Methodology We present 18 cases of arterio-ureteral fistulae that presented with lifethreatening hematuria. 10 patients were treated successfully with ureteral covered stent placement (Allium ureteral stent 200x9 mm) and 8 patients are combined treated with uretral (Allium ureteral stent 200x9 mm) and endovascular (Endovascular Stent Graft) covered stents placement. Mean surgery time was 55 min (16–95 min). The position, continuity and sealing of the stent in the ureter and vessel were documented by radiological contrast imaging.
Results All patients were treated successfully with ureteral or with combined uretral and endovascular covered stent placement.
Conclusion In conclusion, ureteral or with combined uretral and endovascular covered stent placement of covered stents is a feasible minimal invasive therapeutic option for the treatment of acute life-threatening hemorrhage due to arterio-ureteral fistulae.

2022-RA-797-ESGO PET/CT NEGATIVE PREDICTIVE VALUE IN LOCALLY ADVANCED CERVICAL CANCER

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Introduction/Background Para-aortic lymph nodes involvement in locally advanced cervical cancer is a determining factor in patient´s treatment as it determines radiotherapy field. PET/CT is used to assess lymph node involvement at this level, although it is not exempt from false negatives. Our aim is to compare PET/CT with para-aortic (PA) lymphadenectomy, in order to assess the false negative rate of this test, as well as the factors associated with a greater probability of false negatives.
Methodology
Retrospective descriptive study Cases of locally advanced cervical cancer with negative PET/CT that underwent para-aortic lymphadenectomy from 2018 to 2022 were collected. During recruitment period, a new PET/CT technique was developed. Outcomes of both types of PET/CT were compared.
Results A total of 11 patients underwent radiological node staging with the first type of PET/CT and 12 patients with the new one. Mean age was 52,09 (±15,3). Epidermoid was the most frequent subtype (65,2%). Mean time between PET/CT and surgery were 21.77 days (±10.53). Mean number of lymph nodes obtained were 12.48 (±5.10). 91.3% (21) of patients had a negative pathological result and 8.7% (2) were positive (PET/CT false negatives). One patient presented macrometastasis and one patient isolated tumor cells. Negative predictive value of first type of PET/CT was 0.90 and that of the new one was 0.91. One of false negative cases had a unilaterally positive pelvic PET/CT and the other bilaterally.
Conclusion Our false negative rate of PET/CT was similar to that described in literature. No significant differences between the two types of PET/CT were observed. Pelvic lymph node involvement seems to be associated with a higher false negative PET/CT. After analyzing our data, we don´t have enough evidence to avoid performing PA lymphadenectomy in these patients as routine, having to individualize the risk-benefit in each case.

2022-RA-799-ESGO IMPACT OF IMAGING- AND PATHOLOGY FINDINGS FOR STAGE MIGRATION AND PROGNOSTICATION USING THE FIGO (2018) STAGING SYSTEM IN CERVICAL CANCER

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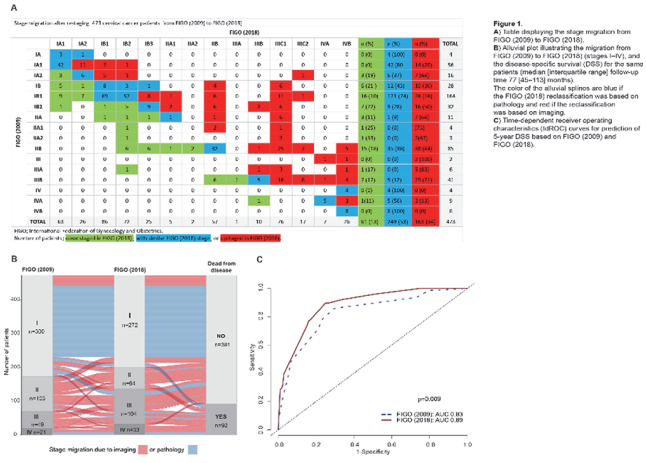
Introduction/Background The updated FIGO (2018) staging system incorporates diagnostic imaging and pathology results into stage assignment in cervical cancer (CC). This study aims to evaluate the extent and source of stage migration when exchanging FIGO (2009) with FIGO (2018) in a large CC cohort and compare the prognostic performance of FIGO (2009)- and FIGO (2018) stage.
Methodology In total, 473 CC patients diagnosed during 2002–2020 with available pretreatment imaging were included. Clinicopathological information and results from magnetic resonance imaging (MRI) (473/473), fluorodeoxyglucose positron emission tomography/computed tomography (FDG PET/CT) (180/473), and chest/abdominal CT (394/473) were recorded (collected from patient records). All patients were staged according to FIGO (2009)- and retrospectively according to the FIGO (2018) criteria. Time-dependent receiver operating characteristic (tdROC) curves for predicting disease-specific survival (DSS) at 5 years were generated for FIGO (2009) versus FIGO (2018).



Abstract 2022-RA-799-ESGO Figure 1 A) Table displaying the stage migration from FIGO (2009) to FIGO (2018); B) Alluvial plot illustrating the migration from FIGO (2009) to FIGO (2018) (stages I–IV), and the disease-specific survival (DSS) for the same patients (median [interquartile range] follow-up time 77 [45–113] months). The color of the alluvial splinos are blue if the FIGO (2018) reclassification was based on pathology and red if the reclassification was based on imaging; C) Time-dependent receiver operating characteristics (IdROC) curves for prediction of 5-year DSS based on FIGO (2009) and FIGO (2018)