

**Results** All patients were managed by a multidisciplinary team, including an oncologist, cardiologist, cardio-resuscitator, and other specialists. An interdisciplinary approach allowed us to perform radical surgery, taking into account the tumor process's characteristics. No intraoperative complications were noted. Postoperatively, one patient (5.9%) experienced the decompensation of CHF, which required intensive therapy.

**Conclusions** In patients with EC and severe comorbidities, the surgery should optimally be performed in tertiary hospitals with different specialists available. These patients usually require an individual management approach to prevent possible complications. Long-term outcomes, including the survival rate and quality of life, are determined by the results of EC treatment itself and how concurrent diseases are managed.

### IGCS20\_1293

**279** **ENDOMETRIAL CANCER: INITIAL RESULTS OF CONSERVATIVE HORMONAL TREATMENT IN POSTMENOPAUSAL PATIENTS IN ONCOLOGY HOSPITALS OF BUENOS AIRES**

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**Objective** To analyze the short and medium-term results of conservative hormonal treatment applied to postmenopausal patients.

**Material and Method** This is prospective study, started in 1/2015. There were included 4 postmenopausal patients: 2 with endometrioid GH1 adenocarcinoma, and 2 with complex atypical hyperplasia. These patients had BMI > 40, DBT type II, hyperlipidemia, smoking and high cardiovascular risk. All the patients were initially biopsied by hysteroscopy and endocervical disease was ruled out. An abdominal-pelvic MRI was done for evaluating myometrial invasion and defining conservative treatment.

All the patients had contraindications for surgery and refused radiotherapy (RT) as treatment. The Hormonal one was by placing SIU-LNG. The Follow-up was done at least 3 – 6 months by pelvis examination, hysteroscopic biopsy and MRI.

**Results** Median age : 59 years old.

In all the cases, the biopsies performed showed a progressive pathological regression to atrophic endometrium in the last controls.

There were observed no adverse effects related to the treatment.

Currently the patients are alive and free of disease (SG and SLE 100%). Follow up: 24– 72 months.

**Conclusions** Excellent results were obtained with the use of local hormonal therapy with SIU-LNG in those postmenopausal patients with high surgical risk, and who in turn refuse to receive radiotherapy.

### IGCS20\_1294

**280** **RAPID RESPONSE TO ITRACONAZOLE AND TRANSCRIPT ANALYSIS OF THE CERVICAL CANCER TISSUE OBTAINED BY THE SEQUENTIAL BIOPSY: A CASE REPORT**

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We have been studying drug repositioning of itraconazole for an anticancer drug, and in vitro study demonstrated itraconazole inhibited growth of cervical cancer cells via down regulation of Akt/mTOR, hedgehog, and Wnt/β-catenin signal transduction. We report a case who showed rapid response to itraconazole and transcript analysis of the sequential biopsy was conducted. [Case] A 75-year-old woman with cervical cancer, diagnosed with Stage IIIB (cT3c N0 MA) squamous cell carcinoma was enrolled in a window of opportunity clinical trial (jRCTs051190006). She had 40 mg of oral itraconazole daily for 7 days before the primary treatment started (a window period). Her symptom of vaginal bleeding decreased and the vaginal ultrasound showed the maximum diameter of the cervical tumor decreased from 61 mm to 50 mm. The primary treatment involved pelvic external beam radiation therapy (54Gy/30fr) combined with chemotherapy (40 mg/m<sup>2</sup> of cisplatin, weekly x 5 times) and a brachytherapy boost (24 Gy/4fr). Four months after last administration of cisplatin, she had pelvic, mediastinal and supraclavicular lymph node recurrence. Tumor genomic profiling using FoundationOne CDx showed PIK3CA and PTEN mutation, microsatellite stable, and tumor mutation burden of 23Muts/Mb. In Japan, pembrolizumab was not covered by public insurance. She wished further treatment with itraconazole. Transcript analysis of mRNA obtained before and after itraconazole treatment during the initial window period are shown in table 1. Pathway mapping using Transcriptome Analysis Console version 4.0 (Thermo Fisher Scientific) showed significant reduction of PI3K-Akt-mTOR signaling pathway.

**Abstract 280 Table 1** Itraconazole induced transcript change  
Down regulation of genes after treatment with itraconazole(1/64)

Gene Symbol	MMP1	FABP4	MMP10	MMP3	MMP13	SERPINE1	SLITRK6
Fold change (log2ratio)	-8.34	-6.26	-6.09	-5.83	-5.82	-4.99	-4.13