ISP-4-5 The retrospective analysis of the patients with positive surgical margin who underwent the uterine cervical conization

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[Objective] We analyzed the patients who underwent the conization with positive surgical margins. [Methods] A retrospective analysis was performed with a total of 303 patients who underwent the conization in our hospital from January 2008 to December 2012. [Results] Positive surgical margins were found in 31 patients (10.2%), of these cases 6 were found in the vaginal side (19.4%), 23 were in the cervical canal side (74.2%) and 2 were in both sides (6.4%). Concerning about menstrual status, positive margins were found in 10 of 40 cases (25%) and 21 of 263 cases (8.0%) in postmenopausal and premenopausal patients respectively (p=0.004). Concerning about diagnosis, positive margins were found in 0 cases (0%) in moderate dysplasia, 6 cases (5.8%) in severe dysplasia, 7 cases (5.1%) in CIS/AIS and 17cases (34%) in invasive cancer (P<0.001). In patients with positive margins, all 6 patients with severe dysplasia underwent only follow-up without cytological abnormality, only 1 out of 7 patients with CIS needed partial resection and revealed remaining severe dysplasia and 9 out of 13 patients with invasive cancer who underwent hysterectomy revealed remaining cancer. [Conclusion] The sufficient resection is needed in conization especially for postmenopausal and/or invasive cancer patients. Even if positive margins were found, the careful follow-up might be viable in patients with CIN.

ISP-4-6 Surgical management for early-stage cancer of the uterine cervix

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[Objective] The aim of this study was to examine retrospectively as for the surgical treatment for early-stage cancer of the uterine cervix and the outcome. [Methods] Patients with pathologically proved CIS, AIS, and microinvasive cancer (FIGO stage 1A1) were selected. Between 2005 and 2012, 180 CIS, 7AIS, and 78 1A1 patients underwent laser conization and hysterectomy was added to 37 of CIS, 6 AIS, and 44 of 1A1 patients.(approved by IRB) [Results] Of the patients with CIS, 136 patients underwent conization and 3 of the 10 patients with positive margins received hysterectomy. Of the patients with AIS, 4 patients underwent conization followed by hysterectomy. Among the 4 patients with negative margins, one had residual disease. Of the patients with 1A1, 57 patients underwent conization. Among the 42 patients with negative margins, 19 had conservative treatment and 23 underwent hysterectomy. There were residual disease in 3 of these 23 patients. Among the 15 patients with positive margins, 3 had conservative treatment, 3 underwent re-conization and 9 did hysterectomy. There were residual disease in 2 of these 12 patients. All patients are free of disease. [Conclusion] These results suggest that laser conization can be a suitable treatment for CIS. However, careful attention must be taken when we preserve the uterus by laser conization for the patients with AIS and 1A1.

ISP-4-7 Effect of Body Mass Index (BMI) on Treatment Outcome of Patients with Cervical Cancer (IB1 to IVA)

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[Objective] To investigate the effect of body mass index (BMI) on treatment outcomes of patients with cervical carcinoma. [Methods] This retrospective cohort study included all patients with cervical carcinoma (IB1 to VIA) who were treated at Samsung Medical Center between April 1996 and December 2007. [Results] A total of 1003 patients with cervical cancer were enrolled in this study. The median follow up time was 52 months (range, 1 to 181 months). The 5-year overall survival rate was 86.3%. There were 174 (17.3%) recurrences or progressions and 124 (12.4%) deaths during the study period. The median age and BMI of patients were 50 years (21 to 85 years) and 23.6 kg/m^2 (15.4 to 38.5), respectively. In univariate analysis, compared to normal weight (BMI 18.5-24.9 kg/m^2) and overweight (BMI>25 kg/m^2), a BMI<18.5 kg/m^2 was associated with decreased progression and overall survival. However, such association was not statistically significant. In multivariate analysis, higher BMI was significantly associated with better overall survival (HR ; 0.941, 95% CI ; 0.892-0.933). Complication rates were not different based on the BMI. [Conclusion] Cervical cancer patients with lower BMI at pre-treatment had diminished overall survival.