2022-RA-681-ESGO POU2F3 DRIVEN SUBSET OF SMALL CELL CARCINOMA EXISTS IN THE UTERINE CERVIX

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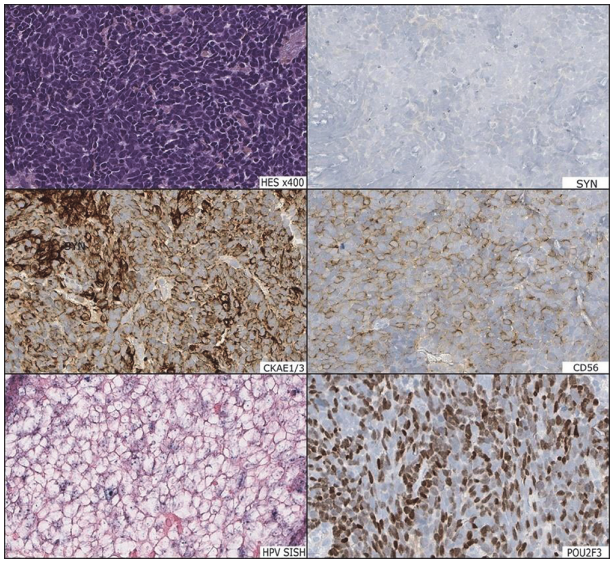
Introduction/Background So-called tuft cell variant of small cell carcinoma is now a well-established subset of small cell carcinomas of the lung, driven by POU2F3 transcriptomic factor, and characterized by low or no expression of neuroendocrine markers.

Methodology We report here the case of a POU2F3 driven subset of small cell carcinoma of the uterine cervix, in a woman in her early 40s. This HPV-dependent carcinoma was clinically considered as primary. Immunohistochemistry and RNA-sequencing with expression and clustering analyses were performed.

Results The biopsy showed typical morphological features of small cell carcinoma. Immunohistochemistry showed no neuroendocrine markers (chromogranin A, synaptophysin) expression, but a clear POU2F3 nuclear expression, similar to that of the tuft cell variant of lung small cell carcinoma. Clustering analysis of expression data obtained by RNA-sequencing revealed an expression profile similar to that of POU2F3 driven small cell lung carcinomas.



Abstract 2022-RA-681-ESGO Figure 1

Conclusion This variant has never been reported in uterine cervix and is worth recognizing since these tumours are usually negative for neuro-endocrine markers, and thus present a diagnostic challenge. If small cell carcinoma is first and foremost a morphological diagnosis, the use of POU2F3 imunohistochemistry as a novel diagnostic marker for these tumours with negative or low expression of neuro-endocrine markers could be helpful in clinical practice, especially on small cervix biopsy samples.

2022-RA-692-ESGO EARLY STAGE CERVICAL CANCER: IS RADIAL MARGIN AN IMPORTANT RISK FACTOR FOR RECURRENCE?

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Introduction/Background The radial margin is the circumferential resection margin of a surgical specimen. The use of the margin is unclear in cervical cancer. The objective of this study is to assess whether the radial margin is a risk factor for recurrence.

Methodology Retrospective analysis of women with cervical cancer IB1, IB2 and IIA1 stages submitted to laparotomic radical hysterectomy with bilateral pelvic lymphadenectomy between 2005 -2015, in one single tertiary center (n= 417). The inclusion criterion was surgical specimen with invasive carcinoma and free surgical margins. For data analysis, SPSS ® was used. The recurrence was evaluated. The radial margin as a continuous variable was evaluated by T-test and as a categorical variable by Fisher`s exact test (two tailed) using 2 subgroups (< 5 mm; ≥ 5 mm).

Results As continuous analysis the size of radial margin was smaller in women who had another criteria for adjuvant therapy (mean 2.83 mm vs 7.83 mm p< 0.05). In the group without adjuvant therapy (n=127), the dimension of radial margin between women with recurrence (n=12 mean 9.92 mm) and without recurrence (n=115, mean 7.81) was similar (p= 0.55). In the group with adjuvant therapy (n=155), the dimension of radial margin between women with recurrence (n=21, mean 2.43 mm) and without recurrence (n=134, mean 2.93) was similar (p= 0.59). As a categorical variable (n= 287), incidence of recurrence was also similar between women with radial margin < 5 mm (n = 167, 19 with recurrence vs 148 without recurrence) and radial margin ≥ 5 mm (n =120, 16 with recurrence vs 104 without recurrence) (p= 0.62).

Conclusion In our group of patients, women with short radial margin didn´t have a different prognosis. Radial margin doesn't seem to be an indication for adjuvant therapy.

2022-RA-693-ESGO CERVICAL CANCER: THE EFFECT OF CONE BIOPSY IN SURGICAL SPECIMEN AFTER RADICAL HYSTERECTOMY

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Introduction/Background Cone biopsy is sometimes performed before surgical treatment for early stage cervical cancer disease. The purpose of this work is to evaluate if cone biopsy modifies the characteristics of the tumor in the final surgical specimen and influences the decision for adjuvant radiotherapy. The final outcome evaluated will be the tumors´ recurrence.