

## IGCS19-0417

## 170 PATTERNS OF RECURRENCE AFTER ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC)

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**Objectives** To evaluate the recurrence patterns of early CC following RRH.

**Methods** Patients with early-stage CC (4/2007–12/2017) who underwent RRH using a uterine manipulator were evaluated. Inclusion criteria: > one year follow-up, adenocarcinoma or squamous carcinoma, stage IA2 or IB1 using FIGO-2014 guidelines, and pathologic tumor size (TS) of  $\geq 4$  cm.

**Results** 144 RRH patients were identified and 90 met inclusion criteria. Baseline characteristics included: TS  $\geq 2$  cm 42 (47%) and adenocarcinoma 40 (44%). There were 7 (7.8%) recurrences with median time to recurrence of  $12 \pm 8.3$  months. All recurrences had TS  $\geq 2$  cm (median  $2.7 \pm 0.7$  cm). Of the 42 cases with TS  $\geq 2$  cm, 14 had adenocarcinoma with 5 (36%) recurrences compared to 28 squamous with 2 (7%) recurrences ( $p=0.057$ ). Three recurrences had carcinosarcoma with mean RFS and OS of  $5.3 \pm 2.3$  and  $28.3 \pm 30.9$  months compared to  $17.8 \pm 6.3$  and  $80.6 \pm 48.6$  months for cases with local/pulmonary metastasis ( $n=4$ ). RFS with carcinosarcoma was less than RFS for local/pulmonary ( $p=0.014$ ). Six recurrences occurred within the first 10 RRH cases per surgeon.

Abstract 170 Table 1

Pt	Tumor Size (cm)	LVI	Pelvic Node	Vaginal Margin	Grade	Histology	First 10	Carcinosarcoma
N=90	1.7±1.1 cm	44; 50%	16; 18%	4; 4%	2± = 62;69%	Adeno= 40; 44% Squam= 50; 56%	-	-
1	2	Yes	No	Yes	3	Squamous	Yes	No
2	4	No	No	No	2	Adenocarcinoma	Yes	No
3	2.6	Yes	Yes	No	3	Squamous	Yes	No
4	2.5	No	Yes	No	1	Adenocarcinoma	Yes	No
5	2	Yes	No	Yes	3	Adenocarcinoma	Yes	Yes
6	2.6	Yes	No	No	3	Adenocarcinoma	Yes	Yes
7	3	Yes	No	No	3	Adenocarcinoma	No	Yes
Total Recur	Median= 2.7 cm	5; 71%	2; 29%	2; 29%	2± = 6;85%	Adeno= 5; 71% Squam= 2; 29%	Yes= 6 85%	Yes= 3; 43%

**Conclusions** Early-stage CC treated with RRH appears to have a unique pattern of recurrence in some cases with carcinosarcoma that results in shortened RFS. Recurrences were associated with adenocarcinoma, TS  $\geq 2$  cm, and first 10 cases of surgeon experience. Carcinosarcoma may be related to negative insufflation following colpotomy, requiring a new strategy that isolates the cervical tumor prior to colpotomy.

## IGCS19-0616

## 171 IDENTIFICATION OF THE FORMS OF USE AND ACCESS TO INFORMATION USED BY PATIENTS IN TREATMENT OF CERVICAL CANCER

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**Objectives** This study aims to identify the use of the media and access information to women with this type of pathology, in order to bring more information about the subject and knowledge about the forms of prevention to them, in an attempt to reduce the incidence cancer and reduce its mortality. **Methods** The methodology used was the application of a face-to-face questionnaire to patients undergoing treatment of uterine cervix of the Center for Oncology Control (FCECE), who were treated on an outpatient basis, with objective questions regarding their communication habits, information media and networks used.

**Results** 163 women were interviewed. The media and information most used by them are television and television. The programs most assisted by them are: newspaper, soap opera and religion. Of the 139 mobile phone users, 103 use the WhatsApp<sup>®</sup> communication application. Regarding the Internet, 107 (65.6%) women have easy access in the region where they live and the subjects they are most looking for on the Internet are health (28%), social network (22%) and news (14%). Regarding the use of Facebook<sup>®</sup>, 77 of them use it, 79% spend up to one hour on the social network and the content they seek most is entertainment and chat, but 37 of these women also get information and most of them (86%) consider this interesting.

**Conclusions** It was possible to draw a sociocultural profile of the patients, to evaluate the type and means of information they receive, in order to contribute to the prevention of the disease in the Amazon.

## IGCS19-0675

## 172 GASTRIC-TYPE ENDOCERVICAL ADENOCARCINOMA (GAS): A COMPARATIVE ANALYSIS

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**Objectives** Compare clinical outcomes of GAS, usual-type endocervical adenocarcinomas (UEA) and squamous cell carcinoma (SCC).

**Methods** Twenty-two cases of GAS, 44 cases of UEA and 66 cases of SCC matched by age and clinical stage were assessed. Diagnosis of GAS was based on the Kojima's criteria and immunohistochemical results. Clinical parameters (age, clinical stage and clinical outcome after first-line treatment) were recorded. Descriptive and comparative analysis was conducted. Response to treatment was compared between groups. Overall Survival (OS) and Disease-Free survival (DFS) were calculated with Kaplan-Meier method, compared with Log-Rank test.

**Results** Mean age at diagnosis was 51 years (range 31–76). Five cases were clinical stage IB1 (22.7%), IB2 1 (4.5%), IIB 2 (9.1%), IIIB 4 (18.2%), IVA 2 (9.1%), IVB 8 (36.4%). The median follow-up was 23 months. GAS cases showed complete response to first-line treatment in 31.1% ( $n=7$ ), partial response 18.2% ( $n=4$ ), 40.9% ( $n=9$ ) had persistence/progression of the disease, no statistical difference was observed when compared to other histologies ( $p=0.2$ ). Progression-free survival was 85.7% without significant difference ( $p=0.9$ ). The overall survival was 75% at 24 months, and comparable to SCC and UEA ( $p=0.6$ ).