2022-RA-1572-ESGO IS THE NUMBER OF LYMPH NODES HARVESTED IN RADICAL HYSTERECTOMY AFFECTED BY PREOPERATIVE CHEMORADIATION THERAPY IN LOCALLY ADVANCED CERVICAL CANCER? COMPARATIVE STUDY

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Introduction/Background In most neoplasms, lymph node involvement is the most important prognostic factor, the number of lymph nodes resected is considered important in order to identify those with metastatic disease and count is the main criteria for evaluating the completeness of lymphadenectomy, the accuracy of staging is affected and prognosis can be impaired. Concurrent chemotherapy and radiotherapy (CCRT) prior to lymph node dissection has an effect on the number of nodes, which could potentially affect the prognosis. **Objective:** Evaluate the impact of CCRT in the number of nodes retrieved in patients with locally advanced cervical cancer (LACC)

Methodology Retrospective analysis of the number of lymph nodes resected, in 44 LACC who had a Radical Hysterectomy after CCRT as part of a clinical trial (Group 1), 44 of early cervical cancer (Group 2) and 44 cases of endometrial cancer (Group 3) that had complete surgical staging, was performed. Comparisons were analyzed by student's T and Mann-Whitney. SPSS version 23

Results All groups were comparable in age, clinical pathologic characteristics, and all surgeries performed by experienced gyn-oncologists o surgical oncologists. Median number of Lymph nodes in Group 1 was 17 (14–18), in Group 2 was 20 (17–22) and Group 3 was 24 (20–26). When comparisons performed, We were not able to identify statistical differences among groups (p= NS) except for those patients in group 3 who had more lymph nodes dissected (p=0.001), and age in group 3 (p=0.007).

Conclusion Studies have shown that CCRT could affect the number of lymph nodes harvested in other neoplasms. However, this observation has not been studied in LACC. Receiving preoperative CCRT does not has an effect in the number of lymph nodes obtained in those cases of cervical cancer that are offered this modality of treatment and disease control seems not to be compromised.

2022-RA-1579-ESGO RACE: RETROSPECTIVE STUDY ON RARE TYPES OF CERVICAL CANCER- CEEGOG CX-06

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Introduction/Background Rare cervical tumours represent a heterogeneous group of epithelial, mesenchymal, mixed, melanocytic, lymphoid and haematopoietic, germ-cell, and even secondary tumours involving the uterine cervix. The majority of available data for these tumour types are derived from small case series where the different tumours are commonly analysed together as a larger group of rare tumours. As Central and Eastern European regions still face higher incidence rates of cervical cancer, higher numbers of rare cervical tumours are available for analysis. The aim of this multicentre international collaboration is to collect data from patients with rare tumour types diagnosed within the last 16 years, sufficient to analyse survival of individual tumour types and identify their prognostic parameters.

Methodology A retrospective cohort study involving 61 centres from 13 countries within CEEGOG has been initiated. Retrospective data on rare types of cervical cancers will be collected. The inclusion criteria are histologically proven adenocarcinoma (unusual types of mucinous adenocarcinoma: intestinal, signet ring cells, minimal deviation, villoglandular; endometrioid adenocarcinoma; clear cell adenocarcinoma; serous adenocarcinoma; mesonephric adenocarcinoma), adenosquamous carcinoma, glassy cell carcinoma, adenoid basal carcinoma, adenoid cystic carcinoma, undifferentiated carcinoma, low-grade neuroendocrine tumour, high-grade neuroendocrine tumour, leiomyosarcoma, rhabdomyosarcoma, alveolar soft part sarcoma, angiosarcoma, malignant peripheral nerve sheath tumour, other sarcomas, adenosarcoma, carcinosarcoma, malignant melanoma, lymphoma, myeloid neoplasms and secondary tumours. Furthermore, the inclusion criteria are the date of primary diagnosis between January 2005 and June 2021 with the available follow-up information. The exclusion criteria are histologically proven usual mucinous adenocarcinoma-endocervical type, HPV associated invasive adenocarcinoma and squamous cell carcinoma.

Results Conclusion This study is aimed to differentiate the survival and prognostic factors of various rare cervical tumour types. In addition, the data from this retrospective study will serve as a basis for a prospective registry with a possibility to merge with other existing registries.

2022-RA-1594-ESGO A CASE REPORT OF A PACIENT WITH CERVICAL CANCER DIAGNOSED DURING PREGNANCY TREATED WITH CHEMORADIATION AND BRACHYTHERAPY RELAPSED AFTER ONE YEAR

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Introduction/Background A 24-year-old patient, G4P4 was referred to oncology with squamous cell carcinoma of the cervix. The patient was diagnosed during pregnancy at 32 weeks and delivered at 37 weeks by caesarean section then continued with *lymphadeno-colpo-hysterectomy and lombo aortic lymphadenectomy (Wertheim). Histopathology report described nonkeratinizing squamous cell carcinoma G3 pT1b2 pN1(1/39) FIGO stage IB2 confirmed by immunohistochemistry with p16 positive, p63 positive, ER negative, Ki67 60-65% features.*

Methodology PET-CT was performed and pelvic recurrence with bilateral iliac internal and external lymph nodes and inferior lombo-aortic lymph nodes FGD-avid were found. The case was discussed in MDT and chemoradiation was