Introduction Despite the controversial role of radiotherapy (RT) in recurrent ovarian cancer (ROC), there might be a survival benefit irrespective of favorable clinical features according to a preliminary analysis. This prospective study was designed to compare the survival outcomes between standard of care (SOC) with or without stereotactic ablative RT (SABR) to all recurrent sites in ROC.
Methods Patients with recurrent epithelial ovarian cancer with 10 or less metastatic sites at recurrence based on the number of SABR fields are eligible. Those who have a history of RT, single lesion sized >5 cm, or diffuse peritoneal carcinomatosis are not eligible. Patients will be stratified by factors as the followings; number of favorable factors (absence of ascites, platinum-sensitivity, CA-125, and ECOG performance), location of the lesion (lymph node vs. non-lymph node), and use of PARP inhibitor. Patients will be randomized (1:2) into SOC salvage treatment (arm 1) vs. SOC plus metastasis-directed SABR (arm 2). The primary endpoint is 3-year overall survival rate (58.5% for arm 1 and 74.4% for arm 2). A total of 270 patients will be required.
Current Trial Status A dummy-run study involving 4 representative clinical scenarios is under progress. To enhance compliance with the protocols, a three-tiered RT quality assurance (QA) process consisting of general credentialing, trial-specific credentialing with dummy run plus phantom QA, and individual case review has been performed. Currently, 32 patients from 16 sites are enrolled as of August 21st, 2023.

AS16. Screening/Early detection

TP026/#1436

COMPARING VISUAL INSPECTION WITH ACETIC ACID, WITH AND WITHOUT LUGOL'S IODINE FOR TRIAGE OF HPV SELF-SAMPLE POSITIVE WOMEN IN ETHIOPIA – A RANDOMISED CONTROLLED TRIAL

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Introduction HPV vaginal self-sampling is more acceptable by women than health-provider cervical cancer screening methods. However, only a minority of HPV positive women will need treatment for pre-cancerous lesions, which requires an effective triage test. Visual inspection with acetic acid (VIA) is recommended as a triage, but the sensitivity and specificity are questioned. The aim of this randomised controlled study is to compare the accuracy of VIA with and without Lugol's Iodine (VILI).
Methods All women from an urban Ethiopian cohort with a cervix are eligible. Participants each collect two vaginal self-samples for HPV DNA analysis at Addis Ababa University laboratory. HPV positive women are stratified according to age and pregnancy status, and then randomized to either VIA or VIA with VILI (RedCap software). They are then examined at a clinic according to the allocated triage test. All women, except those pregnant, have a biopsy taken from the lesion or at 12 and 6 o'clock. If a lesion is visualized, they are immediately treated, unless pregnant. All biopsies are evaluated by a senior pathologist.
Current Trial Status 940 participants have been screened with an HPV vaginal self-sample (Date 16/7/2023). 131 were hrHPV positive and have visited the VIA clinic. 175 HPV positive women are needed to be examined at the clinic to get enough statistical power for the analyses we hope to reach in September 2023. Final results will be presented at IGCS.

Featured Surgical Films

AS18. Surgical techniques and perioperative management

FF001/#556

AN INNOVATIVE METHOD TO PREVENT LYMPHEDEMA AFTER GYNECOLOGICAL CANCER SURGERY: PROPHYLACTIC, CONCURRENT LYMPH NODE TO VEIN ANASTOMOSIS (LNVA)

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Introduction Lower limb lymphedema (LLL) is a chronic condition that requires long-term treatment and affects quality of life by causing symptoms such as pain, heaviness, discomfort, and restriction of movement. And it is one of the common complications in patients undergoing gynecological cancer surgery including pelvic lymph node dissection (PLND). Lymph node to vein anastomosis (LNVA) has been performed as one of the treatment techniques for LLL after gynecological cancer treatment. We performed prophylactic LNVA during gynecological cancer surgery to evaluate the preventive effect on LLL.
Description Prophylactic LNVA was done in patients at high risk for LLL, such as those with extensive lymph node dissection or expected postoperative radiation therapy. LNVA was performed after conventional cancer surgery and lymph node dissection, regardless of the type of cancer (Ovarian, Endometrial, Cervical Cancer) or method of surgery (open, laparoscopic, robotic). After injecting Indocyanine green (ICG), ICG lymphangiography is used to locate a functioning inguinal lymph node. Functional lymph node is dissected and anastomosed to an adjacent vein of appropriate size.
Conclusion/Implications From September 2022 to the time of abstract submission, 21 patients underwent the concurrent prophylactic LNVA surgery. Patients are scheduled for periodic follow-up through 24 months, and to date, there have been no lymphedema and complications from the surgery. We expect that this concurrent prophylactic LNVA will have a significant impact on the prevention of postoperative lymphedema in gynecological cancer patients.

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