527 CLINICAL SIGNIFICANCE AND PROGNOSIS VALUE OF WNT SIGNALING PATHWAY IN CERVICAL CANCER

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Introduction/Background* A major controversy in sentinel node (SN) biopsy of endometrial cancer is the injection site of mapping material. We compared lymphatic drainage pathways of the uterine cervix and uterine body in the same patients by head-to-head comparison of intracervical radiotracer and fundal blue dye injections.

Methodology All patients with pathologically proven endometrial cancer were included. Each patient received 2 intracervical injections of Tc-phytate. At the time of laparotomy, the uterus was exposed, and each patient was injected with 2 aliquots of patent blue V (2 mL each) in the subserosal fundal midline locations. The anatomical locations of all hot, blue, or hot/blue SNs were recorded.

Result(s)* Overall, 45 patients entered the study. At least 1 SN could be identified in 75 of 90 hemipelves (83.3% overall detection rate, 82.2% for radiotracer [intracervical] alone, and 81.1% for blue dye [fundal] alone). In 71 hemipelves, SNs were identified with both blue dye (fundal) and radiotracer (intracervical) injections. In 69 of these 71 hemipelves, at least 1 blue/hot SN could be identified (97.18% concordance rate). In 10 patients, para-aortic SNs were identified. All of these nodes were identified by fundal blue dye injection, and only 2 were hot.

Conclusion* Our study shows that lymphatic drainage to the pelvic area from the uterine corpus matches the lymphatic pathways from the cervix, and both intracervical and fundal injections of SN mapping materials go to the same pelvic SNs.

535 A VARIATION OF LAPAROSCOPIC OVARIAN TRANSPOSITION: THE OVARIAN PEDICLE SUSPENSION (PS TECHNIQUE)

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Introduction/Background* Laparoscopic Ovarian Transposition (OT) has already been proven to be a safe and effective procedure to preserve ovarian function in patients receiving pelvic radiotherapy for a variety of gynaecological malignancies. Different techniques have been described.

Aim This video demonstrates our *PS technique* for OT in a 32-year-old patient with stage 1B3 poorly differentiated squamous cell carcinoma of the cervix who subsequently underwent radical chemoradiation.

Methodology/Technique Laparoscopy was performed as usual, using a 10mm umbilical optic port and four 5mm ports placed in both iliac fossae and high in both flanks. Thorough inspection of the peritoneal cavity revealed no evidence of disseminated disease. Approximately 100mls of free blood was seen in the pelvis. Both ovaries were slightly enlarged and the right ovary had a ruptured haemorrhagic cyst. She had previously developed OHSS after ovarian stimulation and egg retrieval. The uterus was bulky and retroverted. Both tubes were normal. All the upper abdominal organs looked normal and there was no evidence of disease on the ovaries or peritoneal surfaces therefore we decided to proceed to bilateral ovarian transposition.

Result(s)* Bilateral retrograde salpingectomy was performed using a Harmonic scalpel and specimens were sent for histology. Both pelvic side walls were opened and both ureters were identified. Both utero-ovarian ligaments were transected along with 2cm of round ligament on both sides and ovarian flaps were created. The ovarian flaps were mobilised and the infundibulopelvic ligaments were skeletonised. The para-colic gutters were incised approximately 10cm above the pelvic brim and were tunnelled. Both ovarian flaps were pulled through and stapled outside the irradiation fields to prevent them from falling back into the pelvis following the procedure. Titanium staples were used for easy identification of ovaries on imaging. At the end of the procedure both ovarian pedicles were tension-free with good mobility and no risk of necrosis or torsion. There were no intraoperative complications and the patient experienced a good recovery.

Conclusion* We consider that the ovarian flap allows the ovaries to have a degree of natural movement, while at the same time preventing torsion and minimising ovarian damage associated with the use of transfixed stitches.

536 BEVACIZUMAB IN CERVICAL CANCER – THE EXPERIENCE OF A COMPREHENSIVE CANCER CENTER IN NORTHERN PORTUGAL

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Introduction/Background* recent studies show that addition of anti-VEGF monoclonal antibody bevacizumab to platinum-based chemotherapy (P-CT) in advanced cervical cancer (ACC) treatment improves overall survival with an acceptable safety profile. The objective of this study was to evaluate bevacizumab outcomes in ACC treatment in a comprehensive cancer center (CCC) in Portugal.

Methodology we retrospectively reviewed consecutive medical records of ACC patients (persistent, recurrent or metastatic), ≥18 years-old who were eligible for bevacizumab concomitant with P-CT, between 2015 and 2020. Primary endpoint was overall response rate (ORR) and secondary endpoints mortality and safety, assessed according to Common Terminology Criteria for Adverse Event v4.0. Descriptive analysis of main demographic, clinical and treatment variables were performed.

Result(s)* we identified 12 ACC patients with median age of 54 (28 – 72). Metastatic disease was present in half of patients (n=6), persistent disease in 3 (25.0%) and recurrent disease in 3 (25.0%) patients. Eight patients (66.7%) had previously received platinum-based chemoradiotherapy. Median number of cycles P-CT was 6 (5 – 10) and bevacizumab was 13 (1 – 64). The ORR was 66.7%. Three patients (25%) had complete response, 5 (41.7%) partial response, 3 (25%) stable disease and 1 (8.3%) disease progression. The incidence of grade ≥2 hypertension was 25%, grade ≥3 thromboembolic events 8.3% and fistulas (gastrointestinal/genitourinary) 25%. The median follow-up time was 15 months. Patients discontinued bevacizumab due to unacceptable toxicity (n=4, 36.4%) or disease progression (n=5, 45.4%). At the cut-off date, 7

(58.3%) patients deceased and 2 (16.7%) were alive without evidence of cancer.

Conclusion* in our series, bevacizumab had the expected outcomes and safety profile. Nevertheless, multicentric studies are needed to evaluate the true added value of bevacizumab to P-CT in ACC treatment in real-world practice and to identify predictive factors.

567 EFFICACY OF CHECKPOINT INHIBITOR IMMUNOTHERAPY DRUG PEMBROLIZUMAB (KEYTRUDA) FOR TREATMENT OF ADVANCED CERVICAL CANCER

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Introduction/Background* Cervical cancer is the fourth most common cause of cancer-related deaths in women worldwide. With screening for precancerous lesions and vaccination for preventive human papillomavirus (HPV), a survival improvement has been observed in these patients in developed countries. In recent years, immunotherapy has represented a breakthrough in oncology and immune-checkpoint inhibitors have shown antitumor activity in a variety of tumor types. Here, we present the first systematic review discussing the efficacy and clinical usefulness of pembrolizumab, an anti-PD-1 checkpoint inhibitor, in the treatment of advanced cervical cancer.

Methodology A systematic literature search was performed on March 2021 according to PRISMA statement using multiple databases and selective medical search terms (MeSH) such as 'uterine cervical neoplasms' AND 'Pembrolizumab'. After a detailed primary and secondary screening conducted by two members of 188 studies, total 7 studies were included (*Chung et al. 2019, Frenel et al. 2017, Choi, M et al. 2020, H Chung et al. 2018, SH Kim al. 2019, J Zhu et al.2019, K. Miller et al. 2020*).

Result(s)* A total of 411 patients, mean age of 48 years (21-76) with advanced cervical cancer who had received a median range of 1-7 previous lines of therapies, were included. In all studies, pembrolizumab monotherapy reported a cumulative median duration of follow up of 10.5 months (0-32.2), overall response rate (ORR) of 15% (n=47/313), and complete response of 3.76% (n=14/372). Very Good partial response was not reported in any study. A calculated pooled partial response, stable disease, and progressive disease were reported respectively [9.7%(n=40/411) vs. 19.3% (n=67/346) vs. 41% (n=145/348)]. Six-month overall survival as presented in 3 studies was 67%(n=160/239). The progression free survival and survival data is premature at this stage and requires further elaboration in phase II/III clinical trials.

Conclusion* Pembrolizumab (KEYTRUDA) monotherapy demonstrated durable antitumor activity in patients with advanced cervical cancer. However, further studies using combinations with other treatment options including chemotherapy, radiotherapy and other immunotherapeutic agents should be explored for the efficacy and survival outcomes.

568 CERVICAL CANCER AFTER LACC TRIAL…WHAT DO WE DO?

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Introduction/Background* In 2018 the results of an early termination of the LACC trial were published, followed by a tremendous amount of retrospective trials, all showing the worst outcomes of patients with cervical cancer who were operated by minimally invasive surgery (MIS). After years of training in laparoscopic radical hysterectomy we had go backwards and start learning the open way once again

Methodology Educational video showing new strategies in patients with cervical cancer after LACC trial

Result(s)* Since we already have the laparoscopic platform for sentinel lymph node (SLN) mapping with Indocyanine green (ICG), we decided we will start by doing our surgeries with MIS. After cervical injection of ICG, we search for bilateral SLN. The radical hysterectomy is prepared through laparoscopy by dissecting the retroperitoneal space, identifying vascular structures and ureter. The procedure is continued by the open way. We Coagulate and section uterine artery and ventral, lateral, and posterior parametrium. For the colpectomy we used bigger vaginal clamps in order to avoid tumour spillage inside the abdominal cavity.

In 2019 al 2020 Dr Kohler and Dr Chiva suggested that closing the vagina over the tumour, is a feasible technique that could avoid tumour spillage and may improve the outcomes in MIS. So, we began our learning curve in vaginal cuff in open surgery. After the laparoscopic SLN mapping, we have a vaginal time, and finally the open surgery.

Conclusion* Prospective randomized trials are needed to prove that MIS is safe for our patients with the adding of surgical changes as the vaginal cuff. Meanwhile we keep doing open surgeries with some advantages such as the laparoscopic SNL mapping and the spaces dissection, decreasing the open operating time, and the possibility of tumour spillage with the vaginal cuff.

572 LONG TERM TREATMENT OUTCOME AFTER PELVIC EXENTERATIONS FOR RECURRENT GYNAECOLOGICAL CANCERS

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Introduction/Background* Pelvic exenteration is radical enbloc resection of pelvic organs followed by surgical reconstruction. This is considered a curative treatment in recurrent gynaecological cancers. The present study looked into the long term survival outcome and morbidities associated with pelvic exenterations done in our centre.