

Introduction/Background Minimum deviation cervical adenocarcinoma- Adenoma malignum (AM) is a rare variant of adenocarcinoma of the uterine cervix; it comprises 1%-3% of cervical adenocarcinomas. The most predominant symptoms are vaginal bleeding and discharge. Pre-operative diagnosis of AM can be difficult and definite diagnosis is based on histopathology.

Methodology

Results We report a rare case report of a 62-year-old Caucasian woman who presented initially with ascites and vague abdominal symptoms suggesting ovarian cancer. Blood tests were normal. CA-125 measured at 43.4 U/mL and CA 19-9 at 101.6 U/mL. CT of chest-abdomen-pelvis showed severe ascites, a cystic mass in the left parametrium, and a large cystic mass at the right adnexum. An MRI of abdomen-pelvis showed a cystic lesion on the right ovary, possibly cystadenoma or cystadenocarcinoma, with intra-abdominal fluid collection and peritoneal nodular enhancing lesions. Cervical macroscopical examination and smear were normal. Gastroscopy and colonoscopy were normal too.

After MDT discussion, decision was made for laparoscopic assessment and primary debulking surgery. During the laparoscopic assessment a frozen biopsy was obtained, which indicated a possible borderline mucinous tumor of the ovary with possible signs of adenocarcinoma; decision made to proceed to debulking surgery as R0 was feasible. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, pelvic and paraaortic lymphadenectomy, appendectomy, and pelvic peritonectomy was performed.

Cytology of peritoneal fluid showed no evidence of malignancy. Histology showed a well-differentiated gastric type, non-HPV related adenocarcinoma of the uterine cervix (depth: 4 mm), which spread to the endometrium, both tubes and ovaries (with an 8 cm tumor in the right ovary). MDT decision was for adjuvant radiotherapy and chemotherapy.



Abstract 2022-RA-214-ESGO Figure 1

Conclusion This case constitutes a rare clinical presentation of AM with ascites, and ovarian metastases. Symptoms, diagnostics tests and imaging indicated a possible diagnosis of ovarian cancer. Only histology was able to produce a definite diagnosis of AM.

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THE IMPACT OF MODERN PREOPERATIVE HIGH-DOSE-RATE BRACHYTHERAPY IN EARLY-STAGE CERVICAL CANCER

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Introduction/Background To analyze the clinical outcomes and the safety of preoperative high-dose-rate (HDR) image-guided adaptive brachytherapy (IGABT) followed by minimally invasive surgery (MIS) in the multidisciplinary management of early-stage cervical cancer.

Methodology Medical records of all consecutive patients with early-stage cervical cancer treated at our institution between 2012 and 2018 with preoperative IGABT in a multidisciplinary approach were reviewed. Treatment schedule was pelvic node dissection, preoperative IGABT followed 6–8 week later by MIS hysterectomy.

Results Seventy patients with cervical cancer FIGO stages (IB1 18.6%, IB2 75.7% and IIA1 5.7%) were treated by preoperative HDR brachytherapy. With a median follow-up of 37.4 months [95% confidence interval, 32.1–39.7 months] isolated vaginal vault recurrence was not observed, 3 pelvic relapses were reported (4.3%). None of patients received postoperative radiotherapy (EBRT) or radiochemotherapy. The estimated 3-year local and pelvis relapse free survival for the entire population were respectively 98% [95% confidence interval, 89%–100%] and 90% [80%–96%]. The estimated 3-year disease-free survival (DFS) for the entire population was 88% [77–94%]. The 3-year overall survival (OS) rate was 97% [88%–99%]. Microscopic vaginal resection margin (R1) was observed in one patient (1.4%). Lymphovascular space invasion (LVSI) was found in 6 (8.6%) patients. Forty-eight late complications in 36 patients (51.4%) were observed. Five (7.1%) grade 3 vaginal wound dehiscence toxicities were observed. Urinary and gastrointestinal toxicities were grade 1–2. No grade 4–5 complications were observed.

Conclusion Preoperative image-guided adaptive brachytherapy followed by minimally invasive surgery allows high local control, reduces positive surgical margins and rates of lymphovascular space invasion avoiding adjuvants treatments. Surgical approaches must be discussed with patients including preoperative brachytherapy as a downstaging treatment.

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EARLY CLINICAL OUTCOMES OF HYBRID BRACHYTHERAPY FOR LOCALLY ADVANCED CERVICAL CANCER: MAKING ADVERSE SITUATIONS IN A FAVOURABLE SCENARIO

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Introduction/Background To investigate the feasibility and early clinical outcomes of combined intracavitary (IC) and interstitial (IS) image-guided adaptive brachytherapy (IGABT) as curative and definitive treatment of patients treated with chemoradiotherapy (CCRT) for locally advanced cervical cancer treated (LACC)

Methodology Patients with histologically proven cervical cancer (FIGO 2018 stage IB-IVA) treated by brachytherapy after CCRT at our institution between 2017 and 2020 were reviewed.

Results Patients with LACC FIGO 2018 stages (IB 20.4%; II 31.7%, III 45.8%, IV 2.1%) underwent brachytherapy at our institution, 53.5% of them underwent combined brachytherapy technique (IC/IS). The median number of implanted