Background: Clinical trials are important to develop new treatment and disease prevention strategy for cervical cancer. Cervical Cancer Committee of Korean Gynecologic Oncology Group (KGOG) have been conducting several clinical trials to contribute to overcome the uterine cervical cancer. We would like to briefly introduce our efforts in this presentation.

Methods: Cervical Cancer Committee of KGOG is conducting 8 clinical trials including 3 international collaborating studies, 2 prospective clinical trials and 3 retrospective studies. Two international studies were as follows: 1) KGOG-1008 is collaborating study with GOG-263: Randomized phase III clinical trial of adjuvant radiation vs. chemoradiation in intermediate risk, stage I/IIA cervical cancer treated with initial radical hysterectomy and pelvic lymphadenectomy; 2) KGOG-1023 is a joint study with RTOG-0724: Phase III randomized study of concurrent chemotherapy and pelvic radiation therapy with or without adjuvant chemotherapy in high-risk patients with early-stage cervical carcinoma following radical hysterectomy. Following 2 clinical trials are being conducted independently by KGOG: 1) KGOG-1036: Prospective-specimen-collection and retrospective blinded-evaluation study of human papillomavirus (HPV) viral load to improve cervical cancer screening. The purpose of KGOG-1036 is to examine whether genotype specific quantitative HPV testing can predict the progress of low grade squamous intraepithelial lesion in uterine cervix into high grade lesion requiring treatment; 2) KGOG-1038: Phase II study of belotecan monotherapy in patients with recurrent or persistent cervical cancer. The aim of KGOG-1038 is to demonstrate the objective response rate of belotecan monotherapy for the treatment of recurrent or persistent cervical cancer. The study is recruiting 21 subjects with recurrent or persistent cervical cancer. In addition, 2 retrospective studies are ongoing: 1) KGOG-1037: Impact of metformin medication on survival outcome of cervical cancer. The study is to examine the impact of metformin medication on the prognosis of cervical cancer in patients with diabetes mellitus; 2) KGOG-1042: Prediction of ovarian transposition in young patients with early-stage cervical cancer undergoing surgery (PRETTY): a Korean multicenter retrospective study. The prediction model developing.

Poster (C27)

Cervical Cancer

<https://doi.org/10.3802/jgo.2021.32.S1.C27>

Ovarian transposition and cervical cancer

Ingporn Jiamset, Kulisara Nanthamongkolkul, Rakchai Buhachat*

Prince of Songkla University, Songkhla, Thailand (brakchai@yahoo.com)

Transposition of ovaries remains a basic surgical technique to preserve ovarian function for fertility outcome and hormonal status with acceptable risk for metastases in premenopausal cervical cancer. Cervical cancer is a major gynecologic malignancy worldwide. In early-stage cervical cancer, surgery is the main treatment, opposite to the locoregional stage or metastatic disease that concurrent chemoradiation remains the mainstay management. Premature ovarian insufficiency in irradiated field leads to cardiovascular morbidity, osteoporosis, sexual dysfunction, infertility, poor psychological well-being and a reduced quality of life. Advanced cervical cancers unfortunately occurred in younger women with longer survival made the ovarian transposition to be indicated. Transposition of ovaries aims to place the ovaries outside the irradiated field in order to diminish the exposure to radiation and total dose of irradiation. We present the laparoscopic ovarian transposition with suture and clip in a 20-year-old woman with cervical cancer stage IIB.

Uterine corpus cancer

Poster (E01)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

<https://doi.org/10.3802/jgo.2021.32.S1.E01>

Adjuvant chemotherapy alone compared with chemotherapy plus radiotherapy for stage III endometrial carcinoma

Tipaya Detpittayanan, Atthapon Jaishuen*

Siriraj Hospital, Bangkok, Thailand (ajaishuen@hotmail.com).

Objective: To compare treatment outcomes of adjuvant chemotherapy alone (CMT) and adjuvant chemotherapy followed by radiotherapy (CMT/RT) for stage III endometrial carcinoma.

Methods: Medical record of 211 patients with stage III endometrial cancer (International Federation of Gynecology and Obstetrics 2009) who underwent surgical staging at Faculty of Medicine Siriraj Hospital, Mahidol University during 2007–2019 were retrospective reviewed. Patients received either adjuvant CMT or adjuvant CMT/RT. Treatment outcomes between 2 groups of patients were compared at 2 years.

Results: There were 123 patients received adjuvant CMT and 88 patients received adjuvant CMT/RT. Baseline characteristics such as age, body mass index, pathology were not different between both 2 groups. Most patients in CMT group had stage IIIA (41.5%), while most patients in CMT/RT group had