

EP045/#1275

IMPORTANCE OF EARLY INITIATION OF TREATMENT TO AVOID UPSTAGING IN LOCALLY ADVANCED CERVICAL CANCER

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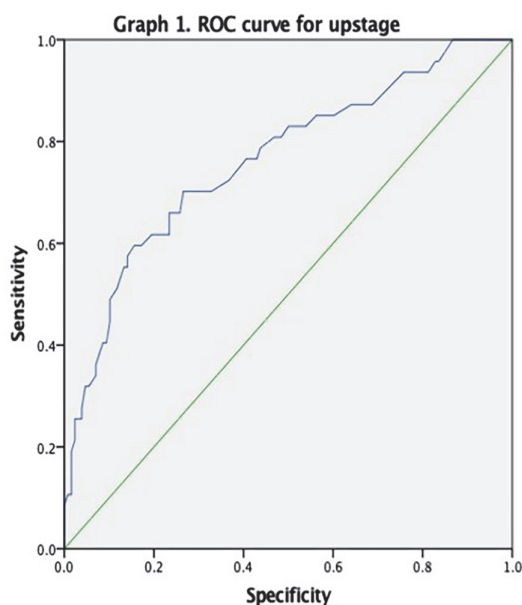
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Introduction Locally advanced cervical cancer (LACC) is a public health problem. Objectives: Determine importance of initiation of treatment of LACC in limited-resource settings. Evaluate the concordance between CT and PET/CT for FIGO 2018 staging.

Methods Retrospective analysis of 175 patients with LACC was performed in a national reference center. FIGO 2018 staging was established by clinical evaluation and CT scan. PET/CT was requested when CT was highly suspicious of more advanced disease or when initiation of treatment was delayed. Descriptive and inferential statistics, Cohen kappa index and ROC curve were performed.

Results Population analyzed was Mexican with median age at diagnosis 47 years. Most common FIGO stage by clinic evaluation was IIB (43%), by CT was IIIC1 (46%), and IIIC1 (43%) by PET/CT. Concordance of CT with PET/CT within 25 days of initial study was substantial ($k=0.719$, $p = 0.0001$) and after 25 days with moderate agreement ($k = 0.468$, $p = 0.0001$). Time to upstage was 25 days by ROC (AUC 0.763, $p = 0.0001$). FIGO IV was 9.2% with CT against 20.6% with PET/CT.

Conclusion/Implications Image studies make FIGO 2018 in cervical cancer more accurate. PET/CT is not accessible and is expensive for the general population in limited resource settings. According to our results, we can rely on the initial staging with CT within 25 days from diagnosis to initiation of treatment, after this period, upstage must be considered and a more accurate image study such as PET/CT might be recommended to reconsider the therapeutic plan and prognosis.



Abstract EP045/#1275 Figure 1

EP046/#1276

PATHOLOGIC RESPONSE TO HYPOFRACTIONATED CHEMORADIATION IN LOCALLY ADVANCED CERVICAL CANCER

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Introduction Standard treatment for locally advanced cervical cancer (LACC) is chemoradiotherapy, in limited resource settings hypofractionated treatment might be an option. Objectives: Determine pathologic response to hypofractionated external concurrent chemoradiation followed by surgery in comparison to standard treatment in LACC.

Methods Fifty-nine patients with LACC, as part of a clinical trial, were evaluated after being allocated to standard treatment (45Gy in 25 fractions) (29 patients) or Hypofraction treatment (37.5Gy in 15 fractions) (30 patients) followed by a type C1 radical hysterectomy and pelvic node dissection. Pathologic response to treatment was evaluated. Descriptive and inferential statistics, chi-square and multivariable analysis with logistic regression were performed.

Results In the standard external chemoradiotherapy group, complete pathology response was 22% (13 patients), partial response 5.1% (3 patients), microscopic disease 22% (13 patients). The hypofraction group, complete pathology response was 20.3% (12 patients), partial response 3.4% (2 patients), microscopic disease 27.1% (16 patients) ($p = 0.834$). Compared by histology, squamous cell carcinoma had complete response in 38% (19 patients), partial response 2% (1 patient), while adenocarcinoma with complete pathology response in 4% (2 patients), partial response 2% (1 patient) ($p=0.296$), independently to treatment arm. In the multivariable analysis, treatment was not an independent factor for pathologic response OR 0.954 ($p=0.938$).

Conclusion/Implications Hypofractionation seems to be as effective, in relation to pathologic response, as standard

