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

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Objective 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 differentiation. 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=0.0126). 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

Z Shao, W Qiang, T Zhu*. Zhejiang Cancer Hospital, 205 West, Gynecologic Oncology, HangZhou, China

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

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Conclusions Systemic chemotherapy with TIP followed by salvage focal treatment is a promising therapeutic approach in selected patients, particularly in younger patients, without comorbidities, good performance status, low metastatic tumor burden, and with an objective response to chemotherapy.

Genetics and Epidemiology

IGCS19-0519

PREVALENCE, SPECTRUM AND FOUNDER EFFECT OF BRCA1 AND BRCA2 MUTATIONS IN EPITHELIAL OVARIAN CANCER FROM MIDDLE EAST

Methods BRCA ovarian mutation screening was performed in 407 unselected ovarian cancer patients using targeted capture and/or Sanger sequencing.

Results A total of 19 different pathogenic variants (PVs) were identified in 20 (12.3%) women. Nine PVs were recurrent accounting for 80% of cases with PVs (40/50) in the entire cohort. Founder mutation analysis revealed only two mutations (c.4136_4137 delCT and c.1140 dupG) sharing the same haplotypes thus representing founder mutations in the Middle Eastern population.

Conclusions Identification of the mutation spectrum, prevalence and founder effect in Middle Eastern population facilitates genetic counseling, risk assessment and development of a cost-effective screening strategy.

IGCS19-0248

STUDY ON EPIDEMIOLOGY AND SCREENING OF CERVICAL CANCER IN NE INDIA

Methods Various screening camps were conducted and detail socio demographic records were obtained and after counselling VIA, PAP smear and Care HPV assay (Quagen) were performed on both symptomatic and asymptomatic sexually active women from 20yrs to 65 yrs of age.

Results A total of 479 patients were evaluated of which 75.3% of women were between 20 years to 49yrs, 34.2% of the women had 3 or more children. 38.2% had history of abortion, 43.5% had formal education of 10th grade or more. On screening 5.6% of women had positive VIA, 7.5% had positive PAP whereas 12.1% had positive Care HPV test with normal PAP and 3.7% had positive care HPV test with normal PAP and 3.7% had positive care HPV test with normal PAP.

Conclusions As per the GLOBOCON 2018 data India had 96920 new cases of cervical cancer with an AAR of 14.7 per lakh population. Northeast part of India has an interesting feature of having the highest AAR of 30.2/100,000 in Papum Pare district at the same time Dibrugarh district which is less than 100 miles apart has the lowest AAR of 4.9/100,000. So the epidemiological characteristics of cervical cancer is varied in this part of the country. With this background we intend to find out the appropriate screening tests which may be suitable for the region.

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TELOMERASE ENDOMETRIAL CELLS ACTIVITY IN HYPERPLASTIC PROCESSES

Methods According to WHO classification (1994) following groups were formed: I - simple hyperplasia -7 samples; II - complex hyperplasia -8; III - simple atypical hyperplasia -8; IV - complex atypical hyperplasia -7 specimens. The control groups with morphologically unchanged endometrium -11 samples: V group - proliferation phase - 6 specimens; VI group - secretion phase-5 samples. Relative telomerase activity was determined using real-time PCR with SYBR Green dye (RQ-TRAP) according to Wege et al. methodic. To improve the study accuracy we used from 4 to 6 cells samples and calculated their average value in each experiment.

Results Women age was 45 ±1.66 years. In simple hyperplasia endometrial specimens, telomerase activity was 1.22 ±0.10a.u. (p.IV<0.05), complex hyperplasia - 1.35±0.07a.u. (p.II-pIV<0.05), simple atypical hyperplasia - 1.23±0.08 a.u. (p.II-pIV<0.05). The complex atypical hyperplasia telomerase activity increase reaching 1.54±0.05a.u. (p.IV-pV<0.05; p.IV-pVI<0.05) was statistically significant. Therefore, telomerase reactivation in atypical complex hyperplasia can confirm the proliferative stage telomeres lengthening, increasing the ability for cell division, on the other hand, telomerase ability to control cell division in endometrial tissue.

Conclusions The parallelism presence between telomerase activity in approximately 85% of human tumors and telomerase reactivation in endometrial cells with complex atypical hyperplasia makes it possible to determine its activity fact like early malignancy marker.