

## IGCS19-0462

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**NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADICAL SURGERY VERSUS CHEMORADIATION FOR STAGE IB2, IIA2 AND IIB CERVICAL CANCER: AN OPEN-LABEL, PHASE III, RANDOMIZED CONTROLLED TRIAL**

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**Objectives** Chemoradiation (CHR) is the standard treatment for inoperable cervical cancer (CC). Neoadjuvant chemotherapy (NCT) plus radical surgery might be advantageous according to previous trials. The aims of this RCT are to access efficacy and tolerability of this experimental treatment. Primary end point is 5y OS. Secondary endpoints include: disease free survival, operability rate and complete pathological response rate.

**Methods** Women diagnosed with invasive CC stages IB2, IIA or IIB will be randomized to: Experimental arm: NCT (cisplatin 75 mg/m<sup>2</sup> (D1) plus paclitaxel 80 mg/m<sup>2</sup> (D1, D8 and D15), each 21 days, 3 cycles) or Control ARM: CHR (cisplatin 40 mg/m<sup>2</sup> (D1, D8, D15, D21 and D28) in concomitancy with external radiation 50.4Gy (28 x 1,8Gy) followed by brachytherapy (4 x 7Gy). The patients who reach Complete clinical response or substantial tumour reduction after NCT (restricted to cervix ≤4 cm) are going to be submitted to Piver-Rutledge class III abdominal hysterectomy and pelvic lymphadenectomy, 3–6 weeks after the last cycle. Progressive Disease, severe toxicity or inoperable tumour after NCT will be conducted to Definitive standard CHR.

**Results** Eleven patients have been recruited. The Median age of the patients was 39.5 years. NCT plus radical surgery was completed in four patients and alterations in chemotherapy schedule were not necessary. All patients in the NCT arm became operable. Two patients in the CHR arm had the treatment delayed.

**Conclusions** NCT is well tolerated with signs of high activity in cervical cancer. The CHR schedule seems more prone to suffer delays.

## IGCS19-0643

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**CERVICAL ADENOCARCINOMA: CLINICAL IMPLICATIONS OF THE RISK STRATIFICATION SYSTEM (SILVA SYSTEM)**

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**Objectives** To correlate the Silva system with prognosis and outcome.

**Methods** 32 patients with cervical adenocarcinoma were included between 6–90 and 10–16. Median age was 43 years. Median follow-up was 66 months. Slides from surgical specimens were classified by two pathologists. Results were correlated with: tumor size, FIGO staging, site of recurrence, DFS and OS.

**Results** Twelve patients (37%) had pattern A tumors; all stage I and with no lymph node metastases (LNM) or recurrences. Pattern B was seen in 13 tumors (41%); all stage I, LNM was seen in 2 (15%). One patient had a local recurrence in this group (8%). Pattern C was found in 7 cases (22%), all with LVI. Five (71%) showed LNM and recurrences were recorded in 4 (57%). Tumor size was: <2 cm A: 8 (66%), B: 2 (15%), C: 0 (0%) and = o >2 cm A: 4 (34%), B: 11 (85%) and C: 7 (100%). DFS was: A=73 months, B=76 months, C=58 and the OS was: A=55 months, B=79 months, C=62 months. One Pattern C tumor presented ovarian involvement. The only 2 distant recurrences were Pattern C patients.

**Conclusions** There is a relation between FIGO staging, DFS and OS. In our series, Pattern C tumors seem to have higher incidence of nodal involvement and local and distant recurrences.

## IGCS19-0460

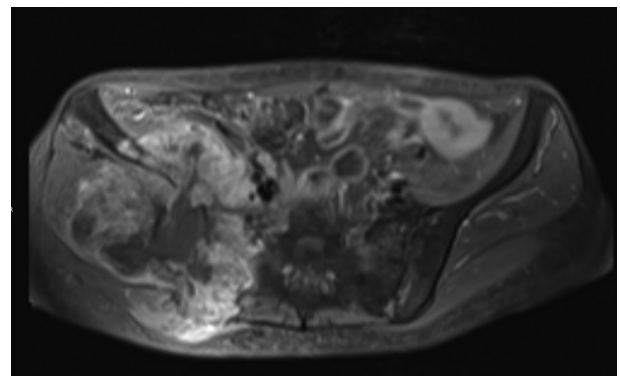
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**PELVIC OSTEOSARCOMA AFTER RADIATION THERAPY OF UTERINE CERVICAL CANCER – A CASE REPORT**

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**Objectives** To report a rare case of a patient with pelvic osteosarcoma after radiation therapy of uterine cervical cancer: a 58-year-old woman who received pelvic irradiation for stage IB2 uterine cervical cancer 7 years before was diagnosed with post-radiation osteosarcoma of the iliac right bone.



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