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NATHPONG ISRANGURA NA AYUDHYA : PROGNOSTIC FACTORS OF CERVICAL CANCER STAGE IB TREATED WITH RADICAL HYSTERECTOMY AND PELVIC LYMPHADENECTOMY AT RAMATHIBODI HOSPITAL : A MULTIVARIATE ANALYSIS.

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The survival outcomes, overall and relapse-free survival, of stage IB cervical cancer patients treated with radical hysterectomy and pelvic lymphadenectomy at Ramathibodi Hospital were evaluated. Data of 273 patients who underwent the surgery from January, 1969 to December, 1995 were analysed. The 5-year overall and relapse-free survival rates were 89.2 and 87.5 per cent. The recurrence and death rates were 8.8 and 6.3 per cent. The median time of follow up was 50 months. The 5-year overall and relapse-free survivals were compared among the age, weight, three cell types, grades of differentiation, clinical tumor size, surgical margins, pelvic node metastasis, parametrial tumor involvement, blood transfusion and estimated amount of blood loss. In univariate, only pelvic node metastasis is associated with a difference in 5-year survival rates, both overall and relapse-free survivals. After Cox proportional hazards model was used, pelvic node metastasis remained on independent prognostic factor for overall survival. The hazard ratio for pelvic node metastasis is 6.42 (95% confidence interval 2.32 to 17.79, $P < 0.001$). For relapse-free survival, pelvic node metastasis and surgical margins involvement are the only independent prognostic factors. The hazard ratio for pelvic node metastasis is 4.73 (95% confidence interval 1.84 to 12.11, $P = 0.001$) and for surgical margins involvement is 19.59 (95% confidence interval 2.15 to 178.6, $P = 0.008$). These prognostic factors should be considered in patient counseling and treatment planning.