Oral (OC1)
Miscellaneous
https://doi.org/10.3802/jgo.2021.32.S1.OC1

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
https://doi.org/10.3802/jgo.2021.32.S1.OC2

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

(at 1-minute interval) during surgery, were collected. Using the preoperative noninvasive and intraoperative invasive systolic blood pressure values, we calculated the average real variability (ARV), known as a reliable representation of time series blood pressure variability. Associations between the ARV index and survival outcomes were investigated.

Results: In total, 441 patients were included. Using the integer close to the median as a cut-off value for the ARV, we found that the high-ARV group (≥8; n=220) showed worse progression-free survival (PFS) than the low-ARV group (<8; n=221) (median=82.8% vs. 89.6%; p=0.020). In multivariate analysis adjusting for confounders, ARV ≥8 was identified as an independent poor prognostic factor for PFS (adjusted hazard ratio [HR]=1.887; 95% confidence interval [CI]=1.158–3.076; p=0.011). In the subgroup of open RH (n=238), ARV ≥8 was associated with significantly worse PFS (adjusted HR=2.402; 95% CI=1.119–5.155; p=0.024). In contrast, in the subgroup of MIS RH (n=238), PFS did not differ by the ARV index.

Conclusion: The ARV index, indicating intraoperative hemodynamic instability, might be a novel prognostic biomarker for disease recurrence in early cervical cancer patients who receive primary open RH, not MIS RH.

Oral (OC3)
Cervical Cancer
https://doi.org/10.3802/jgo.2021.32.S1.OC3

Comparison of locally advanced cervical cancer treatment guidelines in Asia

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Objective: A previous global systematic literature review (SLR) assessing recommended treatment for locally advanced cervical cancer (LACC) revealed international consensus on the use of concurrent chemoradiotherapy (cCRT) as standard of care (SoC) for stage IIB–IVA LACC. However, recommendations for stage IB2–IIA LACC varied. We present a subanalysis of Asian guidelines to determine if recommended LACC treatment is consistent across Asia.

Methods: The most recent English-language cervical cancer treatment guidelines and consensus statements were identified from literature databases (1999–2020), national authority websites, and bibliographies. For comparison, additional, non-English, Asian country guidelines were translated.

Results: Eleven guidelines from 5 Asian countries were reviewed; 10 were last updated between 2013–2021, 1 was undated. Seven guidelines provided treatment recommendations by disease stage using International Federation of Gynecology and Obstetrics (FIGO) 2009 staging criteria. For stage IB2–IIA2 disease, surgery, cCRT, or RT alone was recommended. Cisplatin-based cCRT followed by brachytherapy was SoC for suitable patients with stage IIB–IVA LACC among all Asian guidelines, except Japan, where radical hysterectomy or cCRT was recommended for stage IIB. For stage IVA disease, 2 Indian guidelines (ICMR and NCGI) discussed the use of palliative treatments versus curative intent therapy. Non-SLR guidelines from Vietnam and Malaysia were consistent with this consensus.

Conclusion: In line with global SLR findings, consensus on cCRT as primary treatment for stage IIB–IVA LACC was recommended by Asian guidelines. For stage IB–IIA LACC, recommendations varied between radical hysterectomy and cCRT, or cCRT/RT alone. Alignment of guidelines with FIGO 2018 staging criteria may reduce variation in recommended treatment for early-stage LACC.

Funding: AstraZeneca.

Oral (OC4)
Cervical Cancer
https://doi.org/10.3802/jgo.2021.32.S1.OC4

Adjuvant pelvic radiation versus observation in intermediate-risk early-stage cervical cancer patients following radical surgery: a propensity score analysis

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Objective: To compare survival outcomes, posttreatment complications, and quality of life of early-stage cervical cancer patients classified as intermediate-risk group following primary radical surgery between the patients who received adjuvant pelvic radiation and those without adjuvant treatment.

Methods: Two hundred and thirty stage IB–IIA cervical cancer patients who had radical hysterectomy and pelvic lymphadenectomy from January 2003 to December 2018 and were classified as having intermediate-risk according to the Sedlis's criteria were included. The participants were divided