ISP-3-5  Is lympho vascular space invasion the significant risk factor for recurrence in early cervical cancer without lymph node metastasis?

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[Objective] To evaluate the risk of lympho vascular space invasion (LVSI) and treatment outcomes in cervical cancer patients with TNM stage pT1bN0. [Methods] 305 patients who underwent radical hysterectomy (RH) including pelvic lymph node dissection (PLND) with patient's IC between 2001 and 2012 were retrospectively evaluated with patient's IC. All patients had received no postoperative therapy. [Results] Median follow-up time of 5.7 years (range 0.2-163 years), 14 (4.5%) patients had disease recurrence and 4 (1.3%) had died of the disease. There were 167 (55%) patients with LVSI and 138 (45%) without LVSI. 5-year recurrence-free survival (RFS) rates were 97.5 and 97.8%, respectively. Age, tumor size, LVSI, histological sub-type, and the number of dissected lymph nodes were analyzed. In univariate analysis, only tumor size differed in PFS (p=0.002). Multivariate analysis demonstrated that only tumor size (>2cm) was a significant prognostic factor for recurrence (hazard rate 8.523, 95%CI 1.842-39.476, p=0.006). When stratifying for presence of LVSI, tumor size significantly related to 5-year PFS (LVSI+, p=0.008, LVSI-, p=0.075). [Conclusion] LVSI alone may not be the prognostic factor of patients with stage pT1bN0 in cervical cancer. The routine postoperative therapy following RH including PLND may be unnecessary for these patients with <2m tumor size regardless of the presence of LVSI.

ISP-3-6  Postrecurrence oncologic outcome of patients with uterine cervical carcinoma

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[Objective] To estimate and overview the long-term clinical outcome of patients with recurrent uterine cervical carcinoma (RCC). [Methods] From 1998 to 2014, 740 patients with cervical carcinoma was initially treated in our institute. Of all, 156 patients who experienced recurrence were analyzed. The end point was the postrecurrence survival (PRS). This study was approved by the ethics committee of our institute. [Results] The median age was 54.5 (20–88) years. Consequently, 83 patients died of the disease. The median PRS time of all patients was 28.4 months. The 1, 3, and 5-year PRS rates of patients were 75.2, 42.8, and 33.9%, respectively. The prognosis of patients without surgery was significantly poorer than that of those with surgery (P=0.0132). In multivariable analysis, the recurrence site and absence of surgery were significantly poorer prognostic indicators for PRS. [Surgery (+) vs. Surgery (-)] : hazard ratio, 0.534 : 95% confidence interval, 0.306-0.920 : P=0.0237 : [Pelvis vs. Distant/extra-pelvis LN] : hazard ratio, 1.768 : 95% confidence interval, 1.113-2.796 : P=0.0160. [Conclusion] The long-term clinical outcome of patients with RCC was extremely poor. Aiming to improve the prognosis of these patients, useful therapeutic approaches including new generation antineoplastic agents are anticipated in the near future.

ISP-3-7  Obstetrical outcome and complications during pregnancy after fertility-sparing abdominal trachelectomy for cervical cancer

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[Objective] We herein evaluated the obstetrical outcome and complications during pregnancy after abdominal trachelectomy for cervical cancer. [Methods] We started to perform abdominal trachelectomy from 2005. This clinical study was approved by IRB and a fully informed consent was obtained from each patient. Medical records of patients who underwent trachelectomies were reviewed. [Results] We performed total 151 abdominal tracheectomies (radial 89 cases : semi-radical 48 cases : simple 14 cases). The median age of patients was 33 years–old and median postoperative follow-up period was 33 months. Though one case experienced recurrence at preserved cervix, no patients died after treatment. Sixty–one patients attempted to conceive after trachelectomy. A total of 20 pregnancies were achieved in 15 women, therefore, the pregnancy rate among patients who attempted to conceive was 25%. Eleven babies were delivered by cesarean section between the 23rd and the 37th weeks of gestation. Four babies were delivered at term. Five cases of pPROM were observed. Varices appeared around the utero–vaginal anastomotic site in 5 cases. [Conclusion] Our data showed that oncological outcome was excellent, however, pregnancy rate was low and pPROM and premature delivery were frequently observed. Improvement of pregnancy rate and prevention of complications during pregnancy are issues for the future.

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