Abstracts

#543

GASTRIC-TYPE WELL DIFFERENTIATED ADENOCARCINOMA OF THE ENDOCERVIX: OVERCOMING RESISTANT BEHAVIOUR WITH SURGICAL AGGRESSIVENESS

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Introduction/Background Well-differentiated gastric-type endocervical adenocarcinoma (GAS) is a rare cervical cancer commonly described as an aggressive and insidious disease. Uncertainty persists pertaining to its prognosis and oncologic management, more specifically the role of surgical aggressiveness in bulky or locally advanced disease. We aimed to review our experience and to provide additional data regarding the challenges encountered when treating GAS.

Methodology We retrospectively identified patients with GAS treated at our institution from 2010 to 2021. Clinical characteristics, diagnostic testing accuracy and oncologic outcomes were reported. Kaplan-Meier curves were used to estimate cumulative survival probabilities between groups. Log rank test was performed to compare survival curves between groups of patients with tumors confined to the cervix (group 1: up to stage IB3) versus locally advanced or metastatic (group 2: stages II to IV).

Results Cervical cytology and cervical biopsy yielded low detection rates (38 and 42% respectively). The majority of patients (12/14) were diagnosed with either locally advanced or metastatic disease at diagnosis. Median overall survival (OS) was 40 ±16 months. A clear dichotomy in patients’ survival was observed when comparing patients with disease confined to the cervix to those with higher stages (respectively 59 vs 12 months, p= 0.047). None of the patients treated with curative intent concurrent chemoradiation (CCRT) achieved remission.

Conclusion Prognosis appears to correlate closely to stage at diagnosis, which is often advanced due to its inherent diagnostic challenges. All patients who achieved remission were treated with surgery, either upfront or after suboptimal response to CCRT. Based on radioresistance and the improved survival observed in surgically debulked patients, we suggest favoring aggressive upfront surgery when feasible. If CCRT is selected in order to avoid upfront exenterative procedures, rapid evaluation of tumor response and reorientation of the treatment plan towards neo-adjuvant radiation followed by completion surgery should be considered for poor responders.

Disclosures The authors declare that they have no conflict of interest.

#547

WHERE ARE WE TODAY …UNRAVELLING THE UNMET UNCOMMON CERVICAL HISTOLOGIES

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Introduction/Background Based on definition by ESMO rare cancers have incidence <6/100,000/year).

Till date cervical cancers are treated as per stage of disease, regardless of histopathological classification.

We highlight unmet needs of targeted therapy for these cancers as we head towards tumor biology driven, era of precision oncology.

Methodology Study design : Retrospective study on uncommon cervical histologies collected over 3 years, from January 2018 to December 2021 from electronic medical records of Dr B.Borooah Cancer Institute.

Out of the 1524 new cases of cervical cancer registered, eleven patients with rare histologies were found, two were excluded due to lack of follow up. (table 1)

Data on incidence, different behaviors, response rates of these uncommon subtypes diagnosed on extensive IHC was collected. All cases were managed after discussion in multidisciplinary tumour board based on evidence so far.

Abstract #547 Table 1 Pattern of care of rare histologies with available evidence

INT J GYNECOL CANCER 2023;33(Suppl 3):A1–A453