THE PROGNOSTIC VALUE OF PRESENCE OF PELVIC AND/OR PARA-AORTIC LYMPH NODE METASTASES IN CERVICAL CANCER PATIENTS; INFLUENCE OF THE NEW FIGO CLASSIFICATION (STAGE IIIC)

Kim Van Kots, Renee Ebisch, Maaike Van Der Aa, Hans Wenzel, Jurgen Piek, Ruud Bekkers, Catharina Hospital, Eindhoven, Department of Obstetrics and Gynecology and Catharina Cancer Institute, Eindhoven, Netherlands; Radboud University Medical Center, Department of Obstetrics and Gynecology and Catharina Cancer Institute, Nijmegen, Netherlands; Netherlands Comprehensive Cancer Organization, Department of Research and Development, Utrecht, Netherlands

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Objectives One of the major changes in the revised 2018 FIGO-staging system is the addition of stage IIIC, which includes patients with pelvic and/or para-aortic lymph node metastases. Therefore, we evaluated the prognostic value of positive pelvic and/or para-aortic lymph nodes in patients with cervical cancer.

Methods A nationwide retrospective cohort study was performed by identifying all patients diagnosed with stage IB-IVA between 2005–2018 from the Netherlands Cancer Registry. Data was converted to the FIGO 2018 stage based on the TNM-classification. 5-year and overall survival rates (OS) were estimated with the Kaplan-Meier method.

Results Of the included 6,082 patients, 1,740 patients had pelvic and/or para-aortic lymph node metastases. For patients with FIGO 2009 stage IB1-IIA1-IIA1 with pelvic and/or para-aortic lymph node metastases 5-year survival is 77% and OS is 70%, without lymph node metastases survival rates are 92% and 87% (p<0.001). For FIGO 2009 stage IB2-IIA2-IIIB, with pelvic and/or para-aortic lymph node metastases 5-year survival is 67% and OS is 62%, without lymph node metastases survival rates are 74% and 65% (p=0.009). FIGO 2009 stage IIIA-IIIB and IVA survival rates are not significantly influenced by pelvic and/or para-aortic lymph node metastases (p=0.640, p=0.939). Patients with FIGO 2018 stage IIIC have a 5-year survival of 65% and OS of 59%.

Conclusions Patients with FIGO 2009 stage IB1-IIA1-IIA1-IIB2-IIA2-IIIB cervical cancer with positive pelvic and/or para-aortic lymph node metastases have a significant impaired survival compared to patients without metastases. Survival rates of patients with FIGO 2009 stage IIIA-IIIB-IVA are not significantly affected by lymph node metastases.

Poster rounds with the professors: Group O2

COST-EFFECTIVENESS OF HYSTERECTOMY AT THE TIME OF RISK-REDUCING BILATERAL SALPINGOOOOPHORECTOMY FOR PATIENTS WITH BRCA1 MUTATIONS

Shayan Dicou, Ling Chen, Allison Goddley, Alexander Melamed, Caryn St Clair, June Hou, Fady Khoury-Collado, Elena Elkin, Dawn Henshman, Jason Wright, Columbia University Medical Center, Gynecologic Oncology, New York, USA; Massachusetts General Hospital, Gynecologic Oncology, Boston, USA; Columbia University Medical Center, Health Policy and Research, New York, USA; Columbia University Medical Center, Dept of Med Hematology and Onc, New York, USA

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Objectives To identify trends in incidences of germ cell tumors and subtypes in large population registries in the US and Republic of China.

Methods Data was obtained from the United States Cancer Statistics (USCS) and the Taiwan Cancer Registry between 2001 and 2018. SEER*Stat and Joinpoint regression programs were used to calculate incidences and trends. Native Chinese were defined as individuals from Taiwan. The incidence was adjusted by WHO 2000 standard population.

Results Of 11,941 patients with germ cell tumors, 651 (5.5%) were US Asians and 1249 (10.5%) were Native Chinese. Over the 17-year study period, the overall incidence of