CERVICAL ADENOCARCINOMA: SMALL CELL NEUROENDOCRINE TUMOR

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 chemotherapy with reported incidence of 0.1%, mostly in surgical incision.

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.

Abstract

Small Cell Neuroendocrine Tumor of the Cervix with Multiple Cutaneous Metastasis: A Report of 2 Cases

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.
Conclusion We present 2 cases of an extremely rare presentation of SCNC with multiple cutaneous metastasis. In this aggressive subtype, metatucous physical exam is paramount and any abnormal finding should prompt further investigation.

TRIAL IN PROGRESS UPDATE ON ENGOT-CX8/GOG-3024/INNOVATV 205: ADDITION OF A NEW COHORT USING FIRST-LINE TISOTUMAB VEDOTIN + PEMBROLIZUMAB + CARBOPLATIN ± BEVACIZUMAB IN RECURRENCE/METASTATIC CERVICAL CANCER

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UTERINE CERVIX CLEAR CELL ADENOCARCINOMA: TUNISIAN EXPERIENCE IN POST DIETHYLBESTROL ERA

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Introduction/Background Clear cell adenocarcinoma of the cervix (CCCC) is a rare form of cervical cancer. Historically, it affected women of reproductive age who were exposed to Diethylbestrol (DES), the major risk factor. However, since the prohibition on DES, the majority of CCCC cases have occurred in older women who were not exposed to DES, suggesting that additional risk factors are involved in the carcinogenesis of CCCC.

Methodology We retrospectively analyzed clinical data of 17 patients with CCCC who were treated from January 2012 to December 2020 in our institute.

Results The median age was 57.82 years. Twelve patients were menopausal. The mean age of first sexual intercourse was 24 years. The most common symptom was vaginal bleeding. In all cases, there was no evidence of DES exposure. The tumor was ulcerating in ten cases, budding in five cases, and destroying the cervix in one case. On average, clinical tumor size was 3.73 cm. 41.17% patients were stage I, 52.9% were stage II, 52.9% were stage III. Neoadjuvant treatment including concomitant radio-chemotherapy was performed in 7 cases, external pelvic radiation combined with utero-vaginal-brachytherapy in 3 cases, and exclusive vaginal-brachytherapy in 5 cases. Radical-hysterectomy was performed on 12 patients (83% PIVER III, 16% PIVER II). Pelvic-lymphadenectomy was performed in all cases. Only 2 cases had a lumbo-aortic-lymphadenectomy. The mean histological size was 0.9 cm (0–3 cm). Lymph-node involvement was noted in 2 patients. Four patients had adjuvant treatment: pelvic radiation (1/4), chemotherapy (1/4), vaginal-brachytherapy (1/4) and combination of chemotherapy and brachytherapy (1/4). after a median follow-up of 55 months, 4 patients were alive and in remission, 11 were still evolving and 3 were lost to follow-up.

Conclusion In the absence of traditional risk factors, CCCC does not have a poorer prognosis than squamous cell carcinoma. Treatment is based on concomitant radiochemotherapy followed by radical surgery.