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-uretral 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).
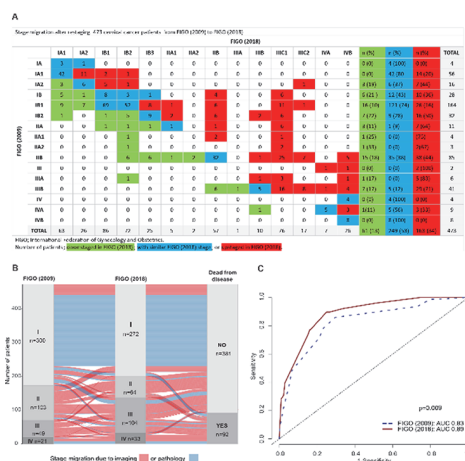
Abstract 2022-RA-799-ESGO Figure 1 A) Table displaying the stage migration from FIGO (2009) to FIGO (2018); B) Alluvial plot illustrating the migration from FIGO (2009) to FIGO (2018) (stages I–IV), and the disease-specific survival (DSS) for the same patients (median [interquartile range] follow-up 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)

Results When reassigning FIGO stage, 47% (224/473) of the CC patients had a different FIGO (2018) stage than the FIGO (2009) stage; 34% (163/473) were upstaged, whereas 13% (61/473) were downstaged using FIGO (2018). For FIGO (2018), stage I (n=272) was defined by pathology findings in 81% (220/272), whereas stages II (n=64), III (n=104), and IV (n=33) were mostly defined by imaging findings (85%; 170/201). For FIGO (2018) stage III, stage migration was seen in 95% (99/104), mainly due to positive lymph nodes on imaging (in 89%; 93/104). FIGO (2018) yielded higher area under the tdROC curve (AUC) for predicting 5-year DSS than FIGO (2009) (AUC 0.89 vs. AUC 0.83, respectively; p = 0.009).

Conclusion Restaging to FIGO (2018) resulted in stage migration in 47% of the patients. FIGO (2018) stage I was mostly defined by pathology results, while imaging findings had a strong impact on stages II-IV. FIGO (2018) stage yielded higher AUC than FIGO (2009) for predicting 5-year DSS in CC.

Results TILs were assessed in 86 patients. 29 patients (34.9%) were considered as highly infiltrated by intraepithelial TILs (>1%), and 26 patients (30.2%) had a high stroma TILs infiltrate above 60%. Low intraepithelial TILs were associated with higher body mass index (25.5 versus 21.8 in the iTILs >1% group, p=0.0221), higher pretreatment MRI tumor size (compared to median tumor size, 31 patients (63.3%) were larger in the iTILs 0–1% group versus 11 patients (39.3%) in the iTILs >1% group (p=0.0421)).Low intraepithelial TILs were also associated with higher para-aortic lymph node metastasis (8 (14.8%) versus 1 (3.4%)) and poorer overall survival (figure 1), but these differences did not reach statistical significance.

Conclusion Our results suggest that intraepithelial infiltrating lymphocyte density is a potential prognostic non-invasive biomarker in patients treated with CRT for LACC. Furthermore, TILs seem to be associated with loco-regional tumor spread, and survival. These results need to be validated in larger series including the analysis of TILs subtypes.
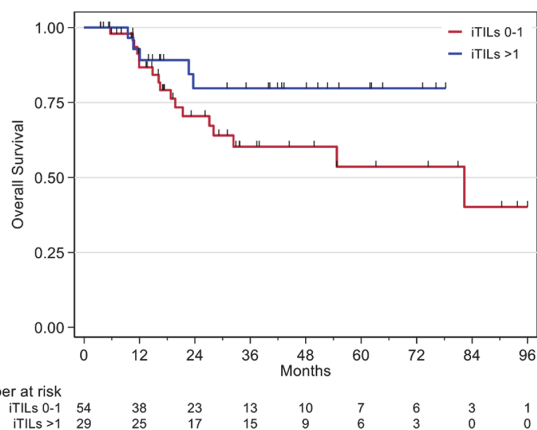
SPATIAL TILS DENSITY CORRELATES WITH LOCOREGIONAL SPREAD AND SURVIVAL IN PATIENTS WITH CERVICAL CANCER TREATED WITH CHEMO-RADIOTHERAPY

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Introduction/Background Tumor-infiltrating lymphocytes (TILs) have a central role in the control of tumor growth, distant progression, treatment response, and survival in most solid tumors. Their role as a potential biomarker has been poorly investigated in cervical malignancy. The study aimed to evaluate the correlation between TILs topography, clinical characteristics, and patient outcomes in patients with cervical cancer treated with chemo-radiation.

Methodology Patients with locally advanced cervical cancer, negative aortic pretherapeutic FDGPET/CT uptake, available clinical data and FFPE material, and pre- and post-treatment MRI treated at the University Cancer Institute of Toulouse, France, were selected. Imaging was centrally reviewed, and intraepithelial and stromal tumor-infiltrating lymphocytes count was performed by an expert gynecologic oncology pathologist.

Abstract 2022-RA-802-ESGO Figure 1 Overall survival according to intra-tumor lymphocytes infiltration 0–1 vs >1

IMPLICATION OF FDG-PET/CT PARAMETERS FOR PREDICTING PROGNOSIS OF HIGH GRADE NEUROENDOCRINE CERVICAL CANCER PATIENT

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Introduction/Background Neuroendocrine cervical cancer is a rare subtype of cervical cancer which account for 1.0–1.5% of all type of cervical cancer. Neuroendocrine cervical cancer is more likely to metastasize to lymph nodes and invade to lymph vascular space at the time of diagnosis resulting in higher rate of recurrence and worse 5-year survival rate. Due to the rarity of the tumor, it has been understudied. There is an unmet need for developing clinical markers for predicting prognosis of this particular type of tumor.Fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT) can yield quantitatively calculated parameters. There are some reports showing predictive value of these parameters in squamous cell carcinoma or adenocarcinoma of cervix. However, studies to identify the association between FDG-PET/CT parameters and prognosis of neuroendocrine cervical cancer is still lacking.

Methodology This retrospective study includes 29 neuroendocrine cervical cancer patients treated at Asan medical center, Seoul, Korea from 2007 to 2021. All patients underwent whole-body FDG-PET/CT before initial treatment. The following parameters were measured and recorded: SUVmax, SUVpeak, MTV2.5, MTV3.0, TLG2.5 and TLG3.0. The association between these parameters and disease free survival and overall survival were analyzed using univariate and mutivariate Cox proportional hazards model.

Results Median age of patient was 45 years, ranging from 29 to 70. Median follow up period was 40 month raging from 4 to 184. Median disease free survival (DFS) time was 17 month and median overall survival (OS) time was 40 month. For DFS, univariate anaylsis showed that age, TLG2.5 and 3.0 were statistically significant. Whereas, multivariate analysis showed that only age and TLG3.0 were the independent