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OUTCOMES OF CERVICAL CANCER IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) POSITIVE WOMEN TREATED WITH RADIOTHERAPY

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Objectives There has been limited data on management of cervical cancer in women living with HIV (WLWH) in modern antiretroviral therapy (ART) era in India. The study aimed to evaluate outcomes and toxicities of these patients treated with radiotherapy.

Methods A retrospective analysis of HIV-positive cervical cancer patients treated with radiotherapy between 2011 to 2018 was conducted.

Results Eighty-one HIV positive cervical cancer patients treated with radiotherapy were identified. Median age was 45 years of which seventy-three (90%) received radiotherapy with curative intent and eight patients received palliative radiotherapy. Median CD4 count at the start of treatment was 342 cells/mm³ (IQR 241- 531). of 73 patients planned for definitive radiotherapy, concurrent cisplatin was planned in 52 (71%) patients with median of four chemotherapy cycles and 81% (n=59) patients received brachytherapy. Among the patients who received brachytherapy, the median dose prescribed was 80Gy. 77% patients completed their prescribed treatment. At a median follow-up of 37 months, 3-year DFS of patients planned with curative intent was 54%. On multivariate analysis, treatment completion was associated with favorable DFS. Grade III/IV acute gastrointestinal toxicity was seen in five (6.8%) patients while 30% patients had grade III/IV acute hematological toxicity. However, all these patients completed their planned radiotherapy with good supportive care.

Conclusions Standard treatment of chemoradiation should be planned in WLWH with well managed HIV presenting with locally advanced cervical cancer. Our study highlights need for optimal management of these patients by multidisciplinary team with intensive supportive care to ensure completion of planned treatment to achieve better outcomes.

EPV048/#252

TRANSITION FROM FIGO-2009 TO FIGO-2018 IN WOMEN WITH EARLY-STAGE CERVICAL CANCER: DOES THE REVISED STAGING CORRECTLY REFLECT RISK GROUPS?

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Objectives We aimed to evaluate risk factors associated with lymph node macro- and micrometastases in women with early-stage cervical cancer, focusing on the revised FIGO-2018 staging system.

Methods Using data from a national prospective cohort study on sentinel lymph node (SLN) mapping in 245 women with early-stage cervical cancer, we reallocated women from FIGO-2009 to FIGO-2018 stages. We used binary and multiple regression models to investigate the risk ratio of FIGO-2018 stages and tumor characteristics associated with nodal metastases.

Results Stage migration occurred in 80.4% (197/245), due to tumor size or depth of invasion in 75.1% (148/197), nodal metastases in 19.3% (38/197), and imaging in 4.5% (11/245). Downstaging to FIGO-2018 IA stages occurred in 36.7% (90/245). Six (5.7%) women with stage IA tumor characteristics were upstaged to IIIC1 due to the findings of nodal metastases. The depth of invasion ranged from 4–5 mm and the tumor size from 9–22 mm; all six metastases were SLNs. For the whole population, risk factors significantly associated with nodal metastases were FIGO-2018 ≥ IB2 (p < 0.001), parametrial invasion (p < 0.001), and lymphovascular space invasion (LVSI) (p < 0.001). All three remained significantly associated with nodal metastases in a multivariate analysis.

Conclusions The FIGO-2018 revised staging system causes stage migration for a large proportion of women with early-stage cervical cancer. The attention on depth of invasion rather than horizontal dimension seems to reflect the risk of nodal metastases correctly. The use of sentinel node mapping in stage IA FIGO-2018 appears to be justified.

EPV049/#254

PATIENT-REPORTED LOWER LIMB LYMPHEDEMA AND QUALITY OF LIFE AFTER RADICAL SURGERY WITH SENTINEL NODE MAPPING FOR EARLY-STAGE CERVICAL CANCER

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Objectives We prospectively evaluated patient-reported lower limb lymphedema and quality of life (QoL) in women with early-stage cervical cancer undergoing radical surgery with sentinel lymph node (SLN) mapping.

Methods In a national multi-institutional study, we included women with early-stage cervical cancer from March 2017-January 2021 to undergo radical surgery including SLN mapping. Women with tumors >20 mm underwent completion pelvic lymphadenectomy (PL). The incidence and severity of lymphedema and QoL were evaluated using validated patient-reported outcome measures before surgery and three months postoperative. Changes over time were investigated using linear regression.