

ISP-3-8 Treatment of early stage cervical non-squamous cell carcinoma (NSCC) : clinical significance of preoperative tumor markers and postoperative macro and/or micro lymph node metastasis

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[Objective] Cervical non-squamous cell carcinoma (NSCC) has a poor prognosis. We examined the outcome in stage I/II, and determined the clinical significance of preoperative markers and postoperative lymph node (LN) metastasis. [Methods] We treated 31 stage I/II NSCC patients with patient's IC. These comprised 25 adenocarcinoma, 5 adenosquamous carcinoma, and 1 small cell carcinoma. CEA, CA125 and CA19-9 markers were compared between stages. LN dissections were performed in the pelvis. [Results] Tumor marker for cases at stage IB and stage II were as follows : CEA, 3.0 ± 1.0 and 8.2 ± 2.5 ng/ml ($p=0.0337$) ; CA125, 17.7 ± 4.8 and 95.7 ± 47.8 U/ml ($p=0.0468$) ; and CA19-9, 22.3 ± 9.4 U/ml and 410.7 ± 300 U/ml ($p=0.1041$). All 5 year survival rate was 65.4%. Disease-free survival was 100%, 79.4% and 25.4% for stage IA, IB and II. 17 cases at stage IB showed postoperative lymph node metastasis (LN+). Stage II were all at stage IIB, and 4 were LN+. 9 patients died. 4 of the 5 LN+ patients had recurrence and died within two years. 4 LN- patients died, including 2 cases at stage IB1 and one case at stage IIB. 6 cases of pelvic recurrence, 2 of multiple lung metastases, and 1 of para-aortic lymph node metastasis. [Conclusion] Stage I/II NSCC patient was a significant difference in the levels of CEA and CA125 markers between these stages. The LN+ group showed recurrence at an early stage.

ISP-3-9 Outcome of minimally invasive surgery by using sentinel lymph node biopsy in cervical cancer

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[Objective] The purpose of this study was to clarify the incidence of recurrence rate and lymphedema in patients with cervical cancer who underwent sentinel lymph node (SLN) biopsy alone without SLN metastases. [Methods] This study included 70 patients with operable cervical cancer (FIGO Stage IA1-IIA1) scheduled for surgery at our institution between May 2006 and Aug 2015. Patients who had any positive metastasis SLNs and/or couldn't be detected bilateral SLNs were performed complete pelvic lymphadenectomy. Patients who had no metastasis for SLNs were omitted systematic lymphadenectomy. The present study was approved by the ethics committees. [Results] The detection rate of bilateral SLNs was 90% (63/70). Nineteen (27.1%) of 70 cases had LN metastasis, finally. Intraoperative frozen section identified correctly 16 of 19 metastatic patients. False negative rate was 6.1% (3/49). Forty-eight patients underwent SLN biopsy alone without systematic pelvic lymphadenectomy, and none of them have experienced a lymph node recurrence in the pelvic cavity. Symptomatic lymphedema 2 years after operation was identified in 3 (8.3%) of 36 patients who underwent SLN biopsy alone and in 6 (50%) of 12 patients who underwent systematic lymphadenectomy. [Conclusion] The minimally invasive surgery by SLN biopsy seems to be safe and effective for detecting key lymph node and decreasing lymphedema.

ISP-4-1 A Case of Lymphoepithelioma-like Carcinoma in the Uterine Cervix

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Lymphoepithelioma-like carcinoma occurring in the reproductive organs is a rare variant of squamous cell carcinoma, and this tumor of the uterine cervix accounts for 0.7% of all primary cervical uterine neoplasms. Associations with Epstein-Barr virus (EBV) and human papilloma virus (HPV) have been demonstrated in some studies. Some investigators suggested that EBV has an important role in the initiation of lymphoepithelioma-like carcinoma in Asian women. Here we report the case of a 45-year-old Japanese woman, gravida 2 and parity 2. She was admitted due to severe atypical genital bleeding caused by uterine cervical cancer. Over 60-mm tumor was detected at the uterine cervix, and no distal metastasis or swelling of lymph nodes was revealed by magnetic resonance imaging and a computed tomography scan. The cervical cancer stage FIGO Ib2 was diagnosed, and a radical hysterectomy was performed for this malignant tumor. The in situ hybridization for EBV was negative. HPV infection was strongly suspected because the squamous cell carcinoma was observed macroscopically in the uterine cervix. The prognosis of uterine lymphoepithelioma-like carcinoma is thought to be better than those of other cervical cancer types, but careful follow-up at fixed intervals is recommended. The patient has been followed up for 4 months since her surgery, and no evidence of recurrence has been detected.