Abstracts

#619 THE VALUE OF NEGATIVE PET/CT IN LYMPH NODE STAGING IN LOCALLY ADVANCED CERVICAL CANCER: A RETROSPECTIVE STUDY IN A TERTIARY CARE CENTER

Joana Izquierdo De La Fuente, Reyes Oliver Pérez*, Claudia Sánchez-Arévalo Crespo, Laura López Marín, Beatriz Olivares Romera, Gregorio López González, María Pilar Sarandeses Fernández, Jose Miguel Sesane Ruiz, Blanca Gil Ibáñez, Álvaro Tejerizo García. Hospital Universitario 12 de Octubre, Madrid, Spain

Introduction/Background Nodal involvement is the most important negative prognostic factor for patients with cervical cancer. Therefore, lymph node assessment is of utmost importance to tailor these patients’ treatment of these patients. In this regard, PET/CT is considered the gold standard in preoperative assessment of lymph nodes, with a reported sensitivity and a specificity of 76% and 94%, respectively.

The aim of this study was to assess the value of a negative PET/TC in detecting paraaortic nodal involvement in patients with locally advanced cervical cancer undergoing paraaortic lymph node dissection (PALND).

Results All analyses were performed with Stata V.16. Qualitative variables were expressed as absolute and relative frequency. Continuous variables were expressed as mean (Standard deviation; SD) and median (Interquartile range; IQR) according to a normality test (Kolmogorov-Smirnov test). All analyses were performed with Stata V.16.

Results A total of 22 patients were selected. Clinicopathologic characteristics of all patients are described in table 1. All of them had a preoperative PET/TC without suspicion of metastatic para-aortic lymph nodes and underwent PALND. The surgical approach was retroperitoneal in 18 cases (81.8%) and a mean of 9.3 paraaortic lymph nodes were removed per patient. None of the nodes removed were positive for metastasis.

Conclusion The probability of paraaortic lymph node involvement in patients diagnosed of preoperative locally advanced cervical cancer (FIGO stage II B/IIIC1) without suspicious metastatic paraaortic lymph nodes in preoperative PET/TC is extremely low. Therefore, staging PALND could be avoided in these patients.

Disclosures Roche, Medtroniz, Storz, Baxter.

Methodology We present a retrospective observational study. We selected patients with diagnosis of preoperative locally advanced cervical cancer (FIGO stage IIB/IIIC1) without suspicious metastatic paraaortic lymph nodes in preoperative PET/TC, and who had undergone PALND for staging between January 2017 to December 2022.

Qualitative variables were expressed as absolute and relative frequency. Continuous variables were expressed as mean (Standard deviation; SD) and median (Interquartile range; IQR) according to a normality test (Kolmogorov-Smirnov test). All analyses were performed with Stata V.16.

Results A total of 22 patients were selected. Clinicopathologic characteristics of all patients are described in table 1. All of them had a preoperative PET/TC without suspicion of metastatic para-aortic lymph nodes and underwent PALND. The surgical approach was retroperitoneal in 18 cases (81.8%) and a mean of 9.3 paraaortic lymph nodes were removed per patient. None of the nodes removed were positive for metastasis.

Conclusion The probability of paraaortic lymph node involvement in patients diagnosed of preoperative locally advanced cervical cancer (FIGO stage II B/IIIC1) without suspicious metastatic paraaortic lymph nodes in preoperative PET/TC is extremely low. Therefore, staging PALND could be avoided in these patients.

Disclosures Roche, Medtroniz, Storz, Baxter.

Methodology We present a retrospective observational study. We selected patients with diagnosis of preoperative locally advanced cervical cancer (FIGO stage IIB/IIIC1) without suspicious metastatic paraaortic lymph nodes in preoperative PET/TC, and who had undergone PALND for staging between January 2017 to December 2022.

Qualitative variables were expressed as absolute and relative frequency. Continuous variables were expressed as mean (Standard deviation; SD) and median (Interquartile range; IQR) according to a normality test (Kolmogorov-Smirnov test). All analyses were performed with Stata V.16.

Results A total of 22 patients were selected. Clinicopathologic characteristics of all patients are described in table 1. All of them had a preoperative PET/TC without suspicion of metastatic para-aortic lymph nodes and underwent PALND. The surgical approach was retroperitoneal in 18 cases (81.8%) and a mean of 9.3 paraaortic lymph nodes were removed per patient. None of the nodes removed were positive for metastasis.

Conclusion The probability of paraaortic lymph node involvement in patients diagnosed of preoperative locally advanced cervical cancer (FIGO stage II B/IIIC1) without suspicious metastatic paraaortic lymph nodes in preoperative PET/TC is extremely low. Therefore, staging PALND could be avoided in these patients.

Disclosures Roche, Medtroniz, Storz, Baxter.

#623 HOW TO PREVENT DUAL MODALITY TREATMENT IN EARLY-STAGE CERVICAL CANCER???

Richa Kausik*, Jaydip Bhauik, Anik Ghosh, Basunita Chakrabarti, Jagannath Mishra, Subhasree Rout. Tata Medical center, Kolkata, West Bengal, India

Introduction/Background Dual modality treatment in cervical cancer is associated with increased morbidity. This study was conducted to understand the surgical-pathological factors associated with adjuvant treatment, following RH (Radical Hysterectomy), in early-stage cervical cancer (ESCC).

Methodology Single centre retrospective observational study was conducted in a tertiary care cancer centre in India. ESCC patients, who underwent primary surgical treatment between 2011 and 2022, were included.

Results 64 ESCC patients underwent RH. Total 32(50%) patients needed adjuvant treatment; 13(20.3%) due to one or more high risk factors (HRF) positivity, received concurrent chemo-radiotherapy; 17(26.6%) due to intermediate risk factors (IRF) positivity, received adjuvant RT (Radiotherapy) and 2 patients with final histology of NET (Neuro-Endocrine Tumour) were given adjuvant CT (Chemotherapy). Total 28 (46.7%) patients had IRF, as 11 patients, who were positive for HRF, were also positive for IRF. Among patients who had HRF; 11 had LN (Lymph Node) positivity, 3 had parametrium positivity and 4 had margin positivity. We started routine frozen evaluation of LN from September, 2019, and those who had negative frozen LN were proceeded with RH. For a total of 31 ESCC patients, intra-operative frozen LN assessment was done and was found negative in 20 patients. All frozen negative LN were also negative in final pathology. 11 (17% of total cohort) patients underwent preoperative electro surgical DEP (Diagnostic Excision Procedure) and among them only one (9.9% of 11) had positive IRF in final pathology. In cohort of diagnostic punch biopsy, 27 (50.94% of 53) patients had positive IRF in final pathology. Difference in IRF positivity rates between DEP and punch biopsy groups was significant (p-0.026).

Conclusion Routine practice of pre-operative DEP to know IRF and pre-operative or intra-operative LN assessment by histological or frozen assessment respectively, can help to avoid dual modality of treatment in significant number of ESCC patients.

Disclosures No conflict of interests