IGCS19-0462

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

1PTF Reis Filho, 2MP Batista, 3CB Sousa, 3THGF Oliveira, 3GV Aruza, 3JM Andrade, 3M Del Pilar Estevêz Diz*, 1JFCD Reis. 1Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto, Medical Oncology, Ribeirão Preto, Brazil; 2Instituto do Câncer de São Paulo – Faculdade de Medicina da Universidade de São Paulo, Medical Oncology, São Paulo, Brazil; 3Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto, Radiotherapy, Ribeirão Preto, Brazil; 4Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto, Gynecological Oncology, Ribeirão Preto, Brazil

10.1136/ijgc-2019-IGCS.162

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: CHR (cisplatin 40 mg/m² (D1, D8, D15, D21 and D28), each 21 days, 3 cycles) or Control ARM: cisplatin 75 mg/m² (D1) plus paclitaxel 80 mg/m² (D1, II A or IIB will be randomized to: Experimental arm: 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.

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

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

ALR Dias*, MCG Forghieri, RLR Costa, AFA Lame, V Sartorelli, AA Monte. Instituto Brasileiro de Controle do Câncer – IBCC, Gynecologic Oncology, São Paulo, Brazil

10.1136/ijgc-2019-IGCS.164

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.

IGCS19-0643

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

1GD Evotto*, 2F Falcon, 3F Garcia Kamermann, 4S Alessandria, 1J Lange, 4G Torres, 3S Tatti, 1A Bermudez. 1Buenos Aires University Hospital, Gynecologic Oncology Unit, Buenos Aires, Argentina; 2Buenos Aires University Hospital, Pathology Department, Buenos Aires, Argentina

10.1136/ijgc-2019-IGCS.163

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.