Methodology We present 18 cases of arterio-ureteral fistulae that presented with lifethreatening hematuria. 10 patients were treated successfully with ureteral covered stent placement (Allium ureteral stent 200x9 mm) and 8 patients are combined treated with ureteral (Allium ureteral stent 200x9 mm) and endovascular (Endovascular Stent Graft) covered stents placement. Mean surgery time was 55 min (16–95 min). The position, continuity and sealing of the stent in the ureter and vessel were documented by radiological contrast imaging.

Results All patients were treated successfully with ureteral or with combined ureteral and endovascular covered stent placement.

Conclusion In conclusion, ureteral or with combined ureteral and endovascular covered stent placement of covered stents is a feasible minimal invasive therapeutic option for the treatment of acute life-threatening hemorrhage due to arterio-ureteral fistulae.

2022-RA-797-ESGO PET/CT NEGATIVE PREDICTIVE VALUE IN LOCALLY ADVANCED CERVICAL CANCER
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Introduction/Background Para-aortic lymph nodes involvement in locally advanced cervical cancer is a determining factor in patient’s treatment as it determines radiotherapy field. PET/CT is used to assess lymph node involvement at this level, although it is not exempt from false negatives. Our aim is to compare PET/CT with para-aortic (PA) lymphadenectomy, in order to assess the false negative rate of this test, as well as the factors associated with a greater probability of false negatives.

Methodology Retrospective descriptive study Cases of locally advanced cervical cancer with negative PET/CT that underwent para-aortic (PA) lymphadenectomy from 2018 to 2022 were collected. During recruitment period, a new PET/CT technique was developed. Outcomes of both types of PET/CT were compared.

Results A total of 11 patients underwent radiological node staging with the first type of PET/CT and 12 patients with the new one. Mean age was 52,09 (±15,3). Epidermoid was the most frequent subtype (65,2%). Mean time between PET/CT and surgery was 21.77 days (±10.53). Mean number of lymph nodes obtained were 12.48 (±5.10). 91.3% (21) of patients had a negative pathological result and 8.7% (2) were positive (PET/CT false negatives). One patient presented macrometastasis and one patient isolated tumor cells. Negative predictive value of first type of PET/CT was 0.90 and that of the new one was 0.91. One of false negative cases had a unilateral positive pelvic PET/CT and the other bilaterally.

Conclusion Our false negative rate of PET/CT was similar to that described in literature. No significant differences between the two types of PET/CT were observed. Pelvic lymph node involvement seems to be associated with a higher false negative PET/CT. After analyzing our data, we don’t have enough evidence to avoid performing PA lymphadenectomy in these patients as routine, having to individualize the risk-benefit in each case.
Results: When reassigning FIGO stage, 47% (224/473) of the CC patients had a different FIGO (2018) stage than the FIGO (2009) stage; 34% (163/473) were upstaged, whereas 13% (61/473) were downstaged using FIGO (2018). For FIGO (2018), stage I (n=272) was defined by pathology findings in 81% (220/272), whereas stages II (n=64), III (n=104), and IV (n=33) were mostly defined by imaging findings (85%; 170/201). For FIGO (2018) stage III, stage migration was seen in 95% (99/104), mainly due to positive lymph nodes on imaging (in 89%; 93/104). FIGO (2018) yielded higher area under the ROC curve (AUC) for predicting 5-year DSS than FIGO (2009) (AUC 0.89 vs. AUC 0.83, respectively; p = 0.009).

Conclusion: Restaging to FIGO (2018) resulted in stage migration in 47% of the patients. FIGO (2018) stage I was mostly defined by pathology results, while imaging findings had a strong impact on stages II-IV. FIGO (2018) stage yielded higher AUC than FIGO (2009) for predicting 5-year DSS in CC.

Abstract 2022-RA-802-ESGO Figure 1 Overall survival according to intra-tumor lymphocytes infiltration 0–1 vs >1

2022-RA-802-ESGO SPATIAL TILS DENSITY CORRELATES WITH LOCOREGIONAL SPREAD AND SURVIVAL IN PATIENTS WITH CERVICAL CANCER TREATED WITH CHEMO-RADIOTherapy

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Introduction/Background: Tumor-infiltrating lymphocytes (TILs) have a central role in the control of tumor growth, distant progression, treatment response, and survival in most solid tumors. Their role as a potential biomarker has been poorly investigated in cervical malignancy. The study aimed to evaluate the correlation between TILs topography, clinical characteristics, and patient outcomes in patients with cervical cancer treated with chemoradiation.

Methodology: Patients with locally advanced cervical cancer, negative aortic pretherapeutic FDG PET/CT uptake, available clinical data and FFPE material, and pre- and post-treatment MRI treated at the University Cancer Institute of Toulouse, France, were selected. Imaging was centrally reviewed, and intraepithelial and stromal tumor-infiltrating lymphocytes count was performed by an expert gynecologic oncology pathologist.

Results: TILs were assessed in 86 patients. 29 patients (34.9%) were considered as highly infiltrated by intraepithelial TILs (>1%), and 26 patients (30.2%) had a high stroma TILs infiltrate above 60%. Low intraepithelial TILs were associated with higher body mass index (25.5 versus 21.8 in the iTILs >1% group, p=0.0221), higher pretreatment MRI tumor size (compared to median tumor size, 31 patients (63.3%) were larger in the iTILs 0–1% group versus 11 patients (39.3%) in the iTILs >1% group (p=0.0421)). Low intraepithelial TILs were also associated with higher para-aortic lymph node metastasis (8 (14.8%) versus 1 (3.4%)) and poorer overall survival (figure 1), but these differences did not reach statistical significance.

Conclusion: Our results suggest that intraepithelial infiltrating lymphocyte density is a potential prognostic non-invasive biomarker in patients treated with CRT for LACC. Furthermore, TILs seem to be associated with loco-regional tumor spread, and survival. These results need to be validated in larger series including the analysis of TILs subtypes.

Abstract 2022-RA-806-ESGO Figure 1 Overall survival according to FDG-PET/CT parameters and prognosis of neuroendocrine cervical cancer patient

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Introduction/Background: Neuroendocrine cervical cancer is a rare subtype of cervical cancer which account for 1.0–1.5% of all type of cervical cancer. Neuroendocrine cervical cancer is more likely to metastasize to lymph nodes and invade to lymph vascular space at the time of diagnosis resulting in higher rate of recurrence and worse 5-year survival rate. Due to the rarity of the tumor, it has been understudied. There is an unmet need for developing clinical markers for predicting prognosis of this particular type of tumor.

Methodology: This retrospective study includes 29 neuroendocrine cervical cancer patients treated at Asan medical center, Seoul, Korea from 2007 to 2021. All patients underwent whole-body FDG-PET/CT before initial treatment. The following parameters were measured and recorded: SUVmax, SUVpeak, MTV2.5, MTV3.0, TLG2.5 and TLG3.0. The association between these parameters and disease free survival and overall survival were analyzed using univariate and multivariate Cox proportional hazards model.

Results: Median age of patient was 45 years, ranging from 29 to 70. Median follow up period was 40 month raging from 4 to 184. Median disease free survival (DFS) time was 17 month and median overall survival (OS) time was 40 month. For DFS, univariate analysis showed that age, TLG2.5 and 3.0 were statistically significant. Whereas, multivariate analysis showed that only age and TLG3.0 were the independent