## 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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10.1136/ijgc-2022-ESGO.141

**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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10.1136/ijgc-2022-ESGO.142

**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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10.1136/ijgc-2022-ESGO.143

**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

commenced. She received EBRT by VMAT 45Gy in 25 fractions over pelvis recurrence, postoperative bed and elective lymph nodes followed by boost up to 55 Gy SIB on tumour lymph nodes, concurrent with Cisplatin 40 mg/m2 q1w. EBRT was followed by two sessions of brachytherapy 3D D90 HR CTV 6.5/Gy/day, one day apart. Therapy well-tolerated, with G1 toxicities and completed in November 2020.

**Results** Pacient was followed every three months with CT thorax and MRI abdomen and pelvis, both with contrast. In December 2021 PET-CT showed psoas, iliacus muscles and peritoneal recurrence. Case was discussed in MDT and Bevacizumab/Paclitaxel/Carboplatin q3w was commenced. After 4 cycles partial response was noted and pacient was referred to surgery for salvage pelvic exenteration. Surgical consultation recommended four more cycles and imaging. At the moment the patient is awaiting PET-CT.

**Conclusion** MDT has been shown in the carepath of cancer patient to significantly prolong overall survival and reduce discrepancies in cancer management. Our treatment has been guided by the surgical approach and therefore awaiting dynamic imaging tests to address and improve odds. Longer follow up will allow us to assess the impact on median overall survival and QoL.

## 2022-RA-1597-ESGO PREOPERATIVE CONIZATION OF EARLY CERVICAL CARCINOMA ASSOCIATED WITH IMPROVED PROGRESSION FREE SURVIVAL

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10.1136/ijgc-2022-ESGO.144

**Introduction/Background** Tumor cell contamination during laparoscopic radical hysterectomy appears to be associated with decreased survival. Preoperative cone biopsy might reduce the risk for tumor cell contamination. This study analyses the association of preoperative cone biopsy with survival after radical hysterectomy for cervical cancer.

**Methodology** In total 276 patients with cervical carcinoma through FIGO IB1 were included in this singlecenter study. In this retrospective analysis, multivariate cox regression was performed by adjusting for age, lymph node status, tumor diameter, grading, preoperative conization, adjuvant therapy and surgical approach (abdominal, laparoscopic).

**Results** For 52,5% of the patients the minimally invasive approach and for 44,9% the open abdominal approach was chosen, respectively. The surgical approach was neither a predictive marker for overall survival (OR 1,220; 95% KI: 0,460 – 3,236; p=0,689) nor for progression free survival (OR 1,295; 95% KI: 0,548 – 3,06; p=0,556) in our study. However, a preoperative conization was the only variable strongly associated with improved survival (OR 4,022; 95% KI: 1,243 – 13,012; p=0,020). In 114 patients with macroscopically complete tumor resection by conization 8 recurrences occurred. This could be a surrogate for the prognostic role of tumor cell contamination during laparoscopic hysterectomy in patients with macroscopic tumor.

**Conclusion** Patients with preoperative conization represent a low risk collective that might still profit from laparoscopic hysterectomy. Further prospective, randomized studies on minimally invasive surgery for cervical cancer must include techniques to prevent intraoperative tumor cell contamination.

## 2022-RA-1601-ESGO ULTRASOUND VERSUS MAGNETIC RESONANCE IMAGING IN THE ASSESSMENT OF PARAMETRIAL INVASION IN CERVICAL CANCER

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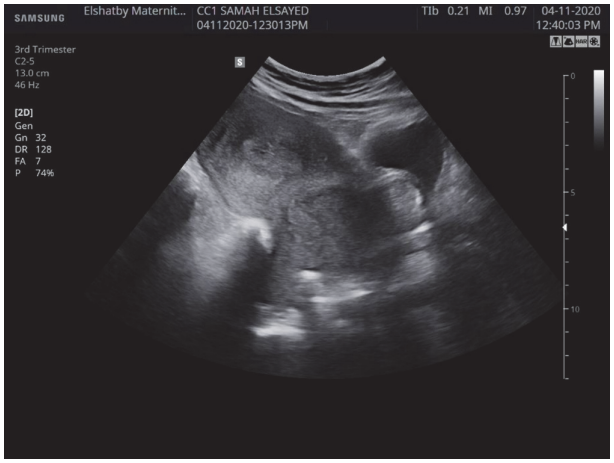
10.1136/ijgc-2022-ESGO.145

**Introduction/Background** Transvaginal/trans rectal ultrasound (TVS/TRS) when performed at experienced centers, typically performed by the treating gynecologist has the advantage of being readily available at low cost. The reported diagnostic performance of TVS/TRS for the assessment of tumor size > 4 cm, deep Stromal invasion and parametrial invasion is overall quite good with reported sensitivities (specificities) [accuracies] of 78% (99%) [95%], 88–91% (93–97%) [91–93%], and 60–83% (89–100%) [87–99%] respectively. This study aimed to compare the accuracy of ultrasound in relation to magnetic resonance imaging (MRI) in detection of parametrial infiltration in cases of cervical cancer

**Methodology** A prospective comparative cohort study was conducted after ethical commitee approval on 50 newly diagnosed patients with cervical cancer at El Shatby University Hospital gyne-oncology unit in Alexandria, Egypt. the patients had no contraindications for MRI .They did not receive any radiotherapy .pelvic ultrasound (Trans abdominal/transvaginal) evaluation were done by expert ultra-sonographer to all patients with the aim to evaluate the parametrial infiltration before MRI evaluation .The ultrasound examination was compared to the results of the MRI examination for each patient.

**Results** The sensitivity of TVS for detecting parametrium invasion was 92.86 and the specificity was 93.75 in comparison to MRI as gold standard.positive predictive value (PPV) was 82.35 and negative predictive value (NPV) is 96.30 where κ value is 0.855




**Abstract 2022-RA-1601-ESGO Figure 1**