hysterectomy was associated with more toxicity compared to chemoradiation, mainly surgery-related and short-term.

2022-RA-1477-ESGO NEOADJUVANT PLATINUM-BASED DOSE-DENSE CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER

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Introduction/Background To evaluate the results of dose-dense neoadjuvant chemotherapy (NACT) in treatment of locally advanced cervical cancer IB2-IIB stages.

Methodology A cohort of 120 consecutive patients with median age of 43 (range 27–68) years was studied. All patients had verified locally-advanced (cT1в2Nx,0M0; cT2вNx,0M0) cervical cancer and received 3 dose-dense intravenous neoadjuvant AP (cisplatin 75 mg/m2, doxorubicin 35 mg/m2; n=58) or TP (cisplatin 60 mg/m2 and paclitaxel 60 mg/m2; n=62) chemotherapy cycles. To determine prognostic factors, 2 retrospective groups of patients were examined: group I – surgical treatment without NACT (n=25; IB2 stage), group II – concomitant chemoradiotherapy (n=44; IIB stage).

Results The median follow-up was 31 months. The overall 3-year survival rates in was 94.2%. The 4-year disease-free survival rate was 87.5%. The disease-free survival rate was higher in group with NACT (p = 0.03).According to RECIST 1.1 criteria the complete response rate was 10% (12/120 cases), partial response 57.5% (69/120 cases), stable disease 29.2% (35/120 cases), progressive disease 3.3% (4/120 cases). The surgical intervention was performed in 82.5% (99/120 cases), in 17,5% (21/120) – concomitant chemoradiotherapy. The pathomorphological response rate was 85,8% (85/99 cases). The complete morphological tumor regression (ypCR) was confirmed in 12,1% (12/99cases). An independent prognostic factors of the recurrence were parametric invasion and tumor degree differentiation.

Conclusion The dose-dense chemotherapy is an effective treatment modality for cervical cancer IB2-IIB stages and may be a feasible alternative for standard treatment approach.

2022-VA-1482-ESGO RADICAL ROBOTIC TRACHELECTOMY WITH BILATERAL PELVIC LYMPHADENECTOMY AND SENTINEL LYMPH NODE USING INDOCYANINE GREEN

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Introduction/Background Cervical cancer continues to affect young patients that desire to preserve their fertility. In selected cases, this procedure offers a good outcome for the patient. Although the procedure was initially performed via vaginal and laparoscopic route, radical robotic trachelectomy with bilateral pelvic lymphadenectomy can be a safe alternative for the treatment of early cervical cancer in patients who desire to preserve fertility.

Methodology In this video we will be presenting the case of 26 year old patient with cervical adenocarcinoma that received radical robotic trachelectomy with bilateral pelvic lymphadenectomy and sentinel lymph node procedure using indocyanine green (ICG).

Results The duration of the procedure was 177 minutes. Surgical outcome included a blood loss of 100 ml and there were no complications reported intraoperatively or postoperatively. The patient was discharged on day 2 postoperatively. The sentinel lymph node was negative as well as the pelvic lymph nodes. Negative sentinel lymph node was used as a decision criteria to continue the fertility sparring surgery. At 24 months of follow-up, the patient is disease free.

Conclusion Radical robotic trachelectomy with bilateral pelvic lymphadenectomy is a safe procedure and a good alternative in selected cases of patients with cervical cancer who wish to preserve their fertility.

2022-RA-1510-ESGO THE PROTECTIVE ROLE OF CONIZATION BEFORE RADICAL HYSTERECTOMY IN CERVICAL CANCER

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Introduction/Background The risk of tumor spillage is associated with cervical mass size at the time of surgery, and some recent studies suggested that cervical conization may be a significant independent predictor of the risk of disease relapse. The purpose was stablish the impact of conization before radical histerectomy in early-stage cervical cancer.

Methodology A retrospective observational cohort study (n=91). 47 (51.7%) received preoperative cervical conization, 44 (48.3%) without preoperative cervical conization.

Results Perioperative complications were lower in the conization group (19 (40,4%) vs 13 patients (29,6%), p=0,277). Relapses were higher in the non-conization group 23 (30.3%) vs 10 (17,9%). DFS were higher in the conization group 81,8% vs 62,7% (HR 0.38, 95% CI 0.15 to 0.95, p=0.040). No differences in overall survival rate were reported between two groups (7,1% vs 13,2%, log-rank p = 0.685) (HR 0.71, 95% CI 0.16 to 3.10, p=0.646). Patients who underwent laparoscopy without prior conization had a 5.80 times higher chance of relapse compared with those who underwent a laparotomy with previous conization (HR 5.80, 95% CI 1.45 to 23.27, p=0.013). Patients who underwent laparoscopy with prior conization and those who underwent laparotomy without prior cone biopsy showed no differences in relapse rates

compared with those who underwent laparotomy with prior conization (reference) (HR 2.14, 95% CI 0.50 to 9.24, p=0.306 and HR 2.07, 95% CI 0.52 to 8.27, p=0.305, respectively)

Conclusion We showed that patients with early-stage cervical cancer who underwent prior cervical conization followed by radical hysterectomy had a significantly lower risk of relapse with no differences in mortality rates.

2022-RA-1536-ESGO CERVICAL ADENOCARCINOMA: APPLICATION OF THE SILVA CRITERIA AND CORRELATION WITH PROGNOSTIC FACTORS, RECURRENCE RATE AND SURVIVAL

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Introduction/Background Cervical cancer is one of the leading causes of cancer in women worldwide. Histologically, the majority of cases are squamous cell carcinoma, although incidence of adenocarcinoma is increasing, representing approximately 25% of all cases. There is evidence suggesting that adenocarcinomas have a worse prognosis, so it has been proposed to establish criteria to improve the current risk stratification. Silva has proposed using a system that takes into account destructive stromal invasion, lymphovascular space involvement and grade of cytological atypia to determine prognosis.

Methodology Patients with diagnosis of cervical adenocarcinoma or adenocarcinoma in situ at Hospital Santa Cristina in Madrid, Spain, from 1990 to 2021, were collected. 63 cases were reviewed and reclassified according to WHO 2018 classification, applying Silva patterns for infiltrative HPV- related tumors. Data of previous PAP-test and HPV-test, presence of lymphovascular space involvement, lymph node disease, status of surgical margins, p16, hormonal receptors or coexistence of dysplasia or squamous cancer were collected. Other factors such as age, previous parity, type of treatment, recurrence and survival were also considered.

Results 63 patients were collected, and subdivided into 6 in situ adenocarcinoma and 57 infiltrative adenocarcinoma. 6 cases were not HPV- related and 22 are known to be HPV-related; the remaining 35 cases needed to be reclassified based on p16, since HPV was not initially tested. 32% of the HPV- related cases presented pattern A of Silva, 12% pattern B and 56% pattern C. Mean age of the patients was 52 years old. Treatment modalities were surgery or chemoradiation. 9 patients presented disease progression and died of disease.

Conclusion Classification for cervical adenocarcinoma is no longer based on morphology alone. Subclassification of infiltrative HPV-related adenocarcinoma considering Silva patterns offer prognostic factors that may enable to establish the risk of disease recurrence, and therefore, extension of treatment.

2022-RA-1541-ESGO SMALL CELL NEUROENDOCRINE TUMOR OF THE CERVIX WITH MULTIPLE CUTANEOUS METASTASIS: A REPORT OF 2 CASES

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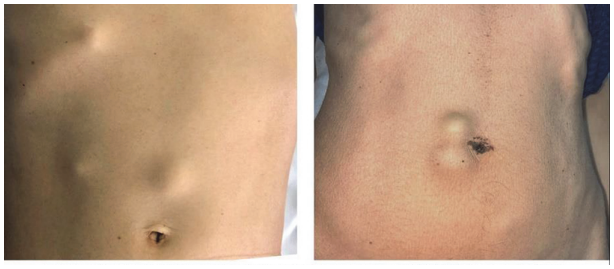
Introduction/Background Small cell neuroendocrine carcinoma of the cervix (SCNCC) is an aggressive and rare histological variant. It has a reserved prognosis with 34% survival in 5 years. The most common sites of metastasis are lymph nodes, liver, lung and brain. Cutaneous metastasis are extremely rare, with reported incidence of 0.1%, mostly in surgical incision. Multimodal treatment is usually indicated due to its poor prognosis.

Methodology We present a report of two cases of SCNCC with multiple cutaneous metastasis.

Results Patient 1: Previously healthy 43 years old, with normal screening for cervical cancer 16 months prior to admission, presented with vaginal discharge, pelvic pain and weight loss. Physical exam revealed multiple cutaneous nodules and a bulky cervical tumor. Imaging revealed diffuse lymph node metastasis and numerous cutaneous lesions.

Patient 2: Previously healthy 59 years old, presented with similar symptoms and physical exam, but also a rectovaginal fistula. Imaging revealed metastatic disease to the lymph nodes, peritoneum, bone, brain and numerous cutaneous lesions.

Both patients underwent cervical tumor and cutaneous nodules biopsy, confirming a SCNCC with cutaneous metastasis. Patient 2 had an initial report of Merkel carcinoma and only after pathological review metastatic SCNCC was confirmed. Hypofractioned pelvic radiotherapy was performed to control local symptoms and before initiation of palliative chemotherapy, both evolved quickly to diffuse progressive disease. Chemotherapy with carboplatin associated with paclitaxel and etoposide was initiated and the patient with cerebral metastasis also received whole brain radiotherapy. Patient 1 died of the disease 9 months after diagnosis and patient 2 is alive with disease with a follow-up of 13 months, still receiving palliative treatment.



Abstract 2022-RA-1541-ESGO Figure 1 Left image refers to patient 1 and right image refers to patient 2, both presenting subcutaneous nodules