

needs to be designed to evaluate the impact of single dose of intraperitoneal heated therapy & its interplay in delay on starting adjuvant chemotherapy.

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A NEW TECHNIQUE OF SENTINEL LYMPH NODES DETECTION IN VULVAR CANCER PATIENTS. THE SARVU STUDY

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Objectives We have created the SARVU study (Sentinel Lymph Nodes Detection with Sentimag against Radiotracer in Vulvar Cancer) to compare and validate the use of ferromagnetic technique of SLN detection with iron oxide tracer (Sienna+[®]) and magnenometer probe (Sentimag[®]) vs. standard procedure with radioisotope (Tc99) and gamma probe in vulvar cancer patients.

Methods We included 20 patients with squamous vulvar tumour less than 4 cm and negative lymph nodes in imaging pre-op work-up. The primary endpoint was the proportion of successful SLN detection with Sienna+[®] vs. Tc99. The secondary endpoints were: the average of SLN per patient, the proportion of SLN detected (nodal detection rate), the proportion of pathologically positive results (malignancy rate) per patient and per node.

Results We found SLN in every case with both studied methods with equal average distribution (3.3 SLN per patient). SLN detection rate per patient was 100% in both techniques. Nodal detection sensitivity was 98,5% for ferromagnetic and 93,8% for radioactive tracer. Malignancy detection rate per patient was 100% positive with both methods. Malignancy rate for nodes was 21,5% and for patients - 45%.

Conclusions We consider the new method of SLN detection with the use of ferromagnetic injection in vulvar cancer patients as reliable, safe and non inferior to the standard of care with a radiocolloid. However these promising data are few thus the SARVU study must be continued to prove the efficacy of a novel technique of Sentimag/Sienna+[®] use in SLN detection in vulvar carcinoma.

Poster Discussion with the Professor Station 6

IGCS19-0360

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FERTILITY SPARING TREATMENT WITH LEVONORGESTREL INTRAUTERINE DEVICE AFTER COMPLETE MACROSCOPIC HYSTEROSCOPIC RESECTION FOR WELL DIFFERENTIATED EARLY STAGE ENDOMETRIOD ADENOCARCINOMA IN YOUNG WOMEN

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Objectives To evaluate the efficacy of levonorgestrel-intrauterine DEVICE (LNG-IUD) treatment after complete macroscopic hysteroscopic resection of well differentiated early-stage endometrioid carcinoma (EC) in young women who wished to preserve their fertility.

Methods A retrospective study from a prospective monocentric database was conducted from January 2008 to January 2019. Patients under 45 year old with grade 1 endometrioid adenocarcinoma confined to the endometrium were treated with LNG-IUD after complete macroscopic hysteroscopic resection. At 6 months of treatment, the histologic change of the endometrial tissue was assessed by both vaginal ultrasound and hysteroscopy with curettage. The regression rate at 6 months treatment was evaluated.

Results From a cohort of 226 patients with endometrial cancer diagnosed at our department during the 11 years of the study, 22 were under 45 year old of whom nine patients with FIGO Stage IA grade 1 endometrioid carcinoma were enrolled in this study. Two withdrew because they were pregnant at the moment of diagnosis of the cancer and 9 patients completed the protocol treatment. The complete regression (CR) rate at 6 months was 33.3% (3/9). There were 2 cases of progressive disease. Five patients reported some spotting as a treatment-related complication.

Conclusions The need for a fertility sparing treatment to early stage grade 1 endometrioid carcinoma in young women is real but not so frequent in our daily practice. LNG-IUD treatment in addition to complete macroscopic hysteroscopic resection for EC showed 33.3% of CR rate at 6 months with a progression rate of 22.2%.

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CERVICAL CANCER SCREENING USING PRIMARY HUMAN PAPILLOMAVIRUS (HPV) TESTING IN MOZAMBIQUE: PRELIMINARY RESULTS OF THE CAPULANA STUDY

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Objectives Cervical cancer is the leading cause of cancer and related deaths among women in Mozambique. There is limited access to screening and few trained personnel to manage women with abnormal results. Our objective was to implement primary HPV screening in Mozambique and navigate women with abnormal results to appropriate diagnostic and treatment services.

Methods We prospectively enrolled women aged 30 to 49 at Mavalane General Hospital in Maputo, Mozambique. All

participants underwent a pelvic examination by a nurse and a cervical sample was collected and tested for HPV DNA using careHPV (Qiagen, Gaithersburg, MD, USA). Women who tested positive for HPV (HPV+) underwent visual assessment for treatment (VAT) using visual inspection with acetic acid (VIA) to assess eligibility for cryotherapy. All HPV+ women were treated with cryotherapy, loop electrosurgical excision procedure (LEEP), or referred for cancer management based on results.

Results From April 2018 to February 2019, 427 women underwent HPV testing. The median age was 39 years. 86/426 patients (20.2%) were HIV positive. 93 patients (21.8%) were HPV+ and 97.8% (91/93) returned for VAT and treatment including cryotherapy (n=68, 74.7%), LEEP (n=10, 11.0%) and referral for cancer management (n=4, 4.4%). Treatment is pending in 9 patients for cryotherapy.

Conclusions Cervical cancer screening with primary HPV DNA testing, including follow-up and treatment, was found to be feasible in Maputo, Mozambique. This study is ongoing to and includes training medical providers to diagnose and treat cervical preinvasive disease and cancer.

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INCIDENCE OF PELVIC INSUFFICIENCY FRACTURES AFTER EXTERNAL BEAM RADIOTHERAPY FOR GYNECOLOGICAL CANCERS USING POST-TREATMENT IMAGE FOLLOW-UP: A META-ANALYSIS OF 3929 PATIENTS

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Objectives To estimate the overall rate, symptomatic proportion, and most common sites of pelvic insufficiency fracture (PIF) after external beam radiotherapy for gynecological cancer based on post-treatment CT, MRI, PET or bone scintigraphy.

Methods A systematic search of databases (PubMed and EMBASE) was performed (CRD42019125679). The pooled summary of overall PIF (detected by post treatment image follow-up) and the proportion of symptomatic cases were calculated by using the random-effects model weighted by the inverse variance.

Results A total of 702 articles were initially found, resulting in 21 studies that met the inclusion criteria (total 3929 patients). Five hundred and four patients presented with PIF, translating into an overall rate of 14% (95%CI: 10–18%, based on 21

studies). Among these cases with PIF, the proportion of symptomatic patients was 61% (95%CI: 52–69%, based on 14 studies). The total number of PIF was provided by 11 studies, with a total of 610 PIF (mean 1.65/patient that develop PIF). The most common locations were: 39.7% sacro-iliac joint; 33.9% body of the sacrum; 13% pubis; 7% lumbar vertebra; 2.8% iliac bone; 2.1% acetabulum; and 1.5% femoral head/neck.

Conclusions The incidence of PIF after radiotherapy for gynecological cancer is high (14%) with the majority affecting the sacral bone/joint (73.6%). Post-treatment bone surveillance is recommended since almost forty percent of the patients were asymptomatic at the time of PIF diagnosis. Strategies to prevent the fracture in these patients are necessary.

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SEX HORMONAL PROFILE DURING THE DEVELOPMENT FROM ENDOMETRIAL HYPERPLASTIC DISEASE TO ENDOMETRIAL CANCER

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Objectives To explore the endocrine profiles during the development from endometrial hyperplastic disease to endometrial cancer (EC).

Methods A prospective study in the Obstetrics and Gynecology Hospital of Fudan University from September 2011 to Nov 2018 was conducted. A total of 1874 cases were enrolled, including 764 cases of healthy women, 145 cases diagnosed with disordered proliferative endometrium (DPE), 250 cases with simple hyperplasia (SH), 200 cases with complex hyperplasia (CH), 259 cases with endometrial atypical hyperplasia (EAH), 256 cases of EC. Profiles of BMI and sex hormone levels (Estradiol, P, T, FSH, LH, SHBG and E2/SHBG) were analyzed and compared in different groups. Multiple linear regression analysis was done to control for the confounding factor, age.

Results Physiologically, text-book hormonal profiles were confirmed with our study in control group as shown below.

Estradiol elevation only took place in pre-cancerous stage. However, progesterone trend is a bit delayed, the significant difference totally vanished until the stage EEC G2, which stage is also a contraindication for conservative treatment with high potency progestins. No significant difference was found for free estrogen level (FEI) in different groups compared with the control. BMI gradually increases and peaks at EEC (G1, G2), and this group of patients was the only group with both median and mean BMI > 25kg/m², aka, overweight.

Conclusions “Guider Effect Model” was hypothesized that E2 in here is as a guider in theater, once cancer cells gain carcinogenic mutation, (seated in cancer), the guider just left immediately, while other hormones will be interpreted in presentation d/t word limit