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222 ANALYSIS THE CHARACTERS OF CLINICAL PATHOLOGY OF LOCALLY ADVANCED CERVICAL CANCER AFTER NEOADJUVANT CHEMOTHERAPY

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Objectives To analyze the characters of clinical pathology of locally advanced cervical cancer after arterial interventional neoadjuvant chemotherapy, and to provide evidence for the curative efficacy of neoadjuvant chemotherapy for locally advanced cervical cancer.

Methods 132 cases of IB2 or IIA2 stage cervical cancer patients' materials were retrospectively collected. 62 cases were in study group (who received paclitaxel carboplatin regimen of neoadjuvant chemotherapy before operation), and 70 cases were in control group (who received operation directly). The clinical characters and postoperative pathologies were analyzed.

Results Between two groups, there were no significant differences in patients' ages, FIGO stages, histology, and cell differentiations. As for the postoperative pathology, the rate of muscular invasive $\geq 1/2$ was 50% in study group, and 75.0% in control group. The difference was significant ($p=0.038002$). The vascular invasive rate was 11.1% in study group, and 68.6% in control group. The difference was significant ($p=0.001$). The lymphatic invasive rate was 5.6% in study group, and 18.8% in control group. The difference was significant ($p=0.0126$). The rate of Ki67 $\geq 70\%$ was 27.8% in study group, and 68.8% in control group. The difference was significant ($p=0.002$).

Conclusions The curative efficiency of neoadjuvant chemotherapy for locally advanced cervical cancer is extremely good for short stage and local lesions. Neoadjuvant chemotherapy could significant decrease vascular invasive rate, lymphatic invasive rate and Ki67 positive rate. The long term curative efficiency of neoadjuvant chemotherapy for locally advanced cervical cancer is still need further study.

IGCS19-0014

223 CLINICOPATHOLOGICAL FEATURES AND PROGNOSTIC FACTORS FOR PATIENTS WITH RECURRENT CERVICAL CANCER TREATED WITH SECONDARY SURGICAL RESECTION PLUS RADIOTHERAPY

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Objectives Standard treatment for recurrent cervical cancer has not been established. To help improve management of the disease, this study presented clinicopathological features and identified prognostic factors in patients treated with secondary surgical resection and radiotherapy.

Methods We retrospectively reviewed medical records of patients with recurrent cervical cancer confined to the pelvis during 2012 to 2017. This study only selected patients whose

primary tumors were diagnosed at stage IIA2 or earlier, and received surgical resection for both primary and recurrent tumors. Their clinicopathological data were collected and analyzed. Cox regression models were applied to identify risk factors associated with post-recurrence survival.

Results A total of 54 patients with recurrent cervical cancer were included. Thirty seven (68.5%) of recurrences occurred with 2 years after the initial treatment and 17 (31.5%) of them had tumor size >4 cm. Recurrences were treated with radical surgery plus pelvic radiotherapy. In addition, part of patients received vaginal radiotherapy (31.5%), concurrent chemotherapy (76.0%) and consolidated chemotherapy (37.0%). Chemoradiotherapy were administered to 44.4% patients < 4 weeks after secondary surgery. The 1-, 3- and 5- year post-recurrence survival rates were 88.5%, 72.0% and 62.3%, respectively. Interval between secondary surgery and chemoradiotherapy and size of recurrent tumors were significantly associated with post-recurrence survival.

Conclusions After surgical resection plus radiotherapy, patients with recurrent cervical cancer confined to the pelvis have relatively high post-recurrence survival. Earlier start of chemoradiotherapy after secondary surgery and smaller recurrent tumors are associated with better post-recurrence survival.

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224 METASTATIC CERVICAL CANCER TREATED WITH PACLITAXEL, IFOSFAMIDE AND CISPLATIN (TIP), FOLLOWED BY LOCAL TREATMENT AND LONG-TERM FOLLOW UP: CASE SERIES

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Objectives Cervical cancer is a major cause of death by gynecological tumors worldwide. Therapeutic options for cervical cancer are limited in patients with recurrent or metastatic disease after platinum-based chemoradiotherapy or local therapy.

Methods To report five cases of patients with metastatic cervical cancer treated with TIP followed by local treatment associated with long-term complete remission.

Results Patients age range from to 26 to 53 years old and had no comorbidities. Regarding histology, two of them were diagnosed with adenocarcinoma, one with squamous carcinoma and two with adenosquamous. Regarding staging, two patients were IB1, one IB2 and two IV. The main sites of metastasis were pelvic, paraortic and cervical lymph nodes, lung and ovarian bilaterally. No women underwent radiotherapy previously and three patients had surgery at diagnosis. Four patients completed six cycles and one finished four cycles of TIP. All patients had good tolerance to chemotherapy, without grade 3 or 4 toxicities. As local treatment, three patients underwent chemoradiotherapy, one was submitted to isolated radiotherapy and one to surgery. They are in complete remission between 24 and 120 months.