Cervical cancer

Oral (OC1)

Miscellaneous

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Clinical practice patterns in the management of cervical, ovarian, and endometrial cancers in Asia-Pacific: a survey of the KSGO, JSGO, GCGS, and ANZGOG

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Objective: To investigate current clinical practice patterns in surgical and adjuvant treatment of cervical, ovarian, and endometrial cancers in Asia-Pacific.

Methods: We conducted a survey of physicians actively treating patients with gynecologic malignancies from the Korean Society of Gynecologic Oncology (KSGO), Japan Society of Gynecologic Oncology (JSGO), Gynecologic Cancer Group Singapore (GCGS), and Australia New Zealand Gynaecological Oncology Group (ANZGOG) between January and April 2021. For each cancer type, a questionnaire set designed to identify how they would manage various case scenarios was used. Data were collected using an internet survey database.

Results: In total, 181, 79, and 90 physicians responded to the survey for cervical, ovarian, and endometrial cancers, respectively. The proportion of gynecologic oncologists ranged from 70.0% to 84.8%. In the cervical cancer survey, 40.7% responded that phase III LACC trial profoundly affected their practice patterns. During a minimally invasive radical hysterectomy, 46.3% stated that they did not use any manipulator, while 35.8% still used insertion-type uterine manipulators. Of respondents, 69.1% did not conduct sentinel lymph node biopsy (SLNB), most commonly owing to no equipment for SLNB (56.6%), followed by concerns about diagnostic inaccuracy (19.3%). For 2018 International Federation of Gynaecology and Obstetrics stage IB1, if pelvic lymph node metastasis was confirmed by frozen biopsy, 30.7% abandoned radical hysterectomy. In the ovarian cancer survey,

respondents defined optimal cytoreductive surgery differently. For patients with presumed stage I ovarian cancer, 52.8% considered laparoscopic staging surgery. After cytoreductive surgery, 46.9% routinely checked computed tomography scans before starting adjuvant chemotherapy. The use of intraperitoneal chemotherapy was low, prescribed by only 8.8% of respondents. For patients with platinum-sensitive recurrent ovarian cancer who were treated with poly(ADP-ribose) polymerase (PARP) inhibitors before, 42.6% responded that they considered re-treatment with PARP inhibitors. In the endometrial cancer survey, laparoscopy (64.1%) was the most commonly used mode of surgery for the early stage, followed by robot-assisted surgery (32.8%). Of all the respondents, 26.6% stated that lymphadenectomy could be omitted and 43.8% recommended selective lymphadenectomy based on sentinel biopsy or frozen results for patients with presumed stage IA/grade 1 disease. On the other hand, 51.5% recommended para-aortic lymphadenectomy for patients with presumed stage IB/grade 1 disease and 78.5% recommended this treatment for presumed stage IB/grade 3 disease. All respondents administered adjuvant therapy when node metastasis was found, and concurrent chemoradiotherapy (79.6%) was the most preferred option for stage IIIC1 disease.

Conclusion: We observed differences in the surgical and adjuvant treatment of cervical, ovarian, and endometrial cancers among physicians from the Asia-Pacific region.

Oral (OC2)

Cervical Cancer

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Impact of hemodynamic instability during radical hysterectomy on survival outcome in early cervical cancer

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Objective: To evaluate the impact of intraoperative hemodynamic instability on the prognosis in patients with early cervical cancer who underwent primary radical hysterectomy (RH).

Methods: We retrospectively identified patients with 2009 International Federation of Gynaecology and Obstetrics stage IB1–IIA2 cervical cancer who underwent primary type C RH by either open surgery or minimally invasive surgery (MIS) between January 2006 and June 2020. Patients' clinicopathologic characteristics and anesthesia-related variables, including the arterial blood pressure measurements