THE ROLE OF POSTOPERATIVE RADIATION AFTER RADICAL Hysterectomy FOR WOMEN WITH EARLY-STAGE NEUROENDOCRINE CARCINOMA OF THE CERVIX: A META-ANALYSIS

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Objectives Neuroendocrine carcinoma of the cervix (NECC) is an aggressive disease with high rates of nodal disease spread even in seemingly cervix-confined disease. Therefore, many providers prescribe postoperative radiation therapy in an effort to reduce recurrences. However, large studies evaluating the utility of this approach are lacking. The objective of this study was to determine recurrence and mortality in patients with early-stage NECC who had pelvic radiation after radical hysterectomy compared to those who did not receive radiation.

Methods We performed a meta-analysis of 13 unique studies that reported recurrence and/or mortality for patients with early-stage NECC who underwent radical hysterectomy with or without adjuvant radiation therapy.

Results In 6 studies that reported overall recurrence rates, 65 (51.6%) of 126 patients who received postoperative radiation recurred compared to 71 (37.0%) of 192 patients who did not (RR 1.25, 95% CI: 0.93 – 1.66, p = 0.14). In 6 studies that reported pelvic recurrence rates, there were 15 pelvic recurrences (11.9%) in the 126 patients who received postoperative radiation compared to 46 pelvic recurrences (24.0%) in the 192 patients who did not (RR 0.59, 95% CI: 0.33 – 0.87, p = 0.07). In 12 studies that reported mortality rate, there were 129 deaths (33.1%) in 390 patients who received postoperative radiation therapy compared to 207 (35.1%) in 589 patients who did not (RR 1.00, 95% CI: 0.74 – 1.36, p = 0.99).

Conclusions The addition of postoperative radiation therapy after radical hysterectomy may reduce pelvic recurrences but does not appear to decrease overall recurrence or death in women with early-stage NECC.

Poster rounds with the professors: Group 01

THE VALUE OF PET/CT FOR CYTODUCTIVE SURGERY SELECTION IN RECURRENT OVARIAN CARCINOMA

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Objectives To evaluate the role of PET/CT in predicting no residual disease (NRD) after secondary cytoreductive surgery (SCS) compared to MSK criteria, iMODEL and AGO Score.

Methods We analyzed 122 patients with platinum-sensitive ovarian carcinoma submitted to SCS between July 2008 and December 2021. We excluded patients that did not have PET/CT, without sufficient data and who received chemotherapy before SCS. We ultimately included 69 patients.

Results The median first relapse interval was 23 months (range, 6.0 – 104.2). Variables that correlated with NRD were PCI [OR 0.91 (0.83 – 0.99) 95%CI; p = 0.044], ECOCG [OR 8.0 (1.47 – 45.7) 95%CI; p = 0.022] and number of lesions in PET/CT of ≤ 2 [OR 6.0 (1.24 – 28.9) 95%CI; p = 0.026]. Considering patients with ≤ 2 lesions on the PET/CT, 92.3% had NRD. We recorded a sensitivity, PPV, NPV and accuracy of 85.7%, 92.3%, 33.3% and 81.2%, respectively. NRD would be achieved after fulfilling MSK criteria, iMODEL and AGO Score in 89.1%, 88.1% and 85.9%, respectively. The accuracy in prediction NRD of MSK criteria, iMODEL and AGO Score was 87%, 83.3% and 77.3%, respectively. PET/CT had a good agreement with AGO Score and iMODEL. The addition of PET/CT to the models increased the NRD rates (MSK +PET/CT, iMODEL +PET/CT and AGO +PET/CT NRDs in 92.2%, 91.8% and 89.4%, respectively) however impaired their accuracy performance.

Conclusions We found NRD in 92.3% after the presence of ≤ 2 lesions in PET/CT with an accuracy of 81.2%. PET/CT did not increase the accuracy performance of MSK criteria, iMODEL and AGO Score models.

PREOPERATIVE CT SCORE FOR PREDICTING COMPLETE GROSS RESECTION AT PRIMARY AND INTERVAL DEBULKING SURGERY OF ADVANCED OVARIAN CANCER DURING THE COVID19 PANDEMIC

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Objectives Residual disease at surgery is the most important prognostic factor for women with metastatic ovarian carcinoma (OC). Appropriate patient selection is challenging. Preoperative CT-scores are developed for primary debulking