INCIDENCE OF PELVIC HIGH-GRADE SEROUS CARCINOMA AFTER ISOLATED STIC DIAGNOSIS: A SYSTEMATIC REVIEW OF THE LITERATURE

Marco Johannes Battista, Valerie Catherine Liru, Marcus Schmidt, Annette Hasenburg, Katharina Anic. Department of Obstetrics and Gynecology, University Hospital Mainz, Germany, Mainz, Germany

10.1136/ijgc-2022-ESGO.616

Introduction/Background Serous tubal intraepithelial carcinoma (STIC) is a precursor lesion of pelvic high-grade serous carcinoma (HGSC). Information on treatment and outcome of isolated STIC is rare. Therefore, we reviewed systematically the published literature to determine the incidence of subsequent HGSC in the high- and low-risk population and to summarize the current diagnostic and therapeutic options.

Methodology A systematic review of the literature was conducted in MEDLINE-Ovid, Cochrane Library and Web of Science articles published from February 2006 to July 2021. Patients with an isolated STIC diagnosis with clinical follow-up were included. Study exclusion criteria for review were the presence of synchronous gynaecological cancer and/or concurrent non-gynaecological malignancies.

Results 3031 abstracts were screened. 112 isolated STIC patients out of 21 publications were included in our analysis with a pooled median follow-up of 36 (interquartile range (IQR): 25.3–84) months. 71.4% of the patients had peritoneal washings (negative: 62.5%, positive: 8%, atypical cells: 0.9%). Surgical staging was performed in 28.6% of all STICs and did not show any malignancies. 14 out of 112 (12.5%) patients received adjuvant chemotherapy with Carboplatin and Paclitaxel. Eight (7.1%) patients developed a recurrence 42.5 (IQR: 33–72) months after isolated STIC diagnosis. Cumulative incidence of HGSC after five (ten) years was 10.5% (21.6%). Recurrence occurred only in BRCA1 carriers (seven out of eight patients, one patient with unknown BRCA status).

Conclusion The rate of HGSC after an isolated STIC diagnosis was 7.1% with a cumulative incidence of 10.5% (21.6%) after five (ten) years. HGSC was only observed in BRCA1 carriers. The role of adjuvant therapy and routine surveillance remains unclear, however, intense surveillance up to ten years is necessary.