THE IMPACT ON SURVIVAL OF FDG-TEP VERSUS SURGICAL PRETHERAPEUTIC PARA AoRtIC Lymph node Staging IN Locally advanced cervical cancer before Concomitant ChemoRADIATION. A RETROSPECTIVE SINGLE-CENTER COHORT

Introduction/Background Aortic lymph node (LN) involvement represents one of the essential prognosis factors and defines the extent of external definitive chemoradiation. Fluorodeoxyglucose (FDG) positron emission tomography-computed tomography (PET-CT) remains the most accurate imaging technique to assess the extraperitoneal dissemination of the tumor unless it fails to detect between 10% to 15% of metastasis in aortic area. Despite false negatives of imaging, it remains unclear if surgical staging (SS) improves disease-free survival (DFS) and overall Survival (OS). We aim to determine the impact of SS on efficacy.

Methodology From 01/2009 to 12/2019, we retrospectively reviewed all consecutive patients (pts) addressed for brachytherapy diagnosed with locally advanced cervical cancer FIGO 2009 stages IB2-IVa with negative PET-CT uptake in the paraaortic area. OS and DFS were estimated from initial biopsy with adjHR=0.81 (0.47–1.36) and p=0.47.

Results Among the 225 pts analyzed, 178 pts were in cohort 1 and 47 in cohort 2. Respectively for cohort 1 and 2, median age was 47 and 58 years, ECOG=1 for 10 (6%) and 22 pts (47%) and FIGO stage ≥III for 72 (40%) and 29 pts (62%). Five-years OS was 79% (CI95%: 72–85) and 52% (36–65) respectively, with adjHR=0.71 (0.37–1.36) and p=0.30. Five-years DFS was 67% (60–74) and 42% (27–56), with adjHR=0.81 (0.47–1.42) and p=0.47.

Conclusion In this single-institution retrospective series, SS appears not significantly different for OS and DFS compared to TEP-CT staging. However, the baseline characteristic of both groups was different. Prospective randomized trials should further evaluate the role of surgical staging.

CONCERVE STUDY DEMONSTRATES THAT CLINICAL REGRESSION OF HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA IS ASSOCIATED WITH ABSENCE OF FAM19A4/miR124–2 DNA METHYLATION

Introduction/Background Cervical screening can prevent cancer by detection and treatment of cervical intraepithelial neoplasia grade 2 or 3 (CIN2/3). Screening also results in considerable overtreatment possibly causing complications, unnecessary anxiety and costs, and preterm birth because many CIN2/3 lesions show spontaneous regression when left untreated. Therefore there is a clinical need for a test predicting spontaneous regression in CIN2/3 lesions. In this multicenter longitudinal cohort study of women with untreated CIN2/3, the prognostic value of FAM19A4/miR124–2 methylation was evaluated for clinical regression.

Methodology We prospectively followed women with CIN2/3 for 24 months. Surgical excision was replaced by a wait-and-see policy. FAM19A4/miR124–2 methylation was evaluated on all clinician-collected samples and self-collected samples collected at baseline. Every 6 months, human papillomavirus (HPV) testing and cytology were conducted on a clinician-collected sample, and a colposcopic examination was performed by a gynecologist to exclude progression. At 24 months at the final study visit, two biopsies were taken. Clinical regression was defined as histologically confirmed absence of CIN2+ or an HPV-negative clinician-collected sample with normal cytology. Regression incidences were estimated using the Kaplan-Meier method.

Results 80/114 women included were diagnosed with CIN2 and 34/114 with CIN3. During the study, 65.8% of women (75/114) did not receive surgical treatment. Women with a negative FAM19A4/miR124–2 result on the baseline clinician-collected sample showed more clinical regression (74.7%) than women with a positive methylation result (51.4%, P=0.013). Regression in women with a negative FAM19A4/miR124–2 methylation test was highest when cytology was atypical squamous cells of undetermined significance/low-grade squamous intraepithelial lesion (88.4%) or HPV16 was negative (85.1%).

Conclusion • Most women with untreated CIN2/3 and a negative baseline FAM19A4/miR124–2 methylation test showed clinical regression. • Methylation, in combination with cytology or HPV genotyping, can be used to support a wait-and-see policy in women with CIN2/3.