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 4.5cm (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 analyses. 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.

Salvage Robotic Anterior Pelvic Exenteration for Cervical Cancer: Technique and Feasibility

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Introduction/Background

The aim of our study was to explain the technique and evaluate the feasibility and safety of robotic anterior pelvic exenteration in cases of residual/recurrent cervical cancer as a salvage therapy.

Methodology

The study was conducted as a retrospective review of all the cases of central residual/recurrent cervical cancer who underwent anterior pelvic exenteration by robotic approach with curative intent at our centre between January 2013 and December 2019. Information regarding various treatment related parameters like duration of surgery, estimated blood loss, length of hospital stay, early and late complications and recurrence and survival was collected and evaluated.

Results

14 patients underwent anterior pelvic exenteration by robotic approach in this period. The median age of patients at time of exenteration was 52.5 years. 13 out of 14 patients had received combined chemoradiation as a part of initial treatment. The median duration of surgery was 305 min with a median estimated blood loss of 135 ml and median length of hospital stay of 6.5 days. Early complications like urosepsis, uretero-ileal anastomotic leak and paralytic ileus occurred in 36% patients and late complications like ureteric stricture and bowel perforation occurred in 28.6% patients. Negative surgical margins could be achieved in all the patients. Over a median follow-up period of 17.5 months, five patients developed recurrence and five patients experienced mortality, with four out of five patients dying due to recurrent disease. The 12-month DFS was 68.2% and the 12-month OS was 77.1%.

Conclusion

Robotic anterior pelvic exenteration is a safe and feasible option in selected patients with recurrent/residual cervical cancer as a salvage procedure, with acceptable morbidity and mortality.

Disclosures

NONE