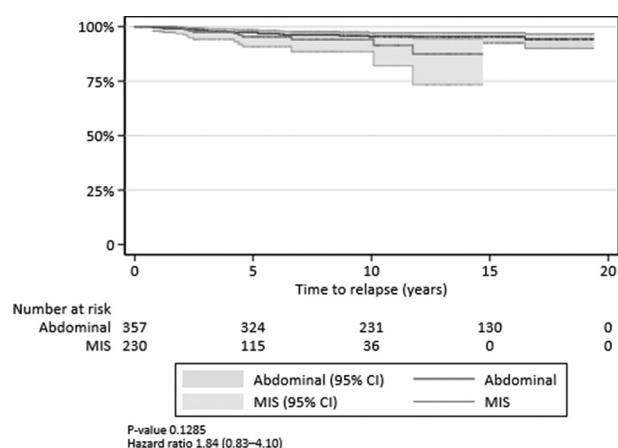


Abstract 14 Figure 1



Abstract 14 Figure 2

Conclusions MIS was associated with a higher recurrence rate and mostly of peritoneal-combined type than ARH. MIS tended to have a higher mortality rate than ARH although not statistically significant in patients with early-stage cervical cancer cases.

IGCS19-0577

15 ORAL APIXABAN COMPARED TO SUBCUTANEOUS ENOXAPARIN FOR THROMBOPROPHYLAXIS IN WOMEN UNDERGOING SURGERY FOR SUSPECTED GYNECOLOGIC CANCER: FINAL RESULTS OF A MULTI-INSTITUTIONAL RANDOMIZED, CONTROLLED TRIAL

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Objectives Venous thromboembolism (VTE) is a serious complication following gynecologic oncology surgery with 26% DVT and 9% pulmonary embolism rates. Current guidelines recommend subcutaneous enoxaparin for thromboprophylaxis.

We evaluated safety of apixaban (oral factor Xa inhibitor) versus enoxaparin for post-operative thromboprophylaxis in women with suspected gynecologic cancer.

Methods A randomized study determined safety (major bleeding) of apixaban versus enoxaparin. Secondary outcomes included VTE, adverse events (AE), satisfaction. Women (18–89) were randomized to 28-days of 2.5mg apixaban BID or 40mg enoxaparin QD and followed for 90-days. Chi square and Fisher's exact statistics were used; $P < 0.05$ determined significance.

Results Four hundred women completed therapy (mean age 56.6 years; mean BMI 28.5). Groups were similar for race, cancer diagnosis/stage, and surgery. Seventy-eight percent of surgeries were open laparotomies; 70% involved hysterectomy. Two major bleeding events occurred on treatment: 1/205 in apixaban arm vs. 1/195 in enoxaparin arm (OR=0.95; 95%CI: 0.06–15.1; $P=0.972$). Five VTE events occurred: 2/205 vs. 3/195 respectively (OR=0.63; 95%CI: 0.12–3.75; $P=0.616$). Women receiving apixaban were 98% less likely to report pain (OR= 0.02, 95% CI 0.01–0.05, $P < 0.001$) and 99% less likely to report difficulty administering treatment (OR= 0.01, 95% CI 0.001–0.13, $P < 0.001$) compared to enoxaparin. There were 97 related AEs; AEs were rare (2%) and similar: wound infection ($P=0.745$), wound dehiscence ($P=0.100$), arthralgia ($P=0.321$), dizziness ($P=0.078$), vaginal bleeding ($P=0.410$), and headache ($P=0.875$).

Conclusions Apixaban is a safe alternative to enoxaparin for thromboprophylaxis following gynecologic oncology surgery. Women taking apixaban had less pain and difficulty administering treatment. Efficacy of apixaban to prevent VTE is hypothesized as equivalent to enoxaparin.

IGCS19-0693

16 ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC): PATTERNS OF RECURRENCE, SURVIVAL, AND THE SURGEON EXPERIENCE FACTOR

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Objectives To evaluate factors associated with recurrence and survival after RRH for CC.

Methods Pts with early stage CC who underwent RRH(4/2007–12/2017) were evaluated. Inclusion criteria: >one year follow up, adenocarcinoma or squamous carcinoma, stage IA2 or IB1(FIGO 2014 guidelines), and pathologic tumor size(TS) of ≤ 4 cm. The first 10 learning curve cases per surgeon (A) were compared to all subsequent cases (B).

Results 144 RRH pts were identified and 90 met inclusion criteria. There were 40 A and 50 B patients. Median follow up was 61 ± 34.3 months (A=71.5, B=52.5). There were 7 (7.8%) recurrences with median DFS of 12 ± 8.3 months. Recurrence in A(n=6,15%) exceeded B(n=1,2%) ($p=0.025$). DSDR was 10% A v 2% B($p= 0.184$). The 4.5 yr DFS was 84.8%(95 CI $\pm 7\%$) in A v 98%(95 CI $\pm 3\%$) in B. Positive vaginal margin status(A=10% v B=0%, $p=0.034$) was the only difference. All recurrences had TS ≥ 2 cm. Of the 42 TS ≥ 2 cm, 5/14(36%) adenocarcinoma recurred compared to 2/28

Abstract 16 Table 1

Pt	Tumor Size (cm)	LVSI	Pelvic Node	Vaginal Margin	Grade	Histology	First 10	Carcinomatosis
N=90	1.7±1.1	44(49%)	16(18%)	4 (4%)	2≥ = 62 (69%)	Adeno= 40 (44%) Squam= 50 (56%)	40	-
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 N=7	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%)

(7%) squamous ($p=0.057$). Three recurrences had carcinomatosis with mean DFS and OS of 5.3 ± 2.3 (95% CI ± 4.5) and 28.3 ± 30.9 (95% CI ± 60) months compared to 17.8 ± 6.3 (95% CI ± 13) and 80.6 ± 48.6 (95% CI ± 95.2) months for cases with local/pulmonary metastasis ($n=4$) ($p=0.014$). Using a multiple logistic regression model, adenocarcinoma ($p=.024$) and first 10 experience cases ($p=0.048$) remained significant for recurrence.

Conclusions Early stage CC treated with RRH has a unique pattern of recurrence with carcinomatosis that results in shortened DFS. Recurrences were associated with adenocarcinoma and first 10 cases of surgeon experience.

IGCS19-0427

17

STANDARD ULTRASTAGING (SU) COMPARED TO ONE-STEP NUCLEIC ACID AMPLIFICATION (OSNA) FOR SENTINEL LYMPH NODE METASTASIS DETECTION IN ENDOMETRIAL CANCER PATIENTS: A RETROSPECTIVE LARGE COHORT COMPARISON

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Objectives We compared the traditional ultrastaging (SU) with the one-step nucleic acid amplification (OSNA) for the detection of sentinel lymph node (SLN) metastasis in women with apparent early stage endometrial carcinoma (EC).

Methods All women were surgically staged including SLN mapping. Nodes were cut perpendicular to the long axis and two adjacent 5 mm sections were cut at each of 2 levels 50 mm apart, and one slide was stained with H&E and the other with immunohistochemistry using the AE1/AE3 anticytokeratin antibody, and one negative control slide for a total of five

slides per block. For OSNA analysis, the 2mm sections of the SLN were homogenized to form a lysate that was centrifuged and inserted into the RD100i instrument where for the isothermal amplification of CK19 mRNA.

Results Totally 409 patients were included in the analysis (183 OSNA, 226 SU). Overall, 3521 lymph nodes were removed, of those 871 SLN's (24.7%) were identified (381 OSNA, 490 SU). Sixty patients had metastasis on SLN's (26 OSNA, 34 SU). Macrometastasis, micrometastases, and ITC were 25.7%, 68.6% and 5.7% for OSNA; 48.1%, 36.5% and 15.4% for SU ($p = 0.015$). ITC alone were recorded in 7 women (2 OSNA, 5 SU).

Conclusions The OSNA assay detected a higher rate of micrometastasis and a lower rate macrometastasis and ITC compared to SU. The clinical and prognostic impact of ITC is still controversial. Further studies are needed to clarify the clinical impact of the OSNA assessment technique and the prognostic impact of ITC in patients with stage I EC.

IGCS19-0320

18

LATE PERSISTANT SUBSTANTIAL PATIENT REPORTED SYMPTOMS (LAPERS), AFTER RADIO(CHEMO)THERAPY AND MRI IMAGE-GUIDED ADAPTIVE BRACHYTHERAPY FOR LOCALLY ADVANCED CERVICAL CANCER IN THE EMBRACE STUDY

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Objectives To report on patterns of morbidity from the EMBRACE prospective study on MRI image-guided, adaptive brachytherapy in locally advanced cervical cancer, using a novel method to identify patients with LAte, PERSistent, Substantial treatment-related symptoms (LAPERS).

Methods EORTC QLQ-C30 + CX24 were analyzed in 657 patients out of 1416 patients within the EMBRACE study