSION:
 - Oncoplasty is oncologically safe with good cosmetic outcome. Integration of oncoplasty techniques broadens the horizon for BCS. Different techniques have to be individually tailored for better results.

Abstract Category: Poster/Oral Presentation/Video

Type of Presentation: Competitive/Non-competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ /Award Video

Title: " A comparative evaluation of Video Endoscopic Inguinal Lymphadenectomy (VEIL) vs. Conventional Inguinal Lymphadenectomy (CIL) in Penile Carcinoma "

Authors: Harvinder Singh Pahwa – Professor, King George's Medical University,

Former Professor, Head Dept. of Urology & Dean, Super Specialty Cancer Institute. CG City, Lucknow, (Role: Presenting Author)

Sanjeev Misra – Former Head Department of Surgical Oncology, KGMU, Lucknow

Shrey Jain - Resident, King George's Medical University (Role: Author)

Awanish Kumar - Associate Professor, KGMU (Role: Author)

Ajay Pal - Assistant Professor, KGMU (Role: Author)

Gunjeet Kaur Pathologist (Role Author)

Name of Presenting Author: Harvinder Singh Pahwa

Institute: King George's Medical University

Presenting Author Mobile No: 9415028046

Presenting Author Email ID: pahwakgmu@yahoo.co.in

Abstract

Background & Introduction: Presence and magnitude of the inguinal nodal metastases are the most important determinants of the oncologic outcome in patients with penile cancer. Conventional open inguinal lymph node dissection (CIL) is associated with major complications. Video Endoscopic Inguinal Lymphadenectomy (VEIL) is a novel technique in which we try to remove lymph nodes by endoscopic surgery. We plan to do prospective comparative study of VEIL v/s CIL in patients having carcinoma penis with clinically impalpable as well as palpable low volume inguinal lymph nodes. **Methods:** 20 patients of Penile Carcinoma were enrolled. CIL was performed on one side and VEIL on other side of each patient. Perioperative Results of two groups were compared **Results:** Operative time for CIL vs VEIL is 77 v/s 139 minutes. Intra operative complications are 0% in both gps. Skin related complications are 0 % in VEIL while in CIL gp has 30 % Superficial skin changes, 20 % skin dehiscence & 15 % Lymphoedema. Mean Lymph Node yield in CIL & VEIL is 9.1 v/s 9.8. Mean drain duration is 4.3 vs 7.5 days and drain out put is 80 ml Vs 128 ml in CIL v/s VEIL. **Conclusions:** In our early experience, VEIL is a safe and feasible technique in patients with penile carcinoma with non-palpable and palpable low volume inguinal lymph nodes. It allows the removal of inguinal lymph nodes within the same limits as in conventional surgical dissection and potentially reduces perioperative surgical morbidity with comparable oncological outcome.

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Author: Dr. Shashidhar

Background and introduction: Nasolabial flaps have been recognised as versatile flaps for a variety of defects in the face, nose, lip and the oral cavity and intraoral defects created after the excision of benign and malignant tumors. Nasolabial flaps

(NLF) have been utilised for covering small to medium size defects and usually require a second stage procedure to divide the flap.

Methods: A prospective analysis of 22 cases of oral cancer from T1 to T4a was treated with primary wide local excision and nasolabial flap reconstruction and of which 20 cases, neck dissection was carried out. 1 case facial artery ligation was done. Flap release was done as a second stage procedure after 3 weeks.

Results: Good cosmetic and functional results were obtained in almost all cases. Flap tip necrosis noted in 2 cases. Ectropion noted in 1 case. Disease recurrence occurred in 2 cases.

Conclusions: Pedicled nasolabial flap is a reliable flap for the reconstruction of small and medium sized defects in the oral cavity after excision of primary tumors and results in good overall cosmetic and functional outcome. The flap can be safely combined with neck dissection even when the facial artery is ligated.

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Recurrent chest wall chondrosarcoma and well differentiated thyroid cancer – A case of double primary malignancies

Naveen Sharma, Pankaj Kumar Garg

Background:

Multiple primary malignancies are defined as presence of more than one primary malignant tumor of different histological origin in a person. There are increasingly more cases being reported of multiple primary malignancies, both synchronous and metachronous, due to advancements in diagnostic modalities, prolonged life span, and improved long term survival in cancer survivors. The importance of diagnosing multiple primary synchronous tumors lies in differentiating from metastatic disease as it may deprive the person of curative treatment of individual primary tumors.

Method: We are reporting a case report of a 61-year-old lady who presented with recurrent chondrosarcoma (sternum and clavicle) of the anterior chest wall. She had undergone margin-free partial sternoclavicular resection 9 years ago in our hospital for anterior chest wall chondrosarcoma. At present admission, she was also detected to have left thyroid nodule. Contrast enhanced CT neck and thorax revealed expansile lesion with peripheral rim of discontinuous cortex, internal calcific foci and heterogenous enhancement involving body of sternum and well marginated heterogeneously enhancing mass lesion with multiple irregular foci of calcification involving left clavicle. Fine needle aspiration cytology of (FNAC) of chest wall swelling was suggestive of chondrosarcoma while of thyroid nodule was suggestive of papillary thyroid cancer. The patient underwent completion sternectomy and left claviclectomy along with chest wall reconstruction for recurrent chondrosarcoma and total thyroidectomy for papillary carcinoma thyroid. She had an uneventful postoperative period.

Result: Timely diagnosis of both the primary malignancies (chondrosarcoma-sternum and clavicle) helped the patient to receive the optimum treatment of both the individual primary tumours. .

Conclusion:

The present case is the first time reported double primary malignancies of chondrosarcoma of chest wall and papillary thyroid cancer treated with curative intent

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Quality of Life of Head and neck cancerpatients undergoing radiation therapy.

JagadishKudkuli, Riaz Abdulla*

Yenepoya Research Centre, Yenepoya (Deemed to be University), Mangalore, Karnataka, INDIA.

*Department of Oral Pathology, Yenepoya Dental College, Yenepoya (Deemed to be University), Mangalore, Karnataka, INDIA.

Background:Head and neck cancers (HNCs) are among the 10 most common cancers globally and are the most common cancers in developing countries, especially in Southeast Asia. Radiotherapy is employed as a primary treatment or as an adjuvant to surgery. Quality of life (QOL) of HNC is affected due to xerostomia, mucositis, candidiasis, dysgeusia, muscular trismus, vascular alterations, osteoradionecrosis and radiation caries which occurs as scattered doses of radiation to non-target normal tissues.

Aim:To evaluate QOL in head and neck cancer patients undergoing radiation therapy by personal questionnaire interview survey.

Methods: Ethical clearance for this study was obtained from Institutional ethics committee, Yenepoya (Deemed to be University). Questionnaire form was prepared in accordance with WHO ECOG QLQ C30 and QLQ HN35 questionnaire manual. 17 patients were recruited for the study after obtaining their consent. Patients were assessed for their health status by means of Karnofsky Performance Status (KPS) scale and administered the questionnaire in the prescribed format.

Results: The results were compiled into patient percentage V/s patients' responses to different queries. 21% of patients responded 'Not at all', 34% of patients responded 'A little', 30% of them responded with 'Quite a bit' and 14% responded 'Very much' to the Quality of life (ECOG QLQ C30 manual) questionnaire which assesses general QOL. 20% responded with 'Not at all', 21% responded with 'A little', 37% responded 'quite a bit' and 20% responded 'Very much' to the QLQ HN35 which assesses QOL of head and neck cancer patients in particular.

Conclusions:During the course of Radiotherapy, we found that the QOL of head and neck cancer patients was adversely affected. There is an arising need to form suitable counter measures so that radiotherapy can be implemented effectively.

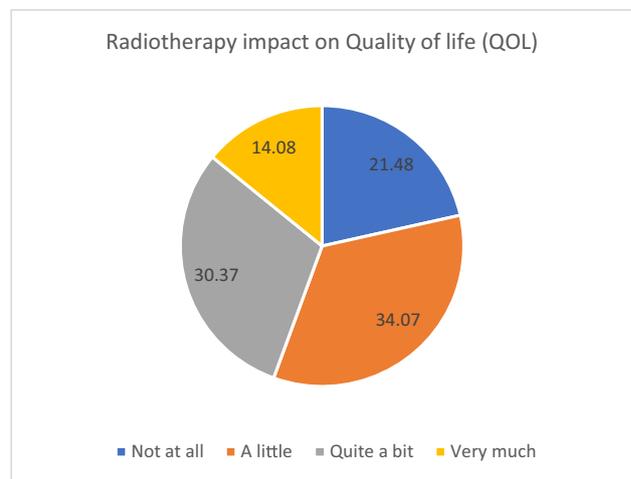


Figure 1: Responses(%) of HNC patients undergoing radiotherapy towards Quality of Life showed susceptibility to factors like weight loss, talking, coughing and sickness (N= 17).

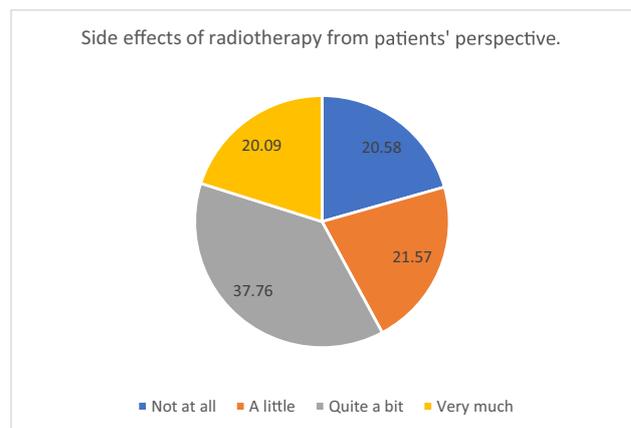


Figure 2: Responses (%) of HNC patients regarding side effects of radiotherapy showed susceptibility towards dryness, ulcers, sticky saliva, sense of taste and burning sensation in mouth.(N=17).

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The Optimal Duration of Antibiotic Prophylaxis in Head and Neck Cancer Surgery. Is short-term prophylaxis feasible? Experience in a Tertiary Hospital in India.**PURPOSE:**

Head and neck surgical procedures are considered clean-contaminated wounds and antibiotic prophylaxis is recommended. Currently, there is no consensus on appropriate antibiotic regimen or duration at this time. This study investigates the outcomes of single prophylactic dose for clean wound and 3 doses of peri-operative antibiotics for clean contaminated wound.

MATERIALS AND METHODS:

A retrospective review was performed of 153 patients undergoing head and neck cancer surgery in the department of Surgical Oncology, JIPMER between June 2016 and July 2018. The type of surgery, antibiotic regimen, adherence to the policy, post-operative surgical (including surgical site infections) and medical complications were noted. Our rates of complications and adverse events were graded in according to Clavien Dindo classification.

RESULTS:

Single prophylactic dose of injection amoxicillin with clavulanate was given for clean wound and 3 doses of injection amoxicillin with clavulanate, Amikacin and Metronidazole were given as post-operative antibiotics for clean contaminated wound in addition to Prophylactic dose. Among the 153 patients, 81.7 % of patients were adhered to antibiotic policy and did not require any further course of antibiotics. only 18.3 % patients received further antibiotics in view of wound infection (1.9%) or dehiscence (5.2%) or Oro cutaneous fistula (3.2%) or due to re exploration (1.9%) or empirically for fever or elevated TLC. Most common organism found in the wound culture was staphylococcal infection (5.2 %) and next most common was pseudomonas infection (4.5%) others being Enterobacter and E. Coli infections. Among the 28 patients deviated from our antibiotic policy, 9 managed with oral antibiotics and remaining with IV antibiotics.

CONCLUSION:

The use of single prophylactic dose for clean wound and 3 doses of post-operative antibiotics for clean contaminated wound is not associated with an increased risk of wound infections and complications and adherence to it is possible and necessary. Hence we can avoid prolonged administration of antibiotics and development of antibiotic resistance.

Abstract Category :Poster Presentation**Type of Presentation: Competitive****Section: Award poster****Title: COMPLETION THYROIDECTOMY IN DIFFERENTIATED THYROID MALIGNANCY - A PROSPECTIVE ANALYSIS****Authors:** Dr Faheem, Dr Jeyashanth Riju, Dr Shaji Thomas, Dr Remya Rajan**Name of Presenting Author: Dr Faheem****Institute: Regional cancer centre, Trivandrum****Presenting Author Mobile No:****Presenting Author Email ID:****Abstract****Introduction:**

Completion thyroidectomy (CT) being a surgically challenging procedure, choice of doing such procedure in differentiated thyroid cancer (DTC) remains unclear due to the complications involved following the procedure. So this study is intended to look into risk factors that will prompt CT and surgery related complications.

Methodology:

A prospective analysis was done in 48 patients diagnosed with DTC during the year 2017. CT with or without neck dissection was performed as per

institutional protocol. Clinico-radiological features were compared with histopathology in CT specimen. The incidence of malignancy in CT specimen and complications during the procedure were noted. Risk factors associated with malignancy in CT specimen were statistically analyzed.

Result:

The incidence of malignancy in CT specimen was 56.25%. Papillary carcinoma thyroid (PCT) had a statistically significant risk compared to follicular carcinoma thyroid ($p=0.042$). Also, capsular invasion in primary specimen had a significant impact ($p=0.021$) with odds of 7.20 times increase in incidence of malignancy and patients with age more than 55 years had an increased risk of malignancy ($p=0.05$). There was no statistically significant increase in complications following procedure, with respect to duration between surgeries or type of surgeries performed.

Conclusion:

Incidence of malignancy in CT specimen was high. CT can be safely performed under experienced hands with an acceptable level of complications. CT should be considered in places where patients are non-compliant and in those with PCT, tumor with capsular invasion and elderly patients.

ABSTRACT- pa- 198

To assess hormone receptor status and its correlation with age at diagnosis, tumor size, histological grade and lymph node metastasis in Breast cancer.

AIM-

Is there any significant association between status of Estrogen Receptor and Progesterone Receptor in Breast Cancer with Age, Histological Grade, Size of Lesion and Lymph Node involvement.

MATERIALS AND METHODS

100 Patients with histopathologically proven operable breast carcinoma Undergoing MRM / BCS in division of surgical oncology dept. of surgery were included after excluding locally advanced breast carcinoma and post chemotherapy and radiotherapy breast carcinoma.

RESULTS

Expression of ER and PR more likely to be observed in breast cancers in older women than in younger women.

Expression of ER and PR more likely to be observed in lower tumor grade, smaller sized lesions and less number of metastatic lymph nodes compared to patients with high grade tumors, larger size and more number of metastatic lymph nodes.

CONCLUSION

The presence of ER and PR is a good prognostic indicator, because it is an indicator of less aggressive tumours, where overall survival and disease-free time is longer in comparison with ER(-) and PR(-) tumours.

Abstract Category: Oral Presentation**Type of Presentation: Competitive****Section: SSO Fellowship / GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/ Award Poster/ / Award Video****Title: Cancer resection requiring resection of anterior arch in elderly patients: An Institutional Experience.****Authors:** Puneet Prakash, Naseem Akhtar, Sourabh Mukherjee, Satyabarata Das, Shiv Rajan, Sameer Gupta, Vijay Kumar, Sanjeev Misra, Arun Chaturvedi.**Name of Presenting Author: Puneet Prakash****Institute: King George's Medical University, India****Presenting Author Mobile No: 9958537084****Presenting Author Email ID: drpuneetsinha@gmail.com****Abstract**

Background & Introduction: Oral squamous cell cancer is one of most common cancer in India, ranking in top 5 most common cancers in most of the Indian cities (NCRP 99-2000). Most common age of presentation is 5th to 6th decade. Surgical resection is the only potentially curative treatment. Most patients in our country present in advanced stage and require multimodality treatment. Carcinoma involving central lower alveolus (mandibular arch) is a challenging disease for the surgeons, especially in the elderly. Special attributes of this condition include extensive resection, bilaterality of neck node involvement and poor functional and cosmetic outcomes. Elderly population (age more than or equal to 60) have their own set of limitations as far their management is concerned

Methods: This was a tertiary care hospital based retrospective study from January 2015 to March 2018. Twenty eight elderly (≥ 60 years) patients of histologically proven squamous cell cancer of oral cavity in which disease was either involving or was close to central arch of mandible, were included in our study. A detailed relevant demographic, clinical, and social history was recorded which included the age, sex, performance status, comorbidity, addiction, site of lesion and TNM stage (AJCC 7th edition). Treatment details included neo-adjuvant treatment given, surgery of primary, neck and reconstructive technique used. Outcome was assessed in terms of recurrence and patient's survival.

Results: Mean age of the patients was 63 years, with M:F ratio of 9:5. Central alveolar disease was the most common indication for resection of the anterior arch, with segmental mandibulectomy done in 18 patients (64.3%). All patients in our study underwent b/l neck dissection (N = 56). Out of these 73.2% (N = 41) of neck dissections were modified neck dissections (MND). Reconstruction was carried out to give contour (in segmental mandibulectomy) patients along with soft tissue coverage (segmental and marginal mandibulectomy). Complication rate was 25%. Overall survival rate was 78.6%.

Conclusions: Carcinoma central arch in elderly patients is a special entity in terms of management and outcomes. Post resection reconstruction remains a challenge with a variety of options available but ideal is yet to be found.

Abstract Category: Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /GCRI – Baroda Minimal Access Surgery Travelling Fellowship/ Punjab Ludhiana Travelling fellowship/ Award paper/Award Poster/ Award Video

Title: Surgical outcomes of extended resection in radical cholecystectomy in locally advanced carcinoma gall bladder - An interim analysis.

Authors: Puneet Prakash, Sameer Gupta, Sourabh Mukherjee, Satyabrata Das, Vijay Kumar, Shiv Rajan, Sanjeev Misra, Arun Chaturvedi

Name of Presenting Author: Dr. Puneet Prakash

Institute: King George's Medical University, India

Presenting Author Mobile No: 9958537084

Presenting Author Email ID: drpuneetsinha@gmail.com

Abstract

Background & Introduction: Gall bladder cancer (GBC) is among the most common gastrointestinal cancer in gangetic belt of North India. Majority of these patients are diagnosed in advanced stages with adjacent organ involvement and /or metastatic disease, which precludes curative treatment.

Aim: To evaluate the survival outcomes of locally advanced GBC undergoing curative surgery with adjacent organ involvement

Methods: All patients of GBC who underwent Radical Cholecystectomy along with resection of involved adjacent organ from June 2016 to June 2018, in the Department of Surgical Oncology, King George's Medical University, Lucknow, were included in the study. The data was evaluated in terms of demography, extent of surgical resection, lymph node harvest, adjuvant chemotherapy, post op morbidity and survival.

Results: A total of 28 locally advanced GBCs were included in the study, majority of them were females 71.4% (N=20). Most common adjacent

organ resected in our series was common bile duct (CBD) 43% (N=12), followed by duodenum 25% (N=7), transverse colon 25% (N=7), distal stomach 18% (N=5), and ascending colon 10% (N=3). Multi visceral organ resection was carried out in 25% patients (N=7). Peri-operative mortality was encountered in 7% (N=2), and in post op morbidity bile leak was observed in 14% (N=4) and fecal fistula 11% (N=3). Twenty patients (71.4%) completed adjuvant treatment. After a median follow up period of 12 months, 64% of the patients were alive without disease. Median time to recurrence was 14 months. Most common site of recurrence was liver.

Conclusions: Extended resection in Radical Cholecystectomy offers a better chance of cure in advanced GBC patients. Although it requires a large patient data, but in advanced GBCs aggressive surgery should be performed rather than putting them into palliative bin.

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Prognostic significance of peritoneal lavage cytology in locally advanced cases of gastrointestinal malignancies

Background

Intraperitoneal free cancer cell is a marker of peritoneal micrometastasis even in patients with no visible evidence of peritoneal disease. Peritoneal lavage cytology can detect these free cancer cells. It provides invaluable staging information, which predicts peritoneal recurrence or treatment failure and allows an appropriate treatment for the individual patient.

Material and Methods

The prospective study was conducted in 50 patients with locally advanced gastrointestinal malignancies who underwent curative resection at Gujarat Cancer Research Institute, India between October 2015 and December 2017. All the patients were biopsy proven for malignancy and had clinical T3/T4 disease with or without node involvement. Peritoneal lavage was performed after laparotomy and before any tumor manipulation. Clinicopathological features were analyzed in cytology positive and negative groups. Chi-square/Fisher Exact test was used to find the significance of study parameters between two or more groups. Log rank test and Kaplan Meier survival analysis were done to evaluate the disease free survival.

Results

Total 50 patients in 34-80 years age group were analyzed. Majority had diagnosis of gastric cancer (n=36) followed by colorectal cancer (n=9) and pancreatic cancers (n=5). Most tumors were T3 stage (45/50) and node positive (47/50). Peritoneal lavage cytology was positive in 16% cases (seven gastric cancer and one ascending colon cancer). On multivariate analysis, two risk factors were identified for positive cytology, i.e. poorly-differentiated/signet ring tumors and lymphovascular invasion. No statistical significant association was found with T stage, N stage or perineural invasion. Seven recurrences occurred in cytology positive group (3 peritoneal and 4 distant) and ten in cytology negative group (1 peritoneal and 9 distant). Median overall survival was 15.30 ± 7.34 (15) months in cytology negative group and 10.5 ± 4.17 (9.5) months in cytology positive group. Median disease free survival was 8 months and 14 months in positive and negative cytology groups respectively. Positive peritoneal cytology was identified as significant prognostic factor in DFS.

Conclusion

Positive peritoneal lavage cytology is an independent predictive factor for peritoneal recurrence and an independent prognostic factor for poor DFS. High grade and lymphovascular invasion in locally advanced gastrointestinal cancers are associated with positive cytology.

Abstract Category: Poster

Type of Presentation: Competitive

Section: SSO Fellowship /Award paper/Award Poster

Title: PELVIGLOSSECTOMY WITH OR WITHOUT MANDIBULECTOMY AS AN OPTIMAL PROCEDURE FOR LOCALLY ADVANCED CARCINOMA TONGUE: AN INSTITUTIONAL EXPERIENCE

Authors: Dr Satyabrata Das, Prof Vijay Kumar, Dr Naseem Akhtar, Dr Sourabh Mukharjee, Dr Puneet Prakash, Dr Sameer Gupta, Dr Arun Chaturvedi, Dr Shiv Rajan

Name of Presenting Author: Dr Satyabrata Das

Institute: King George's Medical University, Lucknow, India

Presenting Author Mobile No: 8902653007

Presenting Author Email ID: drsatya80@gmail.com

Abstract

Background & Introduction: Tongue cancer can present as a locally advanced disease & unless treated adequately, recur locally & becomes incurable. One of the methods to address this problem is to take sufficiently wide margin incorporating floor of mouth & mandible if necessary. This procedure known as pelviglossectomy removes disease with soft tissue, glandular, muscular, vascular & lymphatic pathways and may translate into improved survival.

Methods: From May 2015 to April 2018, 40 patients of locally advanced cancer of tongue patients were treated with pelviglossectomy in our institution. Approaches used were mandibular swing technique/pull through technique with / without segmental mandibulectomy depending upon requirement. Recurrence and Survival were analyzed.

Results: From May 2015 to April 2018, 40 patients of locally advanced cancer of tongue patients were treated with pelviglossectomy in our institution. Approaches used were mandibular swing technique or pull through technique with or without segmental mandibulectomy depending upon requirement. Recurrence and Survival were analyzed.

Conclusions: Pelviglossectomy may result in better local control especially for locally advanced tongue cancer.

Abstract Category: Poster/Oral Presentation

Type of Presentation: Competitive

Section: SSO Fellowship /Award paper/Award Poster

Title: Out come of Inadequately Treated Post-Lumpectomy Ca Breast – A Unique Indian Scenario

Authors: Dr Satyabrata Das,, Dr Sameer Gupta, Prof Vijay Kumar, Dr Naseem Akhtar, Dr Sourabh Mukharjee, Dr Puneet Prakash, Dr Arun Chaturvedi, Dr Shiv Rajan

Name of Presenting Author: Dr Satyabrata Das

Institute: KGMU, Lucknow

Presenting Author Mobile No: 8902653007

Presenting Author Email ID: drsatya80@gmail.com

Abstract

Background & Introduction: Breast Cancer in females has become the 2nd most common cancer overall & the No 1 cancer in metropolitan cities of India. With advent of newer multimodality treatments the disease has become curable & the prognosis is quite good with early stage disease. Unfortunately this not the true picture of rural & smaller cities where due to ignorance patients present at a late stage of disease. Even in early stage disease inadequate surgical treatment is not a rare scenario. We in our institution have treated and followed such patients to find out their clinical relevance.

Methods: Between 2003 to July 2018 we have treated 35 patients of carcinoma breast who were initially treated else where by simple lumpectomy without considering the stage. After excluding metastatic disease these patients were given either NACT followed by Surgery & adjuvant therapy or were offered upfront surgery followed by adjuvant therapy. These patients were followed for disease free survival or recurrence.

Results: 35 patients all with early breast cancer who presented to OPD with H/O inadequate lump resection were evaluated. The mean age of patients was 43.05. 15(42%) patients were pre menopausal & 20 (58%) postmenopausal. 4 patients were nulliparous at the time of diagnosis. Previous biopsies showed a positive margin in 26 cases & 9 biopsy report did not comment about margin. Hormonal status was documented in only 7 reports. Patients presented after a mean time of 2.2 months. Nact was given in 16(45%) patients. 29(82%) patients underwent MRM & 6 BCS. On median F/U of 28 months we had 7 recurrences. All patients were alive at the time of follow up.

Conclusions: Patients presenting after improper & inadequate lumpectomy in Early Breast cancer can have a durable survival provided they present early.

PA- 204

DIVERSE PATTERN OF RECURRENCE OF ENDOMETRIAL STROMAL SARCOMA

INTRODUCTION: Endometrial stromal sarcoma, a rare malignancy that originates from mesenchymal cells, accounts for 0.2% of all uterine malignancies. Endometrioid stromal sarcoma is classified into low-grade endometrioid stromal sarcoma (LGESS) and high-grade endometrioid stromal sarcoma.

CASE SUMMARY: Here we are presenting case reports of two patients of ESS with varying patterns of recurrence.

CASE 1: A 24 year old, premenopausal lady, para 1, with history of laparoscopic myomectomy for fibroid uterus, followed by post operative pelvic hematoma, drained by colpotomy and referred to our hospital with histopathological report of endometrial stromal sarcoma. She presented on post op day 15 with severe bleeding. CT was done which showed multiple hypodensities in subhepatic, paracolic gutter, omentum, along surface of bowel ?collection ?deposits. Emergency exploratory laparotomy was done. Intra operatively, multiple tumour deposits were present over omentum, small bowel, bladder serosa, sigmoid with 10x10cm purulent collection with slough in pouch of douglas. Proceeded with excision of deposits + type B radical hysterectomy + bilateral salpingo oophorectomy + omentectomy + anterior resection + ileal resection & anastomosis with diversion ileostomy. Histopathology was low grade endometrial stromal sarcoma, ER,PR- diffuse strong positive and started on hormonal therapy. At stoma reversal 4 months following previous surgery, tumour deposit present in mesocolon was excised, which was histologically positive.

CASE 2: A 39 year parous premenopausal lady, with history of total abdominal hysterectomy, histopathology report of endometrial stromal sarcoma, following which she received chemotherapy and radiation . After a disease free interval of 7 years, imaging revealed a 10x4x2cm band like mass anterior to right psoas and abutting right ureter. Excision of right paracaval tumour mass was

done. Final histopathology confirmed as endometrial stromal sarcoma- low grade.

DISCUSSION: Ultrasonographic findings of LGESS resemble those of submucosal myomas, leading to the possible preoperative misdiagnosis of uterine leiomyoma. The majority of patients with LGESS are diagnosed at an early stage confined to the uterus, and have a good prognosis. However, laparoscopic myomectomy and electronic morcellation carried out in women with LGESS for presumed myoma, may result in iatrogenic intraabdominal dissemination and a poorer prognosis.

CONCLUSION: In patients with a history known for ESS, a recurrence should always be considered, irrespective of disease interval from previous treatment. Suspicion of possibility of malignancy and appropriate measures at initial surgery might prevent upstaging of disease and worsening of prognosis, especially in young patients.

PA- 205

A novel scoring system for predicting cervical lymph node metastasis in oral squamous cell carcinoma; a pragmatic approach to the management of neck.

AUTHOR: DR.KARTHIK K.PRASAD

ABSTRACT

Oral cavity squamous cell carcinoma (OCSCC) is a common cancer in India with nearly 80,000 new cases diagnosed every year. Cervical lymph node (LN) metastasis is the most important prognostic factor in OCSCC, reducing the 5 year survival by 50%. Neck dissection which may be selective or comprehensive is an important part of the primary treatment. The predictive factors found significantly associated with LN metastasis in literature are mostly derived from final histopathology. Formulating a novel scoring system for predicting LN metastasis based on clinical and radiological factors would aid in planning management of the neck in these cases.

MATERIALS AND METHODS

A retrospective record analysis of 157 patients with biopsy proven OCSCC, who underwent surgery for the primary and neck was done between January 2012 and May 2017. Seven preoperative parameters namely age, habits, subsite of primary tumor, clinical LN stage, depth of tumor on imaging, presence of necrosis on imaging, and grade of tumor on biopsy were utilized as individual parameters for the comprehensive score. These were collected from the patients' records with their consent. Each parameter was given a score based on their relative importance in earlier studies, and their sum was the final score which were statistically compared for correlation with histopathological of LN status. The mean scores of LN positive group were compared with that of LN negative group by 'Paired t test'.

RESULTS

Out of 157 cases, 86 cases had no LN metastasis on histopathology (pN0), and 71 cases had LN metastasis (pN+). Lowest and highest score in the N0 group were 3 and 7, and in N+ group were 4 and 9. The mean of scores of N0 and N+ group were 4.91 and 6.32, the difference between the two was statistically significant (Paired t test, $p < 0.001$, at 95% CI).

CONCLUSION

Presence of cervical lymph node metastasis is one of the most relevant prognostic factors for patients with OCSCC and

determines the survival and recurrence. A new scoring system taking into account preoperative parameters would identify the neck at risk for LN metastasis. Risk stratification based on the scoring system would guide the management of the neck.

Title-

A novel scoring system for predicting cervical lymph node metastasis in oral squamous cell carcinoma; a pragmatic approach to the management of neck.

Authors-

Presenting Author- Dr. Karthik K Prasad

DNB Resident in Surgical Oncology

Inlaks and Budhrani Hospital

Pune

Dr. Manish S Bhatia

Senior Consultant - Surgical Oncology

Inlaks and Budhrani Hospital

Pune

Dr. Arun Mohan MV

Graded Specialist Community Medicine

Indian Air Force

PA- 206

Author: Dr.Faslu Rahman N K

Background & Introduction:

Small bowel malignancy accounts for less than 3% of gastrointestinal tract malignancies. Histology wise, adenocarcinoma, carcinoma, stromal tumor accounts for 33%, 44%, 17% respectively of total small bowel malignancies, while primary gastrointestinal lymphoma constitutes only about 1%-4% of all gastrointestinal malignancies and is usually secondary to the widespread nodal diseases. Various reasons for low incidence being short contact time between small intestine and dietary carcinogens compared to the colon, shorter transit time, low concentrations of aerophilic Grampositive bacteria noted in small bowel, the density of the microbiota is lower in small bowel than in the colon, where the microbiota produces xenobiotic transformation during which bile salts are deconjugated and dehydroxylated to form desoxycholic acid, which is a potential tumour promoter.

Methods:

Retrospective data was collected of all patients who were diagnosed and treated as small bowel malignancy. The patients' medical records were reviewed. A literature review was also conducted.

Results:

Total of 12 cases were managed over a period of 4 years. 10 cases were operated electively and 1 case operated in emergency setting. One case of duodenal lymphoma went to another hospital for a second opinion and was lost for follow up subsequently. Imaging was done in 11 cases. Upper GI endoscopy was done in 8 cases and Colonoscopy was done in 3 cases. Intestinal resection and anastomosis was done in 10 cases, and in one case of jejunal lymphoma infiltrating distal pancreas, en bloc resection of small bowel, distal pancreas and spleen was done.

Clinicopathological profile of representative cases:

Case	Age in years	Sex	Subsite	Clinical presentation	Histopathology	Primary(P) / Metastatic (Met)
1.	68	M	Jejunum	Abdominal mass	Gist	P
2.	75	F	ileum	Pain abdomen	NEC	P
3.	65	F	ileum	Pain abdomen, weight loss	Gist	P
4.	59	M	Jejunum	Chronic anaemia	Gist	P
5.	47	F	jejunum	Hematemesis with shock	Alveolar soft part sarcoma	Met
6.	60	F	jejunum	Chronic anaemia	Gist	P
7.	68	M	ileum	Malaena	Gist	P
8.	62	F	ileum	Mass per abdomen	Gist	
9.	64	M	Duodenum	Vomiting	Lymphoma	P
10.	60	M	Ileum	Pain abdomen, malaena	Lymphoma	P
11.	23	M	Jejunum	Bilious vomiting, weight loss	Lymphoma	P
12.	62	M	Jejunum	Pain abdomen	NEC	P

Conclusions:

Rarity of incidence, vague presentation, inaccessibility to commonly available endoscopic techniques and imaging modalities makes the early diagnosis difficult. Hence, we hereby propose to consider small bowel as one of the primary source in case of uncertain clinical situations.

PA- 207

Section: Award paper

Title: Expression of immunomodulatory molecule PDL-1 (Programmed death ligand) in triple negative invasive breast cancer (TNBC)

Authors: Dr. Naveen Babu Gorijavolu, (Mchresident Surgical oncology, RCC Trivandrum), Dr. Paul Augustine, (Addl Professor, Division of surgical oncology, RCC, Trivandrum), Dr. Lakshmi S, (Associate professor, Division of cancer research, RCC Trivandrum), Dr. Jayasree K, (Professor, Division of pathology, RCC Trivandrum), Dr. Aleyamma Mathew, (Professor, Division of Cancer Epidemiology and Biostatistics, RCC, Trivandrum)

Name of Presenting Author: Dr. Naveen Babu Gorijavolu

Institute: Regional Cancer Centre, Trivandrum

Presenting Author Mobile No: 7093260346

Presenting Author Email ID: naveen2532@gmail.com

Abstract

Background & Introduction: Insights into molecular mechanisms underlying how the immune system responds to tumors has uncovered the important role of immune check point pathways that regulate the function of tumor infiltrating lymphocytes. Clinical trials of agents targeting PDL-1 have demonstrated durable tumor regression and prolonged stabilization of disease in patients with advanced Non small cell lung

cancer, melanoma, renal cell carcinoma. Triple negative invasive breast cancer (TNBC) represents approximately 26% of invasive breast cancer in the Indian population. TNBC are frequently of high histological grade, present at advanced stage, typically more aggressive and difficult to treat with higher risk of relapse. The absence of hormone receptor expression precludes the use of targeted therapies and the only treatment option is chemotherapy. Given the suboptimal outcomes with chemotherapy, new targeted therapies for TNBC are urgently needed. The primary objective of our study is to assess the PDL-1 expression in triple negative breast cancer (TNBC) patients using immunohistochemistry (IHC) in 43 patients. Secondary objective is to compare 5 year -disease free survival (DFS) between PDL-1 positive TNBC patients and PDL-1 negative TNBC patients.

Methods: Paraffin blocks of 43 patients with TNBC operated in Regional Cancer (RCC), Trivandrum in 2012, were analysed for expression of PDL1 molecule using IHC. Data regarding age, treatment received, histopathology reports (HPR) including histological type, pathological tumor stage (pT), pathological nodal status (Pn), lymphovascular invasion (LVI) and follow up data for local recurrence, distant metastasis and death were collected from the medical records division (MRD), RCC, Trivandrum. ER, PR, HER-2 scoring was done according to College of American pathology (CAP) guidelines. IHC for PDL-1 was done using primary antibodies specific for PDL-1. Immunostaining intensity is graded as 0-(no staining), 1+(weak staining), 2+(moderate staining), 3+(intense staining). In terms of positive cell percentage, "low expression" was taken as <50% cells staining positive and "high expression" was taken as >50% cells staining positive.

Results: 43 samples have been tested and 18/43 (45%) samples tested positive for PDL-1. Among positive samples, 10/18 were mild positive, 4/18 were moderate positive, 4/18 were intense positive. The 5 year DFS is comparable between PDL-1 positive and PDL-1 negative patients.

Conclusion: PDL-1 expression can be taken as predictive factor for treatment in TNBC patients and helps to identify a subgroup of patients who

might benefit from immune check point inhibitors(eg:pembrolizumab). The percentage of PDL1 positive patients in our study is at par with other studies(50% approximately).

PA- 208

CASE REPORT

An Asymptomatic Presentation Of Primary Low Grade Neuroendocrine Tumor Of Mediastinum: A Rare Case Scenario

Mrudul Patel¹, Priyanka Malekar²,Harshit Shah³, Bhavin Vadodariya⁴, Dr.Nitin Singhal, Dr. Shakuntala Shah

Abstract

Primary neuroendocrine tumours (NET) of the mediastinum are very rare and among them thymic NETS are the most common. In this paper, we report a very rare case of low grade non-thymic, non-secreting mediastinal NET.

The patient was a 53 year old gentleman who presented to us with incidentally discovered right chest mass on X-ray chest following a history of trauma. On retrospect patient gave history of some degree of breathlessness which he had ignored. Complete diagnostic workup was done followed by histo-pathological examination on which it was initially reported as mesothelioma , however immuno-histochemical examination confirmed it to be a low grade neuroendocrine tumor.

The challenge for managing such patients is that there are no uniform guidelines for management and this patient presented with a very large mass (20x18x15cm) occupying critical areas in anterior and middle mediastinum.

The low grade nature of the disease precluded the use of any systemic therapy and even radiation would have been of questionable benefit, thus after discussing in our tumor board,patient underwent radical surgery where R0 resection was achieved. The subsequent final histopathology confirmed the complete excision and low grade nature. The patient is asymptomatic and currently on follow up.

Through this case we would like to contribute to the literature regarding management of such complex but extremely uncommon tumors. To our knowledge, this is an extremely rare presentation and an exhaustive search of the literature revealed only a handful of such cases. The presentation management of such cases remains an enigma as there are no definite guidelines.

PA- 209

EVALUATION OF FACTORS ASSOCIATED WITH RECURRENT ORAL SQUAMOOUS CELL CARCINOMA AFTER SURGERY

ABSTRACT

BACKGROUND- Oral squamous cell carcinoma is the most common malignancy among head and neck cancers, and recurrence is an important prognostic factor in these patients . Surgery is usually the preferred treatment modality in oral cavity carcinoma. Recurrence is associated with poor prognosis and affects the 5 year survival rate. In this study we aim to analyse the clinicopathological factors associated with higher risk of recurrence after surgery.

MATERIALS AND METHODS – A Retrospective analysis of clinical records of all patients who underwent surgery for oral squamous cell carcinoma at Kidwai Memorial Institute Of Oncology, between January 2010 and December 2015 was performed. The clinicopathological and follow up data were collected to analyse and determine factors responsible for the recurrence.

RESULTS –All patients who underwent surgery were included in the study. The recurrence rate was 28.5%.The recurrence time ranged from 2 to 22 months, median being 14 months. The analysis suggested T stage, N

stage, grade, depth of invasion, resection margins, lymphovascular invasion of the primary tumour and number and extranodal extension of the lymph nodes were the factors mainly responsible for determining the recurrence at the locoregional site. The gender, age, site, region of lymph node metastasis and application of flap were not found to influence the incidence of recurrence. The depth of invasion and extranodal extension have been particularly found to influence the rate recurrence as reflected in the revised staging system which we intended to analyse and restage the patients accordingly.

CONCLUSION –Thus, we arrived at a conclusion, to reduce recurrence in patients at a higher risk , a wider margin whenever possible, modified radical neck dissection and administration of adjuvant therapy should be applied .this would allow us to reduce the rate of recurrence thereby improving the prognosis of these subset of patients. This has been similarly observed in other studies.

PA- 210

Abstract

Topic :LOCALIZED ORAL HISTOPLASMOSIS: THE CANCER MIMIC

Background: A soil dwelling, dimorphic pathogenic fungi, Histoplasma capsulatum is endemic in North and South America, Indonesia and Malaysia. Extrapulmonary form of Histoplasmosis, in form of skin, oral or visceral involvement, almost exclusively occurs in disseminated form of pulmonary Histoplasmosis in immunocompromised patients. Localized oral Histoplasmosis is a rare presentation in immunocompetent individuals.

Method: 32/m, presented with non healing ulcer since 10 months over left cheek and another non healing ulcer over Right upper alveolus and hard palate following tooth extraction. The margins of the ulcer were everted , with characteristic surrounding induration . So, a clinical diagnosis of invasive carcinoma of oral cavity was made. MRI face and Neck revealed 1.7x1.1 cm lesion in Lt buccal mucosa which appeared heterogenous hyperintense of T2W1 and STIR and hypointense on T1W1 with heterogenous enhancement. CECT chest was normal. Biopsy suggested mature stratified squamous with no dysplasia. Numerous multinucleated giant cells with intracellular encapsulated forms of fungus confirming in morphology to Histoplasma, the yeast form positive for PAS.

Result: In view of absence of systemic or pulmonary symptoms, signs or imaging suggestive of disease, a diagnosis of localized mucocutaneous oral histoplasmosis was made. Individual was treated with oral itraconazole 200mg OD. Patient showed steady clinical and symptomatic improvement with serial pics depicting complete response and resolution of the disease after around 90 days of therapy.

Conclusion: Localized oral mucocutaneous histoplasmosis is a definite entity in the immunocompetent patient which masquerades as invasive carcinoma. Tissue diagnosis gives a definite diagnosis and oral azoles are effective as a treatment option for such lesion.

PA- 211

VALIDATION STUDY ON FEASIBILITY OF SENTINEL LYMPH NODE SAMPLING IN EARLY STAGE ENDOMETRIAL CARCINOMA

Dr Aswathy G Nath, Dr Suchetha S, Dr Rema P, Dr Sivaranjith J, Dr Shaji Thomas

Abstract

Objective

To assess the detection rate and diagnostic accuracy of SLN mapping in patients with early stage carcinoma endometrium.

Methods

A prospective, non-randomized study of women with a preoperative diagnosis of endometrial cancer confirmed by D&C and MRI. All patients had preoperative lymphoscintigraphy with Tc99 2 millicurie on day before surgery followed by an intraoperative injection of 4cc of isosulfan blue dye superficially and deep into the cervix at 3'o clock and 9'o clock position. All patients underwent hysterectomy, bilateral salpingo-oophorectomy, and regional nodal dissection. Hot and/or blue nodes were labeled as SLNs and sent for frozen and final histopathological analysis.

Results

Thirty patients with a preoperative diagnosis of stage 1 endometrial carcinoma treated from January 2018 to July 2018 were identified. All were treated with staging laparotomy. Preoperative lymphoscintigraphy visualized SLNs in 13 patients (43 %); intraoperative localization of the SLN was possible in 22 patients (73.3%). Median number of sentinel node detected in right hemipelvis was 1-2 and most common site was internal iliac. Median number of sentinel node detected in left hemipelvis was 1 and most common site was obturator node. One false negative case was there.

Conclusion

Sentinel lymph node mapping using a cervical injection with combined Tc and blue dye is feasible and in patients with stage 1 endometrial cancer and may be a reasonable option for this select group of patients. Regional lymphadenectomy remains the gold standard in many practices, particularly for the approximately 27% of cases with failed SLN mapping.

PA- 212

SURVIVAL OUTCOME AFTER INTERVAL CYTOREDUCTIVE SURGERY IN ADVANCED STAGE EPITHELIAL OVARIAN CARCINOMA

Dr Aswathy G Nath , Dr Rema P, Dr Suchetha S, Dr Sivaranjith J, Dr Shaji Thomas

Abstract

Background

Epithelial ovarian cancer is one of the leading cause of death in gynaecologic malignancies. It usually present as advanced stage (FIGO stage III or IV) because of lack of symptoms at early stage. Optimal surgical cytoreduction of tumour bulk to no residual disease and platinum-based chemotherapy are the cornerstones of treatment. The benefit of optimal surgical cytoreduction in improving patient survival has been demonstrated by various studies. In the Regional Cancer Centre, Thiruvananthapuram, approximately 100 patients undergo interval cytoreductive surgeries every year. The aim of the study is to assess the overall and disease free survival for Stage III and IV epithelial ovarian cancers after interval cytoreductive surgery.

Methodology

Retrospective audit of patients who underwent interval cytoreduction in the department of surgical oncology from January 2014 to December 2016. This includes approximately 350 patients. The following parameters are assessed - age at diagnosis, histologic type and stage, medical comorbidities, details of chemotherapy received, surgical procedures performed, size of residual disease, intra operative complications, length of hospital stay and post operative morbidity within 30 days of surgery. Overall and disease free survival was calculated using Kaplan-Meier method and log-rank test for statistical significance.

Results

After a median follow up of 36 months disease specific survival was 16.5 months and overall survival was 31 months in patients at least optimal cytoreduction achieved.

Abstract Category: Poster/Oral Presentation

Type of Presentation: Competitive

Section: Award paper/Award Poster

Title: A review of Pharyngeal mucosal closure technique in Total laryngectomy

Authors: Professor and HOD S.Subbiah Shanmugam MS.,MCh, Prof Gopu Govindasamy MS.,MCh, Dr. Syed Afroze Hussain MS.,MCh, Dr. Arulmurugan MS, MCh Surgical oncology resident

Name of Presenting Author: Dr. Arulmurugan MS, MCh Surgical oncology resident

Institute: Government Royapettah Hospital , Kilpauk Medical College, Chennai

Presenting Author Mobile No: 9655145849

Presenting Author Email ID: drarulramalingam@gmail.com

Abstract

Background & Introduction:

The purpose of this retrospective analysis was to review our single institute based experience with the PCF following total laryngectomy and to determine the impact of pharyngeal closure technique in the development of PCF in our patients.

Methods:

The medical records of the patients, who underwent total laryngectomy for squamous cell carcinoma of the larynx and hypopharynx in a tertiary referral center between 2010 and 2017, were retrospectively reviewed. Data regarding the age, gender, smoking habit, previous radiotherapy or chemotherapy, and the type of closure technique were collected.

Results:

Twenty six patients were included in the study of which 25 were male and 1 was female. Mean age of the patients were 58 years. Median follow up time was 22 months. Horizontal closure was done in 9 patients (35%) and T closure was done in 17 patients (65%). PCF was observed in 1 of 9 patients in horizontal closure. Remaining 17 patients underwent T closure of whom 8 patients developed PCF (p= 0.06). Although the incidence of PCF was higher among the diabetic patients (, the difference was not statistically significant (p= 0.271). Of the 18 patients who underwent salvage surgery after radiotherapy failure, 8 patients developed PCF (44%). Remaining 8 patients underwent primary laryngectomy for advanced stage cancers with cartilage involvement, of whom 1 patient developed PCF (12.5%) (p= 0.11). In salvage laryngectomy (n=18), PCF were observed in 1 of 6 cases in horizontal closure and 7 of 12 cases in T closure technique (p=0.09).

Conclusions:

The incidence of fistula in our study was 34%. In our study, the most important factor associated with the occurrence of PCF was found to be the type of closure used for pharyngeal defect. Horizontal closure was associated with decreased incidence of PCF when compared to 'T' closure of the defect. Prior radiotherapy had increased incidence of PCF.

Abstract Category: Oral Presentation

Type of Presentation : Competitive

Section: Award Paper

Title: "A Prospective randomised comparison (RCT) of Neoadjuvant Chemotherapy followed by Radical Hysterectomy and Neoadjuvant Chemo radiation followed by Radical Hysterectomy with concurrent chemo radiation in locally advanced carcinoma cervix (FIGO stage IB2, IIA2, IIB): interim analysis of a single institution experience. **Clinical trial I.D.-NCT01917695"**

Authors: Professor & HOD. Dr. Subbiah Shanmugam MCh., Prof. G. Gopu., MCh., Dr. Syed Afroze Hussain., MCh.,

Name of Presenting Author: Dr. G. M. Jagadeesan ,

Institute: Government Royapettah Hospital, Kilpauk Medical College and Hospital, Chennai. TamilNadu, India.

Presenting Author Mobile No: +91-9941019742

Presenting Author Email ID: jagusurgun@gmail.com

ABSTRACT**OBJECTIVE:**

The aim of this interim analysis is to investigate the therapeutic efficacy and toxicity profile in locally advanced cervical carcinoma treated with Concurrent chemo radiation, Neoadjuvant Chemo radiation followed by Radical Hysterectomy and Neoadjuvant chemotherapy followed by Radical Hysterectomy.

MATERIALS AND METHODS:

Between June 2013- march 2018, 100 patients with locally advanced cervical cancer patients with FIGO stage IB2, IIA2 and IIB were randomised to three arms and 33 patients treated with standard concurrent chemo radiotherapy(CCRT)(50 Gy EBRT and 21 Gy brachytherapy), 33 patients treated with Neoadjuvant chemo radiotherapy (NACRT)(50 Gy EBRT) followed by Radical hysterectomy and 34 patients with Neoadjuvant chemotherapy(NAC) followed by Radical Hysterectomy using 3 weekly cisplatin (175 mg/m²) and paclitaxel (175 mg/m²) . Statistical tests used were *t* test and Pearson's chi-square test for continuous variables. A probability (*P*) value of < 0.05 was considered statistically significant.

RESULTS:

The median follow up period was 28 months. No statistical significant difference found between age, FIGO stage and performance status of the patients, perioperative and post operative morbidities noted among three groups (*P*>0.05). 97% ,94%, 88% of overall response rates noted in Concurrent Chemo Radiation, Neoadjuvant Chemo radiation and Neoadjuvant chemotherapy arm patients respectively. 55% and 24% of Neoadjuvant Chemo radiation and Neoadjuvant chemotherapy arm patients had pathological complete responses (*p*=0.0113) respectively. No treatment related deaths noted. Lymphedema was more often noted in Neoadjuvant Chemo radiation arm patients. Peripheral neuropathy was more experienced by the patients in Neoadjuvant chemotherapy arm patients.

CONCLUSION:

Though it is very early to conclude from this interim analysis, We observed a equivalent therapeutic response rate and better toxicity profile among the patients treated with preoperative chemo radiation without brachytherapy followed by surgery than the standard concurrent chemo radiation.