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87 CLINICAL TRIAL WITH TOPICAL USE OF ESTROGEN, TESTOSTERONE AND VAGINAL DILATOR IN THE PREVENTION OF VAGINAL STENOSIS IN WOMEN WITH CERVICAL CANCER AFTER RADIOTHERAPY

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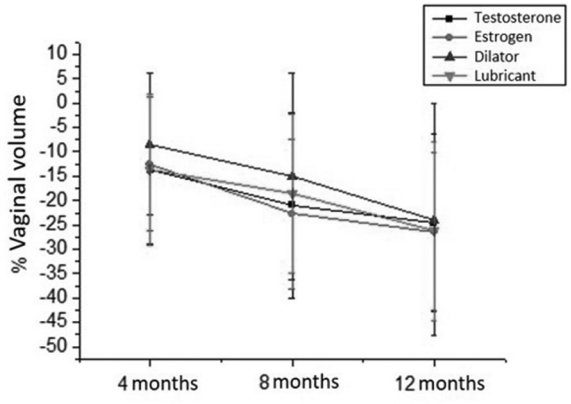
Objectives To compare the efficacy of topical estrogen, testosterone and vaginal dilator in the prevention/treatment of vaginal stenosis in women with cervical cancer after radiotherapy.
Methods Clinical trial of 195 women referred for radiotherapy at a university hospital from 01/2013 to 05/2018, randomized to receive topical estrogen (66), topical testosterone (34), vaginal dilator (29) or lubricating gel (66) for one year, starting soon after the end of radiotherapy. The outcome variable was vaginal stenosis assessed using the Common Terminology Criteria Adverse Events (CTCAE) scale and percental changes in vaginal volume. Evaluations were performed shortly after radiotherapy, 4 months, 8 months and one year after treatment. Statistical analysis was carried out using Symmetry and Kruskal-Wallis tests.
Results The mean age of women was 46.78 (±13.01) years, 61,03% were premenopausal and 73,84% had stage IIB-IIIB tumors. The mean reduction in vaginal volume in the total group was 25.47%, with similar worsening in the four treatment groups with no statistical difference throughout the intervention period (figure 1).



Kruskal-Wallis test to compare the values among the 4 groups.
p=0.62 (4 months) / p=0.40 (8 months) / p=0.844 (12 months)

Abstract 87 Figure 1 Vaginal volume variation (%) in the different groups throughout the intervention period (n=142)

There was worsening of vaginal stenosis evaluated by CTCAE scale after 1 year in all groups ($p<0.01$), except for the users of vaginal dilator ($p=0.37$).
Conclusions There was a reduction in vaginal volume in all groups, with no significant difference between the different types of treatment. However, women who used a vaginal dilator had a lower incidence of vaginal stenosis evaluated by the CTCAE scale after 1 year of treatment.

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88 CERVICAL RE-INJECTION TO IMPROVE SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER

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Objectives To evaluate the impact of cervical re-injection on the detection rate of fluorescence-guided sentinel lymph node (SLN) mapping in endometrial cancer (EC) patients undergoing robotic-assisted surgical staging.
Methods From April, 1 2017 to December, 31 2018 patients undergoing robotic-assisted surgery for apparently early-stage EC at our Institution were prospectively treated with SLN mapping using indocyanine green (ICG) accordingly to the Memorial Sloan Kettering Cancer Center (MSKCC) surgical algorithm. As per MSKCC algorithm, four mL (1.25 mg/mL) of ICG were injected into the cervical submucosa and stroma, at the 3 and 9 o'clock positions (1 mL each). In case of either no detection or unilateral detection, cervical re-injection was performed followings the same steps as previously described. Overall (successful mapping of at least one hemipelvis) and bilateral detection were evaluated pre- and post-re-injection.
Results Of the 107 patients undergoing robotic-assisted surgical staging for EC during the study period, 7 cases with no detection or unilateral detection who did not underwent re-injection were excluded. Among the remaining 100 patients, after a single injection the overall detection rate was 98% (95% CI, 92.2–99.6%) with a 69% (95% CI, 58.8–77.7%) of bilateral detection rate. After re-injection, overall and bilateral detection rate were 100% (95% CI, 95.3–100%) and 91% (95% CI, 8.32–95.5%), respectively.
Conclusions In the case of no detection or unilateral sentinel lymph node detection, cervical re-injection of ICG can increase overall and bilateral detection rate, thus decreasing the number of patients requiring a complete bilateral or side-specific lymphadenectomy.

IGCS19-0095

89 ABCB1 AND SCLO1B1 GENE POLYMORPHISMS PREDICT METHOTREXATE-RESISTANCE IN LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA

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Objectives Methotrexate has long been used successfully and is preferred worldwide for the treatment of low-risk gestational trophoblastic neoplasia. However, 26.4% of patients develop resistance and require changes to second-line chemotherapy. In the search for personalised treatment approaches, a link has