Conclusions Preclinical data suggest an ocular surface-expressed TF-dependent phenomenon and provide potential mechanistic rationale which may partly contribute to the inflammatory and symptomatic nature of clinically observed TV-associated OAEs. Clinical trial experience suggests adherence to required eye care and appropriate dose modifications reduce risk and severity of OAEs.

LAPAROSCOPIC RADICAL HYSTERECTOMY IS SAFE IN CERVICAL CANCER WITH TUMOR SIZE ≤2 CM, EVEN IF PARAMETRIAL INVASION OR LYMPH NODE METASTASIS IS FOUND AFTER SURGERY

Objectives Previously our research team suggested cervical cancer (CC) patients with tumor size ≤2 cm on preoperative magnetic resonance imaging (MRI) were safe candidates for laparoscopic radical hysterectomy (RH). We aimed to further investigate whether laparoscopic RH is feasible in patients with small-sized, early CC, having high-risk pathologic factors.

Methods From CC cohorts of three tertiary hospitals, we identified patients with 2009 FIGO stage IB1 who received open or laparoscopic Type C RH. Among them, those with tumor size ≤2 cm on preoperative MRI and who followed the guidelines for adjuvant treatment were included. Patients’ survival outcomes were compared between the laparoscopic and open RH groups. Subgroup analyses were conducted according to the parametrial invasion (PMI) and lymph node metastasis (LNM).

Results A total of 498 patients were included: 299 and 199 for laparoscopic and open RH groups, respectively. All study populations were managed properly in adjuvant treatment. After a median observation of 59.4 months, two groups showed similar progression-free survival (PFS; P=0.615) and overall survival (P=0.439). On pathologic examination, 16 (3.2%) and 49 (9.8%) had PMI and LNM, respectively, and 10 (2.0%) had both. In PMI subgroup, no difference in PFS was observed between the laparoscopic and open RH groups (P=0.893). In LNM subgroup, the two groups also showed similar PFS (P=0.169). Consistent results were also found in subgroups of non-PMI and non-LNM.

Conclusions Laparoscopic RH might be safe in tumor size ≤2 cm CC, regardless of PMI and LNM when adjuvant treatment is appropriately administered. Further large cohort studies are required.

L1CAM AS PROGNOSTIC FACTOR FOR TYPE OF RECURRENTITY IN EARLY-STAGE SQUAMOUS CELL CERVICAL CANCER PATIENTS

Objectives L1CAM belongs to the immunoglobulin superfamily of cell adhesion molecules. In cancer cells, L1CAM promotes cell proliferation, migration, invasion, and metastasis. Its expression is associated with tumor progression in many types of cancer, including colorectal, gastric, renal, endometrial and breast cancer. In this study, we aimed to investigate how L1 cell adhesion molecule (L1CAM) positivity was associated with outcome and relapse pattern in early-stage cervical cancer.

Methods This is retrospective study. Total number of 251 patients who underwent surgical treatment for early-stage cervical carcinoma were enrolled into the study. Patients who underwent a minimally invasive procedure were excluded from the study. Tumor samples of 191 (76.1%) patients were available for L1CAM analysis by immunohistochemistry and total number of patients with squamous histology was 144.

Results Of the 144 tumor samples, 21 (14.6%) were found to be L1CAM positive. Recurrence was observed in 20 patients (13.8%) with no statistical significance between L1CAM positive and L1CAM negative tumors (p=0.766). Type of disease progression was clinically but not statistically significant for multiple and distant metastasis (p=0.11). Comparing of Progression free interval and Overall survival did not shown statistical significance.

Conclusions In our study L1CAM is only clinically significant factor for distant type of recurrence and worse prognosis, but not statistically significant.

A COMPARISON OF ADVERSE OUTCOMES WITH THE USE OF BEVACIZUMAB WITH CISPLATIN/PACLITAXEL OR CARBOPLATIN/PACLITAXEL IN RECURRENT, PERSISTENT OR METASTATIC CERVICAL CANCER

Objectives Background: GOG-240 demonstrated improved oncologic outcomes with addition of bevacizumab to standard chemotherapy for metastatic or recurrent cervical carcinoma. Previously, JCOG0505 revealed non-inferior oncologic outcomes of carboplatin/paclitaxel(TC) compared to cisplatin/paclitaxel(TP). However, there is no recent data comparing adverse events and chemotherapy response rates between TC and TP.
LONG-TERM EFFECT OF HPV VACCINATION AGAINST HPV INFECTION IN JAPANESE YOUNG WOMEN

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Objective To compare adverse events and response to chemotherapy of patients with metastatic or recurrent non-rectal cervical carcinoma who initiated chemotherapy between 01/2015 and 09/2021 with carboplatin/paclitaxel/bevacizumab (TCB) or cisplatin/paclitaxel/bevacizumab (TPB).

Methods A retrospective study was conducted. Adverse events were classified using the National Cancer Institute Common Terminology Criteria for Adverse Events.

Results Forty-seven patients were included; 29 with squamous cell histology and 18 with adenocarcinoma or adenosquamous histology. Median follow-up was 19 months. Thirty-eight patients received TCB, 9 received TPB; 19 were treated for metastatic disease, 3 for persistent disease, and 26 for recurrent disease. Median number of chemotherapy cycles was 6. While response to chemotherapy was similar in both groups (stable disease 13.2% vs 33.3%, p=0.15, partial or complete response, 36.8% vs 33.3%, p=0.84), patients receiving TCB experienced significantly more grade 3–5 adverse events (26.3% vs 66.7%, p=0.02) and grade 1–2 adverse events (13.2% vs 55.6%, p=0.005). Bevacizumab was discontinued in 12 patients (25.5%) due to severe toxicity, with significantly greater rate of fistula and perforation compared to rates in GOG 240 (12.8% vs 3%, p=0.004).

Conclusions In this cohort, patients receiving TCB had similar response to chemotherapy, but significantly more adverse events, than those receiving TPB. Bevacizumab confers a high risk of severe adverse events.