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216 THE DELETERIOUS SURVIVAL IMPACT OF POSITIVE LYMPH NODES IN CERVICAL CANCER: IMPLICATIONS OF THE NEW FIGO STAGING SYSTEM

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Objectives The 2018 FIGO (International Federation of Gynecology and Obstetrics) cervical cancer staging system changed from a clinical system to a clinical/pathologic/radiologic system with stages IIIC1 and IIIC2 indicating positive pelvic and para-aortic lymph nodes, respectively. We evaluated a nationwide hospital database for the impact on survival of lymph node involvement.

Methods The National Cancer Database from 2004–2015 was queried for patients with cervical cancer, yielding 115,819 patients. Patients with metastatic disease (22,569), non-adenosquamous histologies (5,909), unknown nodal status (60,695), or unknown survival time (9,473) were excluded. Survival was compared using Cox proportional hazard model based on nodal status (node-negative [N0], positive pelvic nodes [IIIC1], or positive para-aortic nodes [IIIC2]). Univariate (UVA) and multivariate analyses (MVA) were done for the overall cohort, followed by UVA by T stage.

Results 17,173 patients were eligible. Lymph node involvement negatively affected survival in the overall cohort (UVA IIIC1 Hazard Ratio [HR] 2.0, $p < 0.001$, IIIC2 HR 3.85, $p < 0.001$, MVA IIIC1 HR 1.36, $p < 0.001$, IIIC2 HR 2.14, $p < 0.001$) and in FIGO stages IB–III individually. In FIGO IB, the effect of IIIC2 was most pronounced (HR=5.38, $p < 0.001$ versus HR 1.5 $p = 0.001$ for IIIC1 disease) compared to FIGO III (HR 1.698, $p < 0.001$ for IIIC2 versus HR 1.19 $p = 0.02$ for IIIC1). Within FIGO IB, there was no difference in survival for IIIC1 compared to N0 for FIGO IB1 and IB2.

Conclusions In this study, lymph node involvement negatively affects prognosis in cervical cancer. The impact on survival varies by T stage with the greatest effect seen in stage IB.

IGCS19-0221

217 CLEAR CELL CERVICAL CANCER IN PEDIATRIC PATIENTS: OUR EXPERIENCE

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Objectives To report 5 pediatric clear cell cervical cancer treated at our Unit.

Methods Retrospective study, 5 patients were identified, age range 8–15 years. Referred to our Unit between April 2015 and January 2017, irregular vaginal bleeding was the initial symptom. None of them had DES exposure. All cases underwent pelvic evaluation and multiple biopsies were performed.

Results 4 patients were FIGO IB2; 1 initial stage unknown. Biopsies demonstrated clear-cell carcinoma. Two patients had undergone a radical-hysterectomy; the first one received chemotherapy (6 cycles) and has NED after 2 years follow up. The second patient received chemotherapy 3 cycles+pelvic irradiation, 1 year later she had a supraclavicular node recurrence. Three patients received neoadjuvant chemotherapy +radical hysterectomy with pelvic lymph-node dissection+radiotherapy. Two of them had a pelvic persistence, and died. The third one presented a pulmonary progression+ second line chemotherapy. Patients were followed up with physical exam, pap smear, MIR; in collaboration with pediatric and palliative care departments.

Conclusions The carcinoma of the cervix has a very low incidence in young patients. It must be considered in a young patient who refers irregular vaginal bleeding. Adenocarcinoma represents 10% of pediatric cervical carcinoma, clear cell subtype is the most common, its outcome is reported to be poor, and it presents two incidence peaks: adolescent and postmenopausal women. The association between fetal diethylstilbestrol (DES) exposure and the risk of cervical cancer is strong. Nowadays we also know that vaginal adenosis and genitourinary defects are related with cervical cancer too. These cases emphasize the importance of multidisciplinary communication.

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218 ROLE OF COMPLETION HYSTERECTOMY AFTER CONCOMITANT CHEMORADIATION IN CERVICAL CANCER OUTCOME

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Objectives To compare outcomes of patients with cervical cancer treated by chemoradiation (CRT) versus chemoradiation plus completion hysterectomy (CRT+CH).

Methods This study compares 44 patients treated by the combination of CRT+CH and 130 patients treated by traditional CRT alone, in a single institution, from 2008 to 2018. We analyzed recurrence rate, local control, overall survival and complication. The FIGO (2009) stage were as follow: 30 IB2, 19 IIA, 125 IIB. There were 137 squamous cell carcinomas and 37 adenocarcinomas. Chemoradiation was the same to both groups: combination of external beam radiotherapy (EBRT) to the pelvis and intracavitary brachytherapy and concomitant platinum-based chemotherapy. Completion hysterectomy were performed after 6–14 weeks from the end of chemoradiation. All surgeries were laparoscopic (Piver I) hysterectomy without lymph node dissection.

Results Recurrence (local and distant) was higher in the CRT group, although not statistically significant. Mortality was higher in the CRT group (54,6% vs 18,2%, $p > 0.05$). Complications was similar in both groups (10% vs 9,1%). No differences regarding KPS or FIGO stage were identified among groups.