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162 NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADICAL SURGERY VERSUS CHEMORADIATION FOR STAGE IB2, IIA2 AND IIB CERVICAL CANCER: AN OPEN-LABEL, PHASE III, RANDOMIZED CONTROLLED TRIAL

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Objectives Chemoradiation (CHR) is the standard treatment for inoperable cervical cancer (CC). Neoadjuvant chemotherapy (NCT) plus radical surgery might be advantageous according to previous trials. The aims of this RCT are to access efficacy and tolerability of this experimental treatment. Primary end point is 5y OS. Secondary endpoints include: disease free survival, operability rate and complete pathological response rate.

Methods Women diagnosed with invasive CC stages IB2, IIA or IIB will be randomized to: Experimental arm: NCT (cisplatin 75 mg/m^2 (D1) plus paclitaxel 80 mg/m^2 (D1, D8 and D15), each 21 days, 3 cycles) or Control ARM: CHR (cisplatin 40 mg/m^2 (D1, D8, D15, D21 and D28) in concomitancy with external radiation 50.4Gy (28 x 1,8Gy) followed by brachytherapy (4 x 7Gy). The patients who reach Complete clinical response or substantial tumour reduction after NCT (restricted to cervix ≤4 cm) are going to be submitted to Piver-Rutledge class III abdominal hysterectomy and pelvic lymphadenectomy, 3–6 weeks after the last cycle. Progressive Disease, severe toxicity or inoperable tumour after NCT will be conducted to Definitive standard CHR.

Results Eleven patients have been recruited. The Median age of the patients was 39.5 years. NCT plus radical surgery was completed in four patients and alterations in chemotherapy schedule were not necessary. All patients in the NCT arm became operable. Two patients in the CHR arm had the treatment delayed.

Conclusions NCT is well tolerated with signs of high activity in cervical cancer. The CHR schedule seems more prone to suffer delays.

IGCS19-0643

163 CERVICAL ADENOCARCINOMA: CLINICAL IMPLICATIONS OF THE RISK STRATIFICATION SYSTEM (SILVA SYSTEM)

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Objectives To correlate the Silva system with prognosis and outcome.

Methods 32 patients with cervical adenocarcinoma were included between 6–90 and 10–16. Median age was 43 years. Median follow-up was 66 months. Slides from surgical specimens were classified by two pathologists. Results were correlated with: tumor size, FIGO staging, site of recurrence, DFS and OS.

Results Twelve patients (37%) had pattern A tumors; all stage I and with no lymph node metastases (LNM) or recurrences. Pattern B was seen in 13 tumors (41%); all stage I, LNM was seen in 2 (15%). One patient had a local recurrence in this group (8%). Pattern C was found in 7 cases (22%), all with LVI. Five (71%) showed LNM and recurrences were recorded in 4 (57%). Tumor size was: <2 cm A: 8 (66%), B: 2 (15%), C: 0 (0%) and = o >2 cm A: 4 (34%), B: 11 (85%) and C: 7 (100%). DFS was: A=73 months, B=76 months, C=58 and the OS was: A=55 months, B=79 months, C=62 months. One Pattern C tumor presented ovarian involvement. The only 2 distant recurrences were Pattern C patients.

Conclusions There is a relation between FIGO staging, DFS and OS. In our series, Pattern C tumors seem to have higher incidence of nodal involvement and local and distant recurrences.

IGCS19-0460

164 PELVIC OSTEOSARCOMA AFTER RADIATION THERAPY OF UTERINE CERVICAL CANCER – A CASE REPORT

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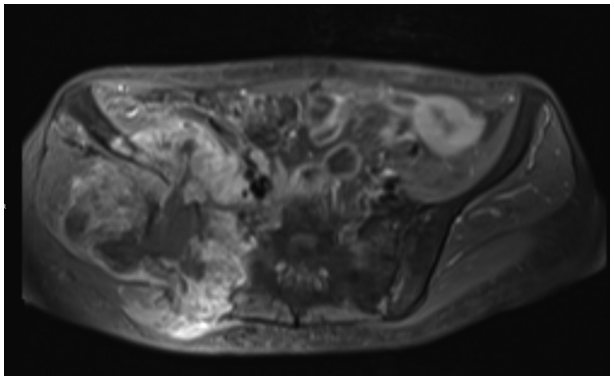
Objectives To report a rare case of a patient with pelvic osteosarcoma after radiation therapy of uterine cervical cancer: a 58-year-old woman who received pelvic irradiation for stage IB2 uterine cervical cancer 7 years before was diagnosed with post-radiation osteossarcoma of the iliac right bone.



Abstract 164 Figure 1

Methods The necessary data was obtained by medical chart review, interview with the patient, image diagnose exams and literature review.
Results The development of osteosarcoma at the same time of another cancer is a rare fact. The risk factors and the origin of this tumor remains controversial. It is clearly that ionizing radiation can induce sarcoma. It is dificult to make systematic studies due to the rarity of these cases.For uterine cervical cancer stages IB2 to IVA radiotherapy associated with cisplatin for up to six cycles (chemoradiotherapy) has been the first line treatment choice with good results.The sarcomas post radiotherapy are rare. Usually appear 10 to 14.3 years post-treatment, the incidence comprises about 0.1% of all cancer cases and women are more affected because gynecological cancers are more frequently subjected to radiotherapy with a long-term survival.
Conclusions This case is relevant due to the lenght of time over wich patients treated with radiotherapy may remain to be diagnosed with bone disease. A post-radiation sarcoma should be considered and differentiated from bone metastasis. To early diagnose is important to allow full treatment, providing a longer disease free survival.

IGCS19-0662

165 A RETROSPECTIVE STUDY SHOWING THE SAFETY OF MINIMALLY INVASIVE SURGERY OF CERVICAL CANCER

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Objectives Cervical cancer (CC) is the fourth most common malignancy in women worldwide. Surgical treatment, including radical hysterectomy and pelvic ± para-aortic lymphadenectomy, is the gold standard for women with early stage CC. Recently, the LACC trial demonstrated that minimally invasive surgery was associated with lower rates of disease-free survival (DFS) and overall survival (OS) than open surgery among women with early-stage CC. The aim of the current study was to present our experience with laparoscopic treatment of patients with CC in terms of OS and DFS as well as the type and site of recurrence.
Methods This was a retrospective analysis of a prospectively collected database of patients with CC who underwent laparoscopic surgery. The primary outcome of this study was to evaluate the 5-year OS and DFS. Secondary outcome was to compare the rate and the type of recurrences rate.
Results Ninety-one patients were included in this study. All patients underwent laparoscopic radical treatment; no conversion was required. DFS was 33.7±27.2 months. A total of 10 patients (11.0%) had recurrence diagnosed during follow-up. Site of recurrence were: pelvis in 6 cases (6.0%), lymph node in one case (1.0%), lung in two cases (2.0%) and both pleural and pelvis in 1 case (1.0%). Time to recurrence among patient who had recurrence was 14.4±10.8 months. OS was 32.5±27.1 months.
Conclusions Although we acknowledge the limitations of the study design, this retrospective series demonstrated the safety of laparoscopic radical treatment of patients with CC as demonstrated by the low rate of recurrence.

IGCS19-0588

166 SENTINEL LYMPH NODE DETECTION IN PATIENTS WITH CERVICAL CANCER, A FEASIBLE PROCEDURE FOR A PUBLIC HOSPITAL IN GUATEMALA

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Objectives The objective is to evaluate the feasibility of sentinel lymph node (SLN) detection in patients with cervical cancer using the low-cost methylene blue dye and to optimize the application procedure.
Methods Patients with 2009 FIGO stage IA2 to Ib2 cervical cancer and subjected to abdominal radical hysterectomy and pelvic lymphadenectomy were enrolled. Methylene blue was injected, 1 mL in depth and 1 mL on the surface of the cervix at 3 o'clock and 9 o'clock. We enrolled 61 cases from 2013 to 2018 and surgically removed lymph nodes were examined for the blue lymph nodes that were considered as SLNs. After 20 min, it was shown with precision the lymphatic drainage until the first lymph node station from both sides.
Results A pooled detection rate of 85.2% (95% CI 82.3% to 91.6%). The positive predictive value and specificity were both 100% and sensitivity and negative predictive value were 90% and 97%, respectively. SLNs were identified in obturator and external iliac areas in 50% and 31.7%, respectively; no SLNs were discovered in the common iliac region.
Conclusions Blue dye cervical injection is a 'low-cost', safe, and a feasible procedure to detect Sentinel Lymph Node in carcinoma of the cervix. Other tracers, such as indocyanine green, are widely used in gynecological oncology, but with a higher cost of the product and the needing of a dedicated optical filter to be shown on human view.

IGCS19-0232

167 DRUG-INDUCED ENCEPHALOPATHY IN CERVICAL CANCERS TREATED WITH IFOSFAMIDE: A CASE SERIES AND REVIEW OF LITERATURE

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Objectives The incidence of cervical cancer in Indonesia ranks fourth with 17 per 100,000. Ifosfamide has been used for end-stage cervical cancer and recurrent cases, but this drug is associated with various side effects. Ifosfamid-induced neurotoxicity can be cranial nerve paralysis, to acute enchepalopathy and reversible posterior encephala syndrome. Until now, the incidence of ifosfamid neurotoxicity in our centers and how much this has affected patients is unknown. In this study we presented a series of encephalopathy cases found in cervix cancer patients who received ifosfamid chemotherapy.