#574 THE PROGNOSTIC VALUE OF THYMUS HYPERPLASIA IN CERVICAL CANCER ASSESSED ON FDG PET-CT SCAN

1Tal Rafael Yehudai, 2Ophir Robenpour, 3Lee Segev, 4Moran Landau Rabbi, 5Maya Ronen, 4Mehraz Cohenpoor, 4Alia Khachper, 5Zvi Yakin. 1Department of Obstetrics and Gynecology, The Yizhak Shamir (formerly Assaf Harofeh) Medical Center, Zerifin, Rishon-Le-Tzion, Israel; 2Department of Radiology, The Yizhak Shamir (formerly Assaf Harofeh) Medical Center, Zerifin, Rishon-Le-Tzion, Israel; 3Department of Obstetrics and Gynecology, The Yizhak Shamir (formerly Assaf Harofeh) Medical Center, Zerifin, Rishon-Le-Tzion, Israel; 4Department of Nuclear Medicine, The Yizhak Shamir (formerly Assaf Harofeh) Medical Center, Zerifin, Rishon-Le-Tzion, Israel; 5Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel.

10.1136/ijgc-2023-ESGO.163

Introduction/Background Cervical cancer represents one of the most common cancers among women worldwide. According to FIGO 2018, FDG PET-CT became a part of the initial staging of the disease.

Rebound-thymus-hyperplasia (RTHP) with increased FDG accumulation in the thymus is a known phenomenon that is observed particularly among pediatric and young adult, secondary to recovery from stressors, such as surgery and chemotherapy.

To date, there isn’t much information regarding RTHP and its significance in women with cervical cancer. We aimed to investigate this phenomenon in cervical cancer patients.

Methodology Patients with cervical cancer who had been treated in Shamir-Medical-Center between 2010–2020 and undergone FGD PET-CT were collected respectively. We compared patients with and without RTHP.

The demographic, imaging and clinical characteristics were evaluated including histological type, stage at diagnosis, tumor size at diagnosis, treatment, SUV-max values, thymus size, interval time between treatments to scan, disease-free-survival and overall-survival.

The 3-dimensions and volume of the thymus, and SUV-max uptake were measured on PET-CT scans using PACS software (SECTRA IDS7, Sweden).

Results 106 patients included in the study with a mean-age of 55 years (range 27 - 88 years). 22 patients died during the follow-up with overall-survival rate of 79.2%. There was no measurable thymic tissue in 80 (75.5%) patients. In 26 patients the mean-thymic-volume calculated 2.33 cm3 (range 1.32 cm3 - 24 cm3 ). The SUV-max FDG-uptake measured with mean 2.0 (range 0.78- 4.9). We didn’t find any statistical significant differences between the groups.

Conclusion In our cervical cancer patients, we didn’t find any significant differences between those with or those without RTHP. Further research is needed to evaluate if there is any association between RTHP and cervical cancer in larger populations.

Disclosures There is no conflict interest.

#575 HISTOLOGICAL TUMOR TYPE, SENTINEL NODE DISTRIBUTION AND INVOLVEMENT IN WOMEN WITH EARLY STAGE CERVICAL CANCER – SINGLE CENTER EXPERIENCE

1Krzysztof Nowosielski*, 2Ewa Kapusniak, 3Marta Wsieniewska, 4Wojciech Szańeczki. 1Department of Gynecological Oncology, Katowice, Poland; 2Department of Gynecological Oncology, University Clinical Center, Medical University of Silesia, Katowice, Poland.

10.1136/ijgc-2023-ESGO.164

Introduction/Background Sentinel node biopsy (SNB) with indocyanine green (ICG) is relatively new. More studies on distribution and involvement are required in any stage of cervical cancer.

Methodology 67 cervical cancer patients hospitalized within clinical study in University Clinical Center in Katowice between January 2021 and December 2022 were analyze. Out of them 33 were qualified for surgical interventions based on imagining and clinical evaluation – stage IA1-IIB, and IIA1.

Laparoscopy with ICG cervical injection on 9 and 3 o’clock superficially and deeply (1.25 ml of 6.25 mg ICG, 25 mg in total) was performed to identify the sentinel nodes. All nodes were analyzed with hematoxylin-eosins staining and with ultrastaging.

Results Out of 33 patients qualified for the surgery, 66.7% women had squamous cell carcinoma, 30.3% - adenocarcinoma, and one adenosquamous carcinoma. In 4 cases SNB was a part of diagnostic procedure due to indecisive MRI images (3 cases) and fertility sparing procedure (one case). SNB in the last patients were negative (FIGO IAJ1), in 2 out of 3 with inconclusive MRI - positive (FIGO IIIJ1) but in third metastasis were present in sigmoid (FIGO IVB). Out of the rest patients total 65 nodes were removed. Hematoxylin-Eosin staining revealed metastatic disease in 9 nodes (8 macrometastasis, one micrometastasis). Additionally, in ultrastaging 4 nodes with micrometastasis were identified. The concordance was 82.7%. Finally in 15 cases (51.7%) final stage was higher than suspected based on clinical examination and MRI images (9 women with IIIJ1 and 6 with IIIB).

Conclusion The proportion of advance stage cancer is very high what requires additional prevention strategies to decrease that numbers. As the prevalence of endocervical adenocarcinoma is high, Silva classification should be implemented to estimate survival prognosis and extent of treatment. Pre-operation work-up should be improve to properly identify patient with nodes and parametrical involvement.

Abstract #575 Table 1 Location on SN and distribution of metastatic lymph nodes.

<table>
<thead>
<tr>
<th>Location</th>
<th>Site (n=65)</th>
<th>Metastatic nodes (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Left site</td>
<td>Right site</td>
</tr>
<tr>
<td>External iliac</td>
<td>39.4% (13)</td>
<td>39.4% (13)</td>
</tr>
<tr>
<td>Iliac bifurcation</td>
<td>27.3% (9)</td>
<td>27.3% (9)</td>
</tr>
<tr>
<td>Internal iliac/obtur.</td>
<td>24.2% (8)</td>
<td>18.2% (6)</td>
</tr>
<tr>
<td>Common iliac</td>
<td>9.1% (3)</td>
<td>12.1% (4)</td>
</tr>
<tr>
<td>Psoas</td>
<td>0.0%</td>
<td>3% (1)</td>
</tr>
</tbody>
</table>

Disclosures none

#579 A RISK SCORING SYSTEM FOR CERVICAL CANCER PATIENTS WITH EARLY METASTASIS: A RETROSPECTIVE COHORT STUDY

Linling Lu*, Jie Lin, Haijuan Yu, Sufang Deng, Ning Xie, Yang Sun. Department of Gynecology, Clinical Oncology School of Fujian Medical University, Fujian Cancer Hospital, Fuzhou, China

10.1136/ijgc-2023-ESGO.165

Introduction/Background Outcomes are poor for cervical cancer (CC) patients with metastatic within one year after successfully completing the treatment, and no well-established
risk model is available for the disease. This study aimed to establish an effective risk nomogram to predict the early distant metastasis (EDM) probability of CC patients treated with radical radiotherapy to aid individualized clinical decision-making.

Methodology

Biopsy-confirmed CC patients received radical radiotherapy with or without chemotherapy between December 2018 and January 2021 were enrolled at Fujian Cancer Hospital. EDM was defined as tumor distant metastasis occurs less than one year after finishing radical radiotherapy. Clinical variables and inflammatory index were analyzed based on univariate and multivariate logistical regressions. Finally, age, tumor size, and chemotherapy status were used to build a multifactorial nomogram. The nomogram efficacy was evaluated by concordance indexes (C-indexes) and calibration curves. Patients were divided into high- and low-risk groups based on nomogram points. The optimal cut-off value for all continuous variables was calculated using X-tile.

Results

A total of 489 study patients were included and data of 14 clinical features were collected. 36 (7.36%) patients had EDM. Age below 51 (OR=2.298, P<0.001), tumor maximum diameter above 4.5 cm (OR=3.817, P<0.001), and radiotherapy only (OR=3.319, P<0.001) were independent risk factors for patients with EDM by multivariate analysis. A scoring system for the EDM prediction showed good discrimination and calibration (concordance index of 0.701). According to Kaplan-Meier curve of risk score, patients with high risk were more prone to get EDM (p<0.01).

Conclusion

This is the first research to focus on EDM in CC patients. We have developed a robust scoring system that can predict the risk of EDM in CC patients received radiotherapy or combined with chemotherapy. Our nomogram might allow screening out appropriate cases for consolidation therapy and more intensive follow-up.

Disclosures

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.