Poster (C19)

Cervical Cancer

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Human papillomavirus independent squamous cell cancer of cervix: a case report

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Objective: Human papillomavirus (HPV) independent cervical cancer is considered to be not associated with HPV infection. Cervical squamous cell carcinoma (SCC) is rarely HPV-negative, and a confirmed HPV independent cervical SCC has not yet been reported.

Methods: A 44-year presented at emergency with heavy menstrual bleeding in August 2021. She underwent therapeutic dilatation and curettage following hysteroscopy. On histology suspicion of invasive cancer, the patient was further evaluated with colposcopy followed by endometrial aspiration and endocervical curettage. Patient presented with similar complaints in 2016 and was evaluated by liquid-based cytology and HPV DNA and OncoTect® mRNA testing. Her Pap test was ASC-H but negative for HPV DNA and mRNA. She underwent colposcopy and biopsy and was under yearly follow up as her histology revealed Low grade squamous intraepithelial lesion. Magnetic resonance imaging pelvis done in September 2021 showed multiple uterine fibroids along with a T1/T2 isointense 4.9×4 cm cervical mass. No retroperitoneal lymphadenopathy seen. The EA and ECC done in August 2021 histopathology revealed CIN 2 on ectocervix and p16 negative HPV independent keratinising SCC of cervix.

Results: Evidence suggests HPV independent cervical cancer is caused by mutations in tumor-associated genes such as *TP53*, *PIK3CA*, and *CDKN2A*. As mentioned before till date no case of HPV independent SCC cervix has been reported in literature.

Conclusion: The HPV independent cervical carcinoma are mostly adenocarcinoma and presents at an advanced stage with poor prognosis. Reporting of rare cases like this may help to develop different approach for management.

Poster (C20)

Cervical Cancer

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Hysterotomy followed by radiation in cervical cancer stage IIIC1 with 15 weeks of pregnancy: a case report

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Objective: Cervical cancer is the most common gynaecological cancer during pregnancy. Management of cervical cancer during pregnancy appears to be a significant dilemma for the patients and doctors. We report a case of stage IIIC1 cervical cancer with 15 weeks of pregnancy.

Methods: We report a rare case of cervical cancer during pregnancy and the treatment modality of this case.

Results: In this case we performed hysterotomy before chemoradiation. The patient has no evidence of disease and in good condition now.

Conclusion: This case shows that hysterotomy could be one method to terminate the pregnancy before definitive cervical cancer treatment with chemoradiation.

Poster (C21)

Cervical Cancer

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Persistence and recurrence rate of cervical cancer FIGO stage IB2–IIIB in the era of adding CT scan for treatment planning

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Objective: To determine the rate and patterns of persistence and recurrence in International Federation of Gynecology and Obstetrics (FIGO) stage IB2–IIIB cervical cancer patients and evaluate the impact of using whole abdomen computed tomography (CT) in the treatment planning.

Methods: From Tumor registry, the histopathology, finding of whole abdomen CT and clinical data of FIGO stage IB2–IIIB cervical cancer patients who were treated in Siriraj Hospital, between 2006 and 2012, were retrospectively reviewed and analyzed.

Results: A total of 304 patients were recruited and 108 cases of persistent and recurrent cervical cancer patients (35.5%) were identified. The median time from complete primary treatment to recurrence was 38 months (95% confidence interval=30.9–45.1 months). The 57.4% of the recurrences were distant. whole abdomen CT prior to treatment was used in 139 patients (45.7%) which allowed discovery the incidence of pelvic, para-aortic, both pelvic and para-aortic lymph node involvement were 0.1%, 2.2%, and 16.5%, respectively. Bladder, rectum, liver, lung and kidney metastases were found in 6.5%,