ISP-4-8  Conservative Treatment in Women with Adenocarcinoma In Situ of the Cervix

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[Objective] To study outcomes and follow-up in women with adenocarcinoma in situ (AIS) of the uterine cervix and significance of human papillomavirus (HPV) genotyping for AIS recurrences. [Methods] Records of AIS cases diagnosed between 1995 and 2014 were reviewed. Clinical and histopathological data were analyzed. [Results] Mean age at diagnosis was 44 years. Diagnosis was established using cytology and biopsy. Primary treatment for 87 patients was loop electrosurgical excision procedure (LEEP). The follow-up time was 18–60 months. Three (5.4%) recurrences were found after conservative treatment in 56 patients. AIS with coexisting carcinoma in situ and AIS alone were detected in 33 patients (59%) and 23 patients (41%). 2 (8.7%) recurrences in AIS alone group and 1 (3.0%) recurrence in coexisting carcinoma in situ group occurred. High-risk HPV positivity was detected in 77 (89%) of 87 patients, with HPV-16 and HPV-18 being the most commonly occurred subtype (84%). 3 recurred women have same HPV genotype with negative cytology for long time. [Conclusions] There is a small risk of recurrences after conservative therapy with LEEP when resection margins are negative in women with AIS. Patients should be given the options of hysterectomy or conservative therapy with strict long term follow-up. HPV genotyping was important value to find recurrences.

ISP-5-1  Co-testing with cytology and HPV in cervical cancer screening in Japanese population

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[Objective] To determine the value of cytology and HPV co-testing for cervical cancer screening in Japan. [Methods] In total, 4,887 women who underwent routine cervical screening between January 2005 and December 2006 were enrolled. All participants provided written IC before entering the study. Women aged ≥20 years at baseline and cytology-negative were followed-up until December 2011 (n=2,474). Progression to CIN2+/CIN3+ was compared between the HPV-positive and HPV-negative groups using the Kaplan–Meier, the log rank and a Cox proportional hazards analysis. [Results] Progression to CIN2+/CIN3+ was higher in the HPV-positive group compared to the HPV-negative group (p<0.001). Incidence rates of CIN2+ and CIN3+ were 10.0 (95%CI : 5.1–19.7) and 6.7 (95%CI : 2.9–15.3), respectively per 1000 person-months in the HPV-negative group compared to 102.3 (95%CI : 59.0–177.2) and 68.2 (95%CI : 34.8–133.7), respectively in the HPV-positive group. Relative risk of progression to both CIN2+ and CIN3+ was 10.2 times higher in the HPV-positive group. [Conclusion] Co-testing with cytology and HPV might be a suitable strategy for primary cervical cancer screening in Japan. While, HPV-positive women require more careful follow-up due to the increased risk of progression to CIN2+ lesions, screening intervals could be increased to >2 years for women HPV negative, cytology negative.

ISP-5-2  Clinical outcome of atypical squamous cells of undetermined significance: an institutional experience

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[Objective] To extract clinical problems we evaluated the outcomes of patients who had been diagnosed atypical squamous cells of undetermined significance (ASC-US) in cervical cytology. [Methods] A retrospective single-institution following-up study was performed in 394 cases from 222 patients (3.3% of total cytology specimens) who had been diagnosed ASC-US (including 19 patients after conisation and 4 patients after radiation therapy) from January 2012 to July 2015. A total of 209 clinically intact patients were selected for the following analyses. [Results] While 148 patients (70.8%) were tested for high-risk human papilloma virus (HR-HPV) and 96 patients (64.2%) were come to positive, 61 patients (29.2%) were not tested. The number of patients progressed over CIN3 were 10, to CIN2 were 25, to CIN1 were 38. None of HR-HPV negative patients progressed to CIN3. Two patients were diagnosed with invasive cancer by the first colposcopy. There were 33 patients (22.2%) dropped out from our follow-up, including 16 patients positive for HR-HPV and 15 untested patients. [Conclusion] We confirmed the importance of accurate diagnosis by colposcopically biopsy and HR-HPV test in the cases of ASC-US. Clinical efforts would be required to prevent patients with the risk from being untreated.