OUR SINGLE-CENTER EXPERIENCE WITH COLPOSCOPY SUSPICIOUS LYMPH NODES ON PET-CT AND THE IMPACT ON NODAL TREATMENT IN ADVANCED CERVICAL CANcer

Abstracts

Introduction/Background

To analyze the risk of cervical pre-invasive disease in women with post-coital bleeding (PCB) and to find out to risk of CIN 2 and above pre-invasive disease in women with PCB.

Methodology

In our study, the findings and results of colposcopic examination of 185 women who were admitted to Hacettepe University Faculty of Medicine Hospital Obstetrics and Gynecology Department between January 2018 and December 2022 and who were evaluated for PCB and who underwent colposcopic examination were evaluated retrospectively. Primary outcome was to find out to risk of CIN 2 and above pre-invasive disease in women with PCB.

Results

The rate of detecting cervical lesions through colposcopic examination was low in women experiencing PCB complaints. The utilization of HPV testing in the triage of PCB can reduce unnecessary colposcopic examinations and cervical biopsies.

Disclosures

The authors have no conflict of interest related this research.

Conclusion

NACT for fertility sparing treatment is an innovative approach which is potentially quite interesting for many young women affected by cervical cancer with the tumor size >2 cm. And VRT with retroperitoneal PLND can be safely performed. Because peritoneal adhesions, which can cause perirectal adhesion, could be avoided. We consider that this surgical approach and NACT may be a good treatment option for women with cervical cancer who wish to preserve their fertility.

Discussion

No potential conflict of interest to report.

#792 OUR SINGLE-CENTER EXPERIENCE WITH COLPOSCOPY IN CASES OF POSTCOITAL BLEEDING

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Introduction/Background

To analyze the risk of cervical pre-invasive disease in women with post-coital bleeding (PCB).

Methodology

In our study, the findings and results of colposcopic examination of 185 women who were admitted to Hacettepe University Faculty of Medicine Hospital Obstetrics and Gynecology Department between January 2018 and December 2022 and who were evaluated for PCB and who underwent colposcopic examination were evaluated retrospectively. Primary outcome was to find out to risk of CIN 2 and above pre-invasive disease in women with PCB.

Results

The median age of the women included in the study was 38 (min: 19-max: 64). 85.4% had cervical cytology results (158/185). 4.9% of cytology results evaluated were ASC-US (9/185) and 1.1% were LSIL (2/185). 60% of the women had Human Papilloma Virus (HPV) screening results. 15.6% of the women were HPV test positive (4.8% HPV 16–18, 6.5% other high-risk HPV, and 4.3% low-risk HPV).

The most common pathological finding detected with the direct examination during the colposcopic examination was ectropion with 18.4% (34/185). Cervical biopsy was performed in 48.6% of the evaluated women. In most of the biopsies performed (86.6%), a single sample was taken.

While CIN 2 was detected in 1.1% of the women (2/185) and the most common histological result was cervicitis (73/185), Two women whose biopsy showed CIN 2 were also positive for HPV infection. Whereas CIN 2 lesion was found in 2 (11%) of 18 patients with positive HPV test in the biopsy group, CIN 2+ was not detected in any of the HPV negative patients (P=0.038).

Conclusion

The rate of detecting cervical lesions through colposcopic examination is low in women experiencing PCB complaints. The utilization of HPV testing in the triage of PCB can reduce unnecessary colposcopic examinations and cervical biopsies.

Disclosures

The authors have no conflict of interest related to this research.

#814 SUSPICIOUS LYMPH NODES ON PET-CT AND THE IMPACT ON NODAL TREATMENT IN ADVANCED CERVICAL CANcer

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Introduction/Background

Despite the risk of false-positive lymph nodes, FDG-PET/CT scans are increasingly used to guide treatment decisions in advanced-stage cervical cancer. The standard treatment for locally advanced cervical cancer is chemoradiotherapy. We evaluated how often standard treatment plans were modified with regard to nodal treatment (i.e. debulking, boosting and/or extended field radiotherapy) in the case of FDG-positive nodes, with the corresponding over/undertreatment rates.

Methodology

Women who received chemoradiotherapy for FIGO (2009) stage IB2, IIA2-IVB cervical cancer with an FDG-positive node, between 2009–2017, were retrospectively selected from the Netherlands Cancer Registry. Patients with pathologic examination of nodes before nodal treatment were excluded.

False-positive (33–30%) and true-positive (70–87%) rates from the literature (Vermolen et al.2021) were related to the rate of patients with and without treatment modification to estimate overtreatment and undertreatment, respectively. Sensitivity analysis was performed to estimate over/undertreatment rates for patients with a higher pre-test probability of nodal metastases, using a higher PPV (94%) corresponding to an increased prevalence of nodal metastases.

Results

A total of 379/435 (87%) patients had their treatment plan modified based on FDG-positive nodes, which may have resulted in undertreatment and overtreatment in 9–11% and...
11–26% of patients, respectively (table 1). Treatment modification consisted mainly of nodal boosting (83%), followed by extended-field radiotherapy (62%) and debulking (12%). Sensitivity analysis slightly increased the estimated undertreatment rate from 9–11% to 12%, whereas the overtreatment rate was reduced from 11–26% to 5%.

Conclusion PET-CT had a significant impact on nodal treatment plans with modification rates of up to 87%, mainly consisting of nodal boosting. Therefore, the estimated undertreatment rate is relatively low (9–11%), while overtreatment may affect up to one quarter of patients (11–26%). The higher the likelihood of nodal metastases, the more patients will benefit from these treatment plan modifications.

Disclosures The authors have nothing to disclose besides that this work was supported by the Dutch Cancer Society [IKNL2019–12398].

Abstract #814 Table 1 Treatment modification, overtreatment and undertreatment rates in advanced-stage cervical cancer patients with FDG-positive lymph nodes.

<table>
<thead>
<tr>
<th></th>
<th>Primary analysis</th>
<th>Sensitivity analysis</th>
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<tbody>
<tr>
<td>Positive predictive value</td>
<td>70%</td>
<td>94%</td>
</tr>
<tr>
<td>Prevalence of nodal metastases</td>
<td>9%</td>
<td>99%</td>
</tr>
<tr>
<td>Treatment modification</td>
<td>n</td>
<td>37/435</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>87</td>
</tr>
<tr>
<td>Undertreatment</td>
<td>n</td>
<td>18-49</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>53</td>
</tr>
<tr>
<td>Overtreatment</td>
<td>n</td>
<td>49-114</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>23</td>
</tr>
</tbody>
</table>

Conclusion Complications after pelvic exenteration are common. Re-operations and re-admission are also frequently seen. In highly selected patients, when free margins are achieved, long term survival is possible.

Disclosures None