EVALUATION OF THE FACTORS ASSOCIATED WITH THE DELAY IN INITIATION OF TREATMENT OF ADVANCE STAGE CERVICAL CANCER PATIENTS

**EP039/#692**

E-poster viewing: Cervical cancer

**EP040/#682**

CERVICAL CANCER TREATMENT CAPACITY IN AFRICA: MAPPING OF RADIATION ONCOLOGY AND GYNECOLOGIC ONCOLOGY SERVICES

2–19.23, p=0.016) and lympho vascular invasion (LVI) (OR=4.29, CI 1.91–29.41, p=0.026) remained as independent predictors of ALNI.

**Conclusions**

Based on these results, we suggest that clinical axillary nodal status, pathologic tumor stage, and LVI are predictive factors for ALNM in Tunisian women with early breast cancer.

**Objectives**

Background: Cervical cancer ranks 2nd in women cancer and third leading cause of female cancer death in Bangladesh. Delay in initiation of treatment in advanced stage cervical cancer patients is associated with significant morbidity and mortality. It is crucial to overcoming the barrier for initiation of effective treatment in appropriate time. Objective: Assessment of the factors that lead to delay in diagnosis and treatment of advanced stage cervical cancer patients.

**Methods**

This observational cross-sectional study was conducted from November 2019 to October 2020 in the Gynecological Oncology department of National Institute of Cancer Research and Hospital, Dhaka. 138 patients of advanced stage cervical cancer were included in the study.

**Results**

The mean age of the patients was 48.74 (±9.37) years. 30.4% of patients were illiterate and the majority (43.47%) belonged to low middle income family. Illiteracy, low monthly income, residents of rural areas, embarrassment, fear, lack of knowledge regarding cervical cancer, contacting a non-medical person prior to the first medical person, not performing per speculum examination at initial consultation, misdiagnosis, delay in referral to tertiary care centre hospital, long distance of the primary health care facility and tertiary care centre hospital from the residence were predictors of longer delays in treatment initiation (p value <.05).

**Conclusions**

Financial Crisis, lack of education, Inappropriate management, lack of availability and accessibility of health services and radiotherapy resource limitation have led to delays. Proper initiatives should be taken to remove the obstacles in cancer care pathway and subsequently treatment outcome as well as quality of life will be improved.
Conclusions This study maps available gynecologic and radiation oncology services for cervical cancer care in Africa. Our results suggest major gaps in infrastructure, human resources, and training. These data serve as a cervical cancer treatment capacity database, which can facilitate multi-national collaborative clinical, implementation and research projects.

**Objective** Endogenous human retroviruses (ERVs) are remnants of exogenous retroviruses that have been integrated into the human genome. Some ERVs may become activated allowing epigenetic alterations through DNA methylation or histone modification, which can further translate into altered gene regulation or transcription. This is a novel area of exploration in cervical cancer.

**Methods** We applied ERV mapping tools to RNA-seq data from 63 cervical cancers to investigate expression of ~550,000 ERV elements from the Human Endogenous Retrovirus database (HERVd) to investigate ERV expression among various cohorts. We also investigated a prognostic model, supplementing a baseline prediction model using FIGO stage, age and HPV-positivity with ERVs.

**Results** 98 ERVs were differentially expressed (padj < 0.1), with Black American patients having 40 upregulated and 58 downregulated (including MER21C, HERVH-int) ERVs when compared to white American patients. Of the 138 ERVs differentially expressed between early-stage and locally advanced-stage groups, 38 were upregulated, including ERV3, and 100 were downregulated. 26,916 ERVs were differentially expressed between HPV positive and negative cohorts. There were significant differences in ERV3 protein expression (p = 0.000905). While clinical parameters are predictive of progression free survival at p = 0.06027, our supplemented model combining a 67-ERV panel and the clinical data, discriminated the two risk groups at p = 9.433 x 10^-15.

**Conclusions** ERV RNA expression differences in cervical cancers are significantly different among racial cohorts, HPV-subgroups and disease stages. The correlation of ERV expression alongside clinical factors significantly improves prognostication when compared to clinical factors alone and may serve as future therapeutic targets.

**Objective** Nowadays radical trachelectomy is the main surgical procedure in the treatment of invasive cervical cancer for patients who want to preserve fertility. In case intraoperative findings, large size of tumor which spreads onto the vagina or parametric, regional lymph nodes metastasis, patients require radiation therapy, which excludes the possibility of independent pregnancy.

**Methods** Today we observe 7 patients with stage IB1-IIb cervical cancer. Median of their age is 29 year old. Five patients had not had pregnancies and all of them insisted on preserving fertility. At the first step of treatment, 2–3 courses of chemotherapy were carried out. The second step included a radical trachelectomy (Piver type III) with uterus transposition. The oncological stage of operation corresponded to a routine radical trachelectomy. Then, we made paraumbilically uterus transposition to create conditions for performing the radiotherapy. The third step marked a combined radiotherapy which was carried out according to the prescribed standards. In three months a uterine reposition with utero-vaginal anastomosis was conducted. Currently, all the patients has no sign of recurrence and may start to realize pregnancy.

**Results** The patients have been under the median observation for 22, 6 months so far. All our patient’s menses have been recovered. No one has any signs of recurrence. Three of them are preparing to the in vitro fertilization.

**Conclusions** The uterine transposition makes feasible to provide a combined radiotherapy according to the prescribed standards and, thus, ensures, fertility preservation. It is very important to continue and carrying out research in this field.

**Objective** Minimally invasive radioguided sentinel lymph node (SLN) procedures, increasingly performed with robot-assisted laparoscopy, currently rely on the use of a rigid laparoscopic gamma probe. We evaluated the safety and feasibility of a drop-in gamma probe system for SLN detection in patients with early-stage cervical cancer and compared its performance with the rigid gamma probe.

**Methods** Ten patients with FIGO stage IA1(LVSI+) – IB2 or IIA1 cervical cancer scheduled for robot-assisted laparoscopic SLN procedure were included. All patients underwent preoperative 99mTcTechnetium-nanocolloid injection followed by SPECT/CT imaging. Intraoperatively, the tethered drop-in gamma probe SENSE® (Lightpoint Medical Ltd, Chesham, UK) was used for radioguided SLN detection, subsequently confirmed by the standard rigid laparoscopic gamma probe. We assessed SLN detection rates, anatomical SLN location and usability.

**Results** Overall and bilateral SLN detection rate with the drop-in gamma probe was 100% and 80%, respectively, which was confirmed by the rigid gamma probe. Combined use of preoperative SPECT/CT and drop-in gamma probe resulted in a bilateral detection rate of 90%. Gamma count rates of the