

one year after radiotherapy. Patient is without the recurrence for 12 months but we know that any chemotherapy or radiotherapy will cause the huge toxicity that is why she is only under observation. We tried to balance the benefits from the radicality and the minimally invasive surgery at this particular patient.

385 UNDIAGNOSED INVASIVE CERVICAL CANCER

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Introduction/Background* Radical parametrectomy (RP) and upper vaginectomy (UV) is a challenging operation indicated when an occult cervical cancer (CC) is diagnosed after hysterectomy for another medical reason. It's a technically difficult procedure due to adhesions from the previous surgery and the absence of a uterus to assist dissection and achieve adequate negative margins.

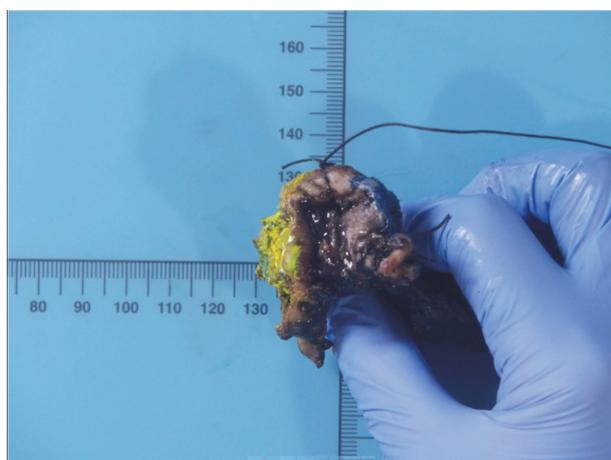
Methodology

Result(s)* A 57-year-old woman, with no known medical comorbidities, was referred to our hospital from an outside private institution after having undergone a simple hysterectomy (SH) with the diagnosis of incidental squamous cervical carcinoma.

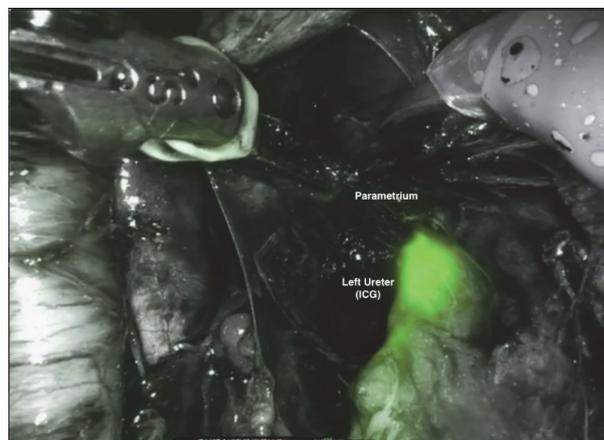
The patient had initially presented with 4 weeks history of postmenopausal bleeding. No abnormalities were noted during a speculum examination, she had a negative smear test four months previously, and a normal pelvic ultrasound. *Endometrial biopsy was inconclusive and the patient subsequently underwent a SH and bilateral salpingo-oophorectomy.*

Pathology revealed an incidentally well differentiated squamous CC, measuring 3.5 cm in diameter and 1 cm of deep invasion (IB1 FIGO 2018). There was extensive lymphovascular space invasion and the cervical margins were also affected.

Postoperative staging scan (PET/TC), did not show any evidence of residual local or metastatic disease. A complete pelvic lymphadenectomy, with negative intraoperative result, RP and UV by laparoscopic-robotic surgery was performed. Due to the results of the LACC Trial, an open colectomy was performed.



Abstract 385 Figure 1



Abstract 385 Figure 2

The surgery lasted approximately 345 min and the patient was discharged 3 days after surgery. Two weeks later, she presented painful lymphoedema, and was diagnosed with bilateral pelvic lymphocysts, requiring drainage by interventional radiology.

Parametrectomy pathology demonstrated a residual focus (4 mm) of squamous carcinoma at the vagina, and free margins. Subsequently, a metastasis was found in one left pelvic node – upstaging to FIGO IIIC1. Adjuvant chemoradiation with weekly cisplatin and whole pelvic radiation was planned.

Conclusion* CC may be found incidentally after SH carried out for benign gynecologic conditions or preinvasive cervical lesions. SH is suboptimal procedure and associated with significantly inferior survival rates. Further treatment, such as radiotherapy (RT) or additional surgery, is warranted. *PET-CT have false negative, so surgery allow re-staging with a prognostic value and condition subsequent complementary treatment.*

389 SERIAL BONE DENSITY CHANGES IN WOMEN AFTER PELVIC CHEMORADIATION FOR CERVICAL CANCER

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Introduction/Background* Pelvic radiation therapy (RT) is associated with high doses to the lumbo-pelvic girdle. However, the impact of RT dose on bone density (BD) is not known. Present study was designed to understand the impact of RT dose on BD loss.

Methodology Patients recruited into a phase III trial of adjuvant radiation with at least 2 CT imaging data sets at baseline and follow up were eligible. The primary endpoint was to report correlation if any between RT dose and BD loss. Across the lumbopelvic region (L1-L5 vertebra, pubic symphysis, femur, acetabulum, greater trochanter, and anterior-superior iliac spine) points were predefined to estimate the RT dose received and Hounsfield (HU) units at pre RT and follow up time points on Eclipse version 13.5. Bone health was categorized as Normal >130HU, Osteopenic= 110-130 HU or Osteoporotic <110HU based on CT HU values. Univariate