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 macroscopic examination and smear were normal too. 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 peritoneectomy 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.

Conclusion This case constitutes a rare clinical presentation of AM with ascites, and ovarian metastases. Symptoms, diagnostic tests and imaging indicated a possible diagnosis of ovarian cancer. Only histology was able to produce a definite diagnosis of AM.
catheters was 3 (range, 1–6 catheters). With a median fol-
low-up of 21.6 (95% confidence interval, [19.1–23.5])
months, local relapse was observed in nine patients (6.3%),
with four of them with persistent and progressive disease.
The estimated 2-year local and pelvic relapse free survival
were respectively 92% (95% confidence interval, [84%-96%])
and 90% (83%-94%). The estimated 2-year disease free sur-
vival for the entire population was 80% [71%-87%]. The 2-
year OS rate for the entire population was 92% [84%-96%].
Acute toxicity G3 was reported in two (1.4%) patients. High
grade late toxicity (grade 3) was reported in 9 (6.3%) patients.

Conclusion Combined IC/IS brachytherapy for LACC allows to
reach recommended doses to achieve local control even in
large tumours after CCRT improving target volume coverage
with low rates of acute morbidity. Hybrid brachytherapy tech-
nique (EC/IS) is essential to have a favourable scenario at the
time of brachytherapy to correctly treat locally advanced cervi-
cal cancers.

Patterns of Care and Treatment Outcomes for Elderly Women with Cervical Cancer- Are They Different? – A Retrospective Analysis

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Introduction/Background Radical chemo radiation is the stand-
ard of care in locally advanced cervical cancer. It is often a
challenge to implement the same treatment in the elderly
women. The data regarding treatment modalities and out-
comes for this cohort is scarce in literature.

Methodology We retrospectively analyzed the medical database
of previously treated elderly patients diagnosed with carcinoma
cervix between January 2013 to December 2018 after appro-
val from the institutional review board.

Results Mean age of patients was 65 years (Range:60 -95). Of
the 176 patients, 98 (56%) patients received only RT, 63
(35%) received CRT, five (3%) patients received adjuvant RT,
4(2.8%) patients received chemotherapy and 1 (0.5%) patient
received palliative RT. The most common schedule used for
EBRT(External beam radiotherapy) was 50 Gy in 25#, five
weeks. The mean EBRT dose was 50 Gy (Range:46–54
Gy). Sixty three patients (37%) received concurrent cisplatin
(dose of 40 mg/sq.m). Out of 161 patients who completed
EBRT, 19 patients received EBRT boost,133 patients under-
went intracavitary brachytherapy. LDR was used in 48 patients
and HDR was used in 85 patients. Two patients underwent
interstitial brachytherapy and mould brachytherapy was used
in 8 patients. The median OTT was 69 days (9.8 weeks).
Acute grade 3 GI toxicities were found in 21(12.8%) patients.
The median follow-up duration was 22 months. Twenty
patients had disease progression. The median PFS was 25 (18-
31) months and median OS was 27(18–35) months. The 3 yr
PFS was 37% and 5 yr PFS was 20%. The 3 yr OS was 43%
and 5 yr OS was 21%.

Conclusion To conclude, definitive radiotherapy comprising
both EBRT and brachytherapy should be recommended even
in the elderly women with careful assessment of comorbid
conditions.

Cervical Cancer in Tunisia: Multicentric Epidemiological Study

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Introduction/Background Cervical cancer is a global public
health problem. It causes significant morbidity and mortality,
with more than 500,000 new cases and more than 300,000
deaths per year worldwide. In Tunisia, we do not have
enough published data, so the epidemiological profile of this
pathology is not well known. The objective of this work was
to determine the epidemiological profile of cervical cancer in
Tunisia and to specify the cost of treating the disease in order
to develop an effective prevention strategy.

Methodology This was a retrospective descriptive, multi-centric
study conducted in 6 obstetrical gynecology departments over
a four-year period from January 1, 2016 to December 31,
2019.

Results The number of all-stage cervical cancer cases in the
different centers was 665 cases over a four-year period; which
is equivalent to 166 cases/year. The average age of our
patients was 53.5 years. Cervico-vaginal smear screening was
performed in only 17.9% of cases. The average consultation
time in the study population was 5.6 months. Tumors were
classified according to the FIGO 2009 c: 23.5% were diag-
nosed at an early stage (<IB1) and 76.3% at advanced stages
(IB2 up to IV). Several therapeutic sequences were applied in
our study, the most frequent was surgery associated with
radiotherapy and chemotherapy (60.1%). Surgery was per-
formed in 69.6% of patients . Radiotherapy was performed in
84.6% of patients. Brachytherapy was performed in 72% of
cases . The direct annual cost of treatment was estimated at
1,268,502 $. Radiotherapy represented the largest item of
expenditure .

Conclusion Cervical cancer still poses problems in terms of
treatment due to the late diagnosis of this pathology. The con-
control of this pathology of infectious origin necessarily involves
the implementation of a mass vaccination against HPV of
young girls who have not yet had sexual relations.