

A 45 year old woman presents with shortness of breath, pelvic discomfort and blood stained PV discharge

Bloods: Hb 45 g/L, U&Es normal

What do you advise?

- Admit EUA and biopsy, MRI scan for a 3
- Blood transfusion or a 1
- CTPA for a 4

Comment on her MRI Scan



MRI Pelvis showed large cervical tumour extending down to suburethra, Bladder minimally involved. Must see tumour or 1, Vaginal involvement or a 2 suburethral extension must be seen for a 4

MRI Cervical tumour suburethra, bladder uterus and parametria involved.

Biopsy G2 Squamous Cell Carcinoma

CT Lung metastases



45 year old woman, PS 2 remains short of breath despite blood transfusion.

Persistent pelvic discomfort and slight blood stained PV discharge.

What options do you discuss?

Best supportive care

Palliative chemotherapy as still breathless for a 4

Palliative radiotherapy for a 3

All 3 for a 3. If misses BSC is a 2

45 year old woman, PS 2 remains short of breath despite blood transfusion.

Persistent pelvic discomfort and slight blood stained PV discharge.

She wants treatment what do you advise?

– Palliative chemotherapy platinum based to start with +/- palliative XRT depending upon pelvis symptoms i.e. pain and haemorrhage

for a 3

Good candidates may discuss Bevacizumab but small survival advantage when added to Carboplatin Paclitaxel for a 4

Palliative RT and no chemo is a 2

Ifosfamide or Doxorubicin is a 1

She commences Carboplatin and Paclitaxel
 You review her prior to cycle 5. She feels weak
 What do you advise ?

	Pre cycle 3	Pre cycle 5
Hb	117 g/L	111 g/L
Neuts	$1.7 \times 10^9/L$	$1.5 \times 10^9/L$
Platelets	$266 \times 10^9/L$ (150-400)	$231 \times 10^9/L$ (150-400)
Potassium	3.6 mmol/l (3.5 - 4.9)	2.3 mmol/l (3.5 - 4.9)
Creatinine	76 $\mu\text{mol/L}$ (60 – 110)	65 $\mu\text{mol/L}$ (60 – 110)
Albumen	31 g/L (37 – 49)	29 g/L (37 – 49)
Calcium	2.21 mmol/L (2.2 – 2.6)	1.7 mmol/L (2.2 – 2.6)

Ans Must check Magnesium for a 3 just replaces K is a 2

Following electrolyte replacement she has bleeding PV and worsening pelvic pain.

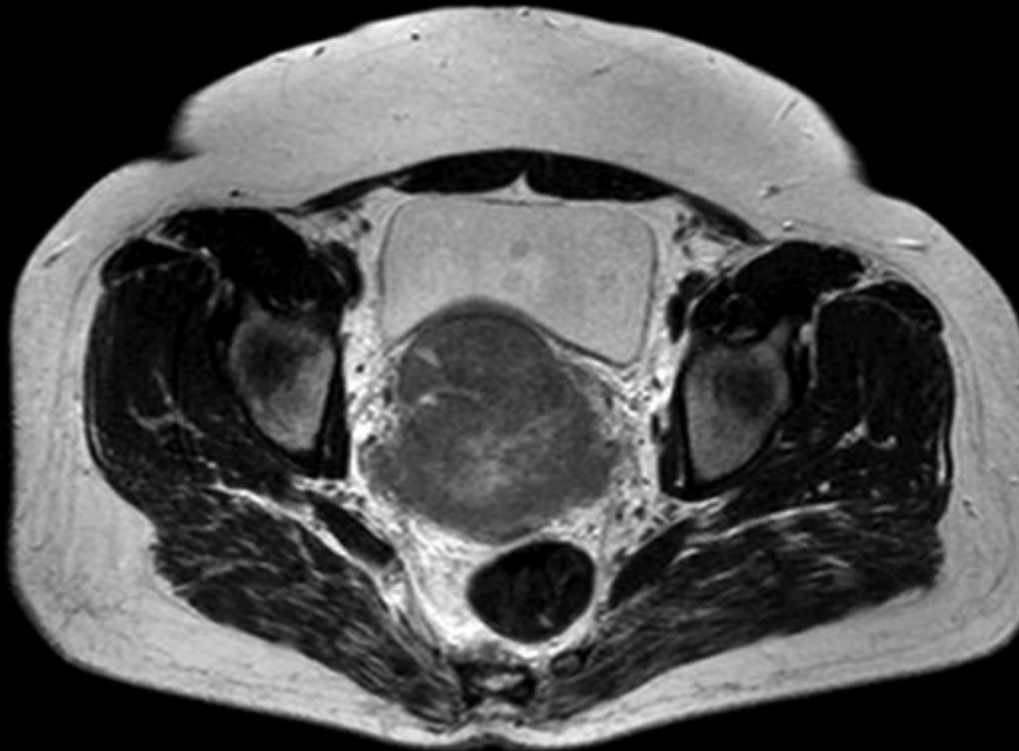
What do you advise ?

Stop chemo or a 1

Offer palliative RT or a 1

She agrees to radiotherapy to relieve the bleeding What dose, fractionation and beam arrangement do you advise?.

Ans Not single, ideally 30 in 10, 5 or 15 fractions is a 3.
More or less than 5-15 fractions is a 1. Treat as a POP

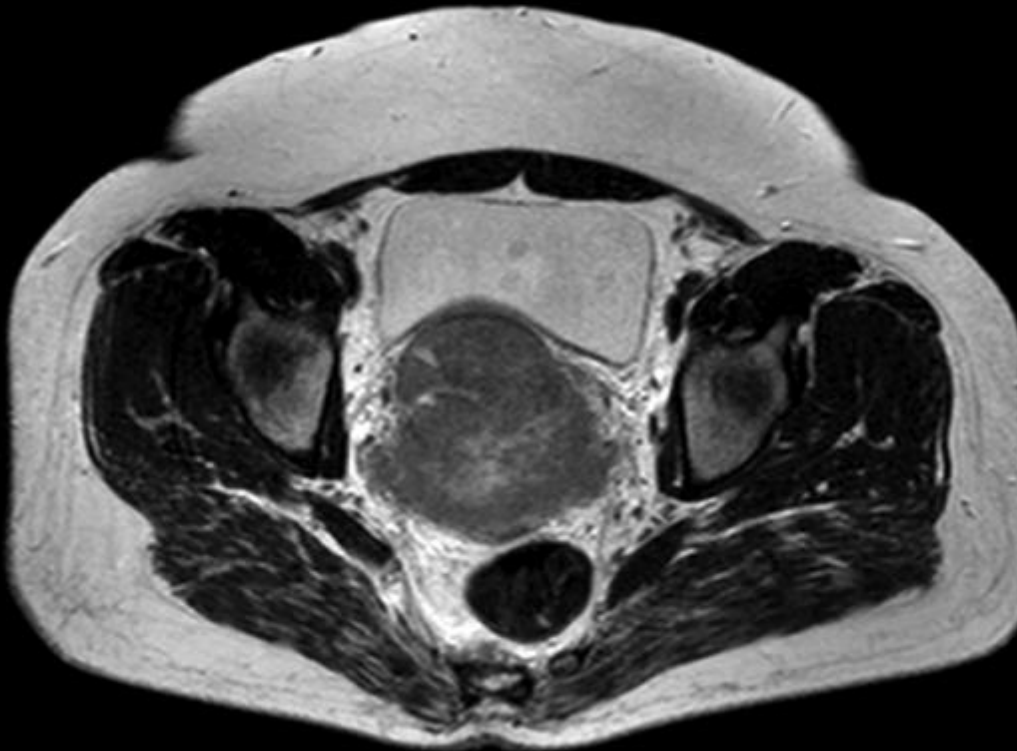


It is planned as a parallel pair.

Draw the anterior field on the scanogram.

This is to help with the drawing

Examiners note hand the scanogram slide and keep this one up



Draw the anterior field.

Ans

Must cover perineum by 20mm

Lateral edges do not need to cover nodes but if slightly more generous on right due to spread on axial is a 4

Must reject the film due to inadequate coverage inferiorly and no perineal marker for a 4



Essentials

- Blood transfusion for a 3
- Must image Chest (CXR or CT) or a 1
- Chemoirradiation is 1
- Appropriate chemotherapy regimen for a 3
- Must ask for K or a 1 and Mg or a 2 prior to cycle 5 or 1
- Stops chemotherapy prior to cycle 5 or 1
- Palliative XRT: Single Fraction is 1(30Gy in 10Fs)
- Appropriate Field size, must cover tumour only no need to treat nodes. Must cover introitus and L5 for a 3 if limits side walls is a 4 and especially if uses axial to define the edges of the fields laterally.