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 vascular invasive >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=0.002). The rate of Ki67 >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.

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 administrated 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 chemoraidotherapy after secondary surgery and smaller recurrent tumors are associated with better post-recurrence survival.