OUTCOMES AFTER THE REGIONALIZATION OF CARE FOR HIGH RISK ENDOMETRIAL CANCERS: A POPULATION-BASED STUDY

1 A Nica*, R Sutraiah, R Kupets, A Covens, D Vicus, O Li, S Ferguson. University Of Toronto, Canada; 2ICES, Canada; 3Sunnybrook Health Sciences Centre, Canada; 4Princess Margaret Cancer Centre, Canada

OBJECTIVES

In June 2013, the agency responsible for advancing cancer care in Ontario, Canada, published practice guidelines recommending that gynaecologic oncologists (GOs) at designated centers manage the treatment of patients with high grade endometrial cancers. This study examines the effects of this regionalization of care on patient outcomes.

METHODS

In this retrospective cohort study, patients diagnosed with non-endometrioid high risk endometrial cancer (serous, carcinosarcoma, clear cell, undifferentiated) from 2003–2017 were identified using province-wide administrative databases.

RESULTS

We identified 3518 patients with high risk endometrial cancer. The case mix as represented by patient comorbidities and disease stage distribution did not differ significantly between the two regionalization periods. There was a significant increase (69% to 85%, p<0.001) in the proportion of primary surgeries performed by GOs after regionalization, which was not explained by secular trends. After regionalization, the proportion of patients who had surgical staging (50% to 63%, p<0.001), and the proportion of patients who received adjuvant treatment (65% to 71%, p<0.001) increased significantly. After adjusting for age, stage, and comorbidities, there was an increase in overall survival (HR 0.85 (0.73–0.99), p=0.04) after regionalization.

CONCLUSIONS

The publication of a regionalization policy for the treatment of high risk histology endometrial cancers in Ontario led to an increase in the proportion of surgeries performed by GOs, surgical staging and adjuvant treatment. This also translated into a significant improvement in patient survival.

NEO-ADJUVANT CHEMOTHERAPY FOR CERVICAL CANCER DURING PREGNANCY: A RETROSPECTIVE CASE SERIES

1 A Lopez*, JI Rodriguez, EE Estrada, C Chavez, C Amaro, A Aragona, DC De Padua, 2Department of Gynecologic surgery. Instituto Nacional de Enfermedades Neoplásicas, Peru; 3Department of Gynecology Oncology. Instituto Nacional de Cancerología. Departamento de Ginecología y Obstetricia. Section of Gynecology Oncology. Fundación Santa Fe de Bogotá, Colombia; 4Hospital General San Juan de Dios, Guatemala; 5Hospital Cayetano Heredia, Peru; 6Hospital Municipal de Oncología Manuela Cué, Argentina; 7Hospital de Cáncer de Barretos – Fundação Pio XII, Brazil; 8Unidad de Terapia Antineoplásica (UTAN).Centro Médico Guerra Méndez, Venezuela; 9Department of Gynecologic Oncology. Instituto de Cancerología-Las Américas-Auna. Hospital General. Colombia; 10Department of Gynecology Oncology. Instituto Nacional de Cancerología, Colombia; 11Department of Gynecologic Oncology. Hospital Militar Central de Bogotá, Colombia; 12Department of Gynecologic Oncology. Hospital Pereira Rossell, Uruguay; 13Department of Gynecology. Hospital de Clinicas Dr. Manuel Quintela. Universidad de la República, Uruguay; 14Department of Gynecology Oncology. Hospital México, Costa Rica; 15Clínica de Oncología Astorga. Universidad Pontificia Bolivariana. Department of Gynecology Oncology. Instituto Nacional de Cancerología, Colombia

INTRODUCTION

Neoadjuvant chemotherapy (NACT) in cervical cancer during pregnancy may help in disease control while fetal maturity is reached, before providing a definitive oncological treatment. The objective of this study is to describe obstetric and oncological outcomes in patients diagnosed with cervical cancer stage IB1-IVA (FIGO 2009) during pregnancy, who received this treatment approach.

METHODS

A multicenter retrospective review was conducted in 12 institutions from 7 Latin-American countries, between January 2007 and December 2018. Data collected included clinical characteristics, NACT agents, definitive treatment, obstetric and oncologic outcomes.

RESULTS

Twenty-nine patients were included. Mean age was 33.8 years (+5.2). Twelve (41.4%) women were diagnosed at early stage, and 17 (58.6%) in locally advanced stage. Carboplatin/Paclitaxel was the most frequent combination used (55.2%). Median number of cycles was 3 (1–6). Median...