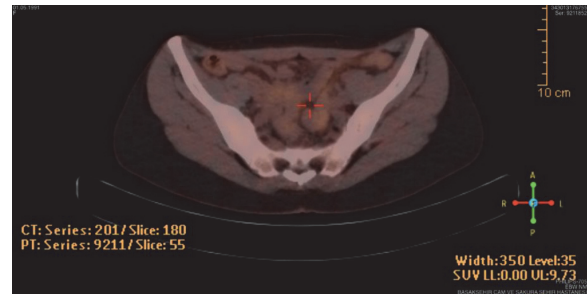


Methodology Retrospective Analysis of 417 cases of early stage cervical cancer disease, treated in one tertiary center between 2005–2015. Data was assorted in 2 subgroups: Group 1 – women with diagnosis made by cone biopsy (n=179); Group 2 – women with diagnosis made by biopsy (n = 232) . SPSS was used for data analysis. The differences between tumor size and proportion of cervical invasion were evaluated by student’s T test. Fisher’s exact test (two tailed) was used for evaluating the other tumors parameters and the proportion of women who underwent adjuvant therapy and disease recurrence.

Results After cone biopsy, tumor size present at surgical specimen is smaller, (mean 26 vs 19 mm, $p < 0.001$), but the proportion of cervical stromal invasion was similar between groups (mean 0.66 vs 0.56 $p=0.58$). Less women underwent adjuvant therapy in group with diagnosis made by cone biopsy (23% vs 52% $p < 0.001$). Disease recurrence was similar between the two groups evaluated separately for women who underwent adjuvant therapy (n=41, women with cone biopsy 7.3% vs women without cone biopsy 17%, $p=0.2$) or just vigilance (n= 137, women with cone biopsy 4.4% vs women without cone biopsy 8.5%, $p=0.19$).

Conclusion Women that performed cone biopsy underwent adjuvant therapy less frequently, without increasing the recurrence rate – Cone biopsy seems to be protective.

Results Sentinel-lymph-node evaluation and frozen-section were performed. Afterward micrometastases were detected during the frozen examination, the operation was terminated. *Patient had no abnormal symptoms throughout early postoperative period. On the 3rd day after primary surgery patient was discharge without any further complication. After all pathology examination, the patient was accepted as FIGO2018 Stage 3C1 and referred to chemoradiotherapy.*



Abstract 2022-VA-699-ESGO Figure 2

Conclusion Many published studies show the feasibility of SLNB for cervical-cancer. The latest edition of the National-Comprehensive-Cancer-Network (NCCN) Practice Guide says sentinel lymph node dissection can only be used in stage I patients and patients with tumor size < 4 cm, but is best for tumor < 2 cm. There is ample evidence that SLN without systematic lymph node resection has the same oncology outcomes and fewer complications. According to Yahta et al. investigated surgical complications and prognostic outcomes in patients with early stage cervical-cancer who underwent SLN for trachelectomy or hysterectomy found that operative-time, lymphedema, lymphangitis, and blood-loss were significantly lower in patients with SLN compared to patients who underwent systemic pelvic lymphadenectomy, and the prognostic outcomes were not different between the two groups. In developing-countries, all necessary dyes for sentinel-lymph-nodes are not available in all centers. Our case is very significant in terms of showing that sentinel-lymph-node can be detected and metastasis can be detected with methylene-blue alone, with right technique and surgical management.

2022-VA-699-ESGO **DIAGNOSIS OF LYMPH NODE MICROMETASTASIS EVEN THOUGH METHYLENE BLUE**

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Introduction/Background The subsequent complications of pelvic-lymphadenectomy in patients with early-stage cervical-cancer, the sentinel-lymph-node (SLN) technique is increasingly used. Studies show that SLN-technique with methylene-blue alone is viable and adequate alternative to systematic-lymphadenectomy for early stage cervical cancer in selected patients.

Methodology

Case Presentation A 30-years old patient who was diagnosed with cervical squamous cell carcinoma with a size of 2,1 cm, had no suspicious lymph node in the preoperative PET/CT and MRI scans. Thereupon, a fertility-sparing-trachelectomy operation was planned.



Abstract 2022-VA-699-ESGO Figure 1

2022-RA-711-ESGO **ASSOCIATION OF PET-CT TUMOR METABOLIC METRICS AND INTRAEPITHELIAL AND STROMAL TUMOR-INFILTRATING LYMPHOCYTES IN LOCALLY ADVANCED CERVICAL CANCER PRIOR TO CONCURRENT CHEMO-RADIOTHERAPY**

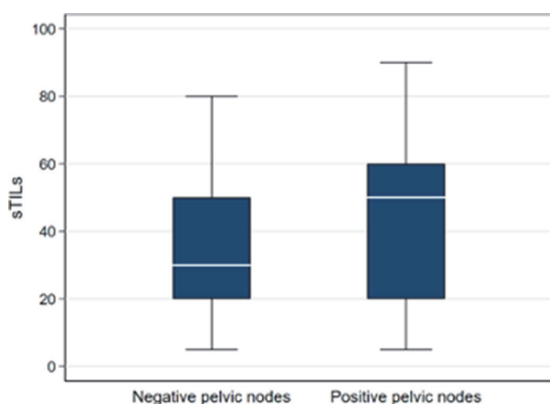
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10.1136/ijgc-2022-ESGO.50

Introduction/Background Literature data suggests an association between PET/CT metabolic metrics and tumor microenvironment in several malignancies, and a potential role of PET/CT to monitor response to immunotherapy. The aim of the study is to evaluate the correlation between PET/CT tumor metabolic metrics and tumor-infiltrating lymphocytes (TILs) infiltration in locally advanced cervical cancer (LACC) prior to concurrent chemo-radiotherapy.

Methodology Patients with LACC and negative para-aortic extensions on the PET/CT were included. Two senior nuclear medicine physicians specialising in gynaecologic oncology reviewed all PET/CT exams, and extracted tumour SUVmax, MTV, and TLG, as well as pelvic lymph node (PLN) involvement. One senior gynecologic oncology pathologist assessed intraepithelial (iTILs) and stromal tumor-infiltrating lymphocytes (sTILs).

Results 86 patients were included in the analysis. High iTILs and sTILs were identified in 29 (34.9%) and 26 (30.2%) patients, respectively. iTILs and sTILs were non significantly associated with tumor metabolic metrics. A high sTILs score was significantly associated with PLN uptake (61.5% compared to 31.7% in low sTILs, $p=0.009$). Tumors with low iTILs score were significantly associated with a higher magnetic resonance imaging (MRI) tumor size (\geq median) (63.3% versus 39.3%, $p=0.042$). Low iTILs score was also higher in patients with lymph node aortic involvement (14.8% versus 3.4%).



Abstract 2022-RA-711-ESGO Figure 1 Stromal tumor-infiltrating lymphocytes (sTILs) and lymph node PET/CT uptake

Conclusion Poor or absent iTILs was associated with a more advanced disease at diagnosis, with larger tumor size, and more frequent para-aortic lymph node extension. Intraepithelial and stroma TILs are not redundant and should be assessed separately. Further work is needed to evaluate the association between tumor metabolic profile and immune populations, including different T-cell subtypes.

2022-RA-719-ESGO

IMPACT OF COVID-19 ON RADICAL (CHEMO)RADIO THERAPY FOR LOCALLY ADVANCED CERVICAL CANCER IN THE WEST OF SCOTLAND, APRIL 2020 – MARCH 2021

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Introduction/Background Chemoradiotherapy (CCRT) is the gold standard treatment for locally advanced cervical cancer. The COVID-19 pandemic resulted in a UK-wide lockdown in March 2020. As a ‘Category 1’ malignancy, cervical cancer remained a key treatment priority, but the safety of chemotherapy was unclear, and many centres including our institution required urgent implementation of spinal as opposed to general anaesthesia to facilitate brachytherapy. We evaluated the impact of COVID-19 on the CCRT pathway.

Methodology The central radiotherapy prescribing system at a single institution was interrogated to identify patients who commenced radical RT/CCRT from 1st April 2020 to 31st March 2021.

Results Primary RT/CCRT was delivered to 80 patients (adjuvant/salvage therapies were excluded). Median age was 53 years (range 30 – 77) and the majority had squamous cell carcinoma (75%). FIGO 2018 stage distribution was Stage I (3.8%), II (26.2%), III (47.5%) and IV (22.5%). Diagnostic imaging consisted of: MRI 96.3%; PET-CT 98.8%; both 95.0%. Concomitant cisplatin was administered to 81.3%; the remaining patients received neoadjuvant chemotherapy (10%) or had poor performance status/medical comorbidities precluding chemotherapy (8.7%). Median time to complete treatment was 39 days (range 31 – 59). Standard external beam dose of 4500cGy-5000cGy in 25 fractions was prescribed in virtually all cases (98.8%). Median brachytherapy dose was 2400cGy in 4 fractions. SABR boost was delivered to the cervix in 8.8% of cases (unfavourable anatomy or patient refusal). Spinal anaesthetic was performed for the majority of insertions. No patients tested positive for COVID-19 during RT/CCRT and/or required alteration to the usual treatment pathway following prior infection.

Conclusion Other than immediately adopting spinal anaesthesia for brachytherapy, the advent of a novel virus threat did not result in deviation to standard CCRT protocol. There was no effect on diagnostic imaging rates, dose-fractionation, concomitant cisplatin, or overall treatment times.

2022-RA-721-ESGO

CLINICAL OUTCOMES OF SBRT BOOST TO THE CERVIX AS AN ALTERNATIVE TO INTRACAVITARY BRACHY THERAPY IN LOCALLY ADVANCED CERVICAL CANCER: RETROSPECTIVE ANALYSIS FROM THE WEST OF SCOTLAND

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10.1136/ijgc-2022-ESGO.52

Introduction/Background Concurrent chemoradiotherapy (CCRT) combined with image guided brachytherapy (IGBT) is the international gold standard management for locally advanced cervical cancer. ESTRO guidelines recommend aiming for EQD₂ of 85–90Gy to the cervix, in order to achieve local control rate of >90%. Associated G3–5 morbidity is up to 5–10%, with fistula incidence <5%. However, a proportion of patients are ineligible for IGBT and a standard photon boost is suboptimal. We evaluated the indications for SBRT boost at our institution and the resultant local control/toxicity outcomes.