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EFFECTS OF RADIOLOGICAL AND PATHOLOGICAL LYMPH NODE STATUS ON PROGNOSIS IN PATIENTS WITH OVARIAN CANCER WHO UNDERWENT INTERVAL DEBULKING SURGERY WITH LYMPHADENECTOMY AFTER NEOADJUVANT CHEMOTHERAPY

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Objectives We aimed to analyze whether radiological and pathological lymph node status affected the prognosis in patients with epithelial ovarian cancer who underwent neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS).

Methods A total of 82 patients who had undergone IDS, including systematic retroperitoneal lymphadenectomy, at Tottori University Hospital were eligible for this study. We retrospectively analyzed the association of lymphadenopathy before (rLN) and after (yrLN) NAC, pathologically confirmed lymph node metastasis (pLN), and prognosis. The patient survival distribution was calculated using the Kaplan-Meier method.

Results Of the 82 cases, 36 were rLN+ (43.9%), 10 were yrLN+ (12.1%), and 39 were pLN+ (47.5%). No significant differences in progression-free survival (PFS) and overall survival (OS) were observed between rLN+ and rLN- patients. The PFS and OS in yrLN+ patients were not different from those in the yrLN- patients. Both the PFS and OS were significantly shorter in pLN+ patients compared to pLN- patients ($p < 0.001$ and $p = 0.004$, respectively). Univariate analysis revealed that FIGO stage, pLN, and an absence of gross residual disease were prognostic factors for PFS and OS. Multivariate analysis revealed that pLN was an independent prognostic factor for PFS ($p = 0.001$) and that pLN and an absence of gross residual disease were independent prognostic factors for OS ($p = 0.046$, $p = 0.012$).

Conclusion Only the pathological lymph node status affected PFS and OS in patients with ovarian cancer who underwent NAC followed by IDS, whereas the radiological lymph node status may not be a prognostic factor in such patients.

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ROLE OF MINIMALLY INVASIVE SURGERY VERSUS OPEN APPROACH ON THE CLINICAL AND SURGICAL OUTCOME IN PATIENTS WITH EARLY STAGE UTERINE CARCINOSARCOMAS: A RETROSPECTIVE STUDY

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Objectives The aim of this retrospective study was to compare surgical and survival outcome in only patients with early stage

uterine carcinosarcomas (UCSs) managed by laparotomic surgery (LPT) versus minimally invasive surgery (MIS).

Methods Data were retrospectively collected in 4 Italian different institutions. Inclusion criteria were: UCS diagnosis confirmed by the definitive histological examination, and stage I or II according to the FIGO staging system.

Results Between August 2000 and March 2019, the data relative to 150 patients bearing UCSs were collected: of these, 82 were defined as early stage disease (stage I-II) based on the histological report at the primary surgery, and thus were included in this study. Forty patients were managed by LPT, and 42 patients were managed by MIS. The operative time was lower in the MIS group versus the LPT group; the median estimated blood loss was less in the MIS group compared to the median of LPT group (p value < 0.0001). The number of days was shorter in the MIS patients (p value < 0.0001). Only 1 intra-operative complication was documented in the LPT group. There were 6 (15.0%) post-operative complications; they were more frequent in the LPT group nonetheless there was no statistically significant difference (p value = 0.10). There was no difference in the disease free survival (DFS) and overall survival (OS) between the two groups.

Conclusion There was no difference in terms of oncologic outcome between the two approaches, in face of a more favourable peri-operative and post-operative profile in the MIS group.

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MINIMALLY INVASIVE APPROACHES IN LOCALLY ADVANCED CERVICAL CANCER PATIENTS UNDERGOING RADICAL SURGERY AFTER CHEMORADIOTHERAPY: A PROPENSITY SCORE ANALYSIS

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Objectives To evaluate the oncological and surgical outcome of minimally invasive radical surgery (MI-RS) compared to open radical surgery (O-RS) in locally advanced cervical cancer (LACC) after preoperative chemoradiation (CT/RT).

Methods Data relative to stage IB2-IVA cervical cancer patients managed by CT/RT and RS were retrospectively analyzed.

Results Starting from 686 patients, the propensity score matching resulted in 462 cases (231 per group), balanced for FIGO stage, lymph node status, histotype, tumor grade and clinical response to CT/RT. Overall, 107 recurrences were registered with no difference in the pattern of recurrences between the two surgical approaches. The 5-year disease-free survival (DFS) was 73.7% in the O-RS patients, 73.0% in the MI-RS ones (HR 1.034, 95% CI: 0.708–1.512, $p = 0.861$). The 5-year locoregional recurrence rate was

12.5% (O-RS) versus 15.2% (MI-RS) (HR 1.174, 95% CI: 0.656–2.104, $p=0.588$). Deaths of disease were 62; the 5-yr disease-specific survival (DSS) was 80.4% in O-RS patients, 85.3% in the MI-RS group (HR 0.731, 95% CI: 0.438–1.220, $p=0.228$).

Estimated blood loss was lower in the MI-RS group ($p<0.001$), as well as length of hospital stay ($p<0.001$). Early postoperative complications occurred in 77 (33.3%) patients in the O-RS group, 88 (38.1%) patients in the MI-RS group ($p=0.331$). Fifty-six (24.2%) patients experienced late postoperative complications in the O-RS group, 61 (26.4%) in the MI-RS group ($p=0.668$).

Conclusion MI-RS and O-RS are associated with similar rate of recurrence and death from disease in LACC patients managed by surgery after CT/RT. No difference in early and late complications were reported.

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CONDITIONAL RELATIVE SURVIVAL OF OVARIAN CANCER: A KOREAN NATIONAL CANCER REGISTRY STUDY

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Introduction/Background Conditional relative survival (CRS) considers changes in prognosis over time and thus, may offer more useful estimates for survivors and clinicians. We aimed to investigate the CRS among patients with ovarian cancer with comprehensive stratification by various factors that influence survival probabilities.

Methodology This nationwide retrospective cohort study used data from the Korean Central Cancer Registry. We included 78,606 patients diagnosed with cervical cancer as their first cancer between January 1, 1997 and December 31, 2016. CRS and the conditional probabilities of death for the following 1 year were calculated stratified by age at diagnosis, histology, stage at diagnosis, year of diagnosis, and social deprivation index.

Results The 5-year relative survival rate at the time of diagnosis was 61.1% for all cases. The probability of surviving an additional 5 years conditioned on having already survived 1, 2, 3, 4, and 5 years after diagnosis was 65.0%, 69.5%, 74.6%, 79.3%, and 83.9%. Patients with poorer initial survival estimates (older, advanced stage) generally showed the largest increases in CRS over time. Patients aged ≥ 70 years had the highest probability of death in the first year after diagnosis (34.9%), but the conditional probability of death in the 2nd, 3rd, 4th, and 5th year declined abruptly to 14.7%, 9.2%, 6.0%, and 4.9%, respectively.

Conclusion The CRS rates for patients with ovarian cancer improved over time, particularly among patients with poorer initial prognoses. Our estimates can enable patients to make better informed decisions regarding follow-up care and their personal life.

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ONCOLOGICAL OUTCOMES OF MINIMALLY INVASIVE RADICAL HYSTERECTOMY VERSUS RADICAL ABDOMINAL HYSTERECTOMY IN PATIENTS WITH EARLY STAGE CERVICAL CANCER: A MULTICENTER RETROSPECTIVE ANALYSIS

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Introduction Recent evidence has shown adverse oncological outcomes when minimally invasive surgery is used in early stage cervical cancer. The objective of this study was to compare the 4-year disease-free survival in patients that had undergone radical hysterectomy and pelvic lymphadenectomy, either by laparoscopy or laparotomy.

Methods Multicenter, retrospective cohort study of patients diagnosed with cervical cancer stage IA1 with lymph-vascular invasion, IA2 and IB1 (FIGO 2009 classification), between January 1, 2006 to December 31, 2017, at seven cancer centers from 6 countries. In the main patient-level analysis we used inverse probability of treatment weighting based on propensity score to construct a weighted cohort of women who differed only with respect to surgical approach. We estimated the hazard ratio (HR) for all-cause mortality after radical hysterectomy with weighted Cox proportional hazard models.

Results 1379 patients were included in the analysis, 681 (49.4%) patients operated by laparoscopy, and 698 (50.6%) by laparotomy. Median age was 46 (22–88) years. Median follow-up was 52.1(0.8–201.2) months for laparoscopy, and 52.6 (0.4–166.6) for laparotomy group. Women who underwent laparoscopic radical hysterectomy had inferior 4-year disease-free survival compared with laparotomy group (HR 1.64; 95% Confidence Interval 1.09–2.46). When the outcomes were compared according to preoperative tumor size, there was a higher risk of recurrence only in patients with a tumor size >2 cm operated by laparoscopy (HR= 2.26; 95% CI 1.17–4.37).

Conclusions In this retrospective multicenter study, the laparoscopic approach for early stage cervical cancer was associated with a higher risk of recurrence, compared to laparotomy.