A Jin Lee,¹ Nae Ri Kim,¹ Eun Jung Yang,¹ Kyeong A So,¹
Sun Joo Lee,¹ Ji Young Lee,¹ Tae Jin Kim,¹ Soon-Beom Kang,²
Seung-Hyuk Shim^{1*}

¹Konkuk University School of Medicine, Seoul, Korea
(nastassja@hanmail.net)

²Hosan Women Hospital, Seoul, Korea

Objective: To assess the outcomes of retreatment using progestin in patients with recurrent endometrial cancer (EC) after achieving complete response (CR) with fertility sparing hormonal treatment.

Methods: We reviewed retrospectively patients who had recurrence after achieving CR by fertility sparing treatment using progestin with presumed stage IA, grade 1, endometrioid EC. All recurrent patients were given medroxyprogesterone acetate or megestrol acetate with concurrent LNG-IUD. The primary end point was the response rate. The secondary end points were pregnancy outcome, pathologic disease progression, and 2nd recurrence rate.

Results: Of 55 recurrent patients, 50 received progestin retreatment. With median retreatment duration of 8 (3–56) months, the CR rate of the retreatment group was 78% (39/50); 76.2% in EC group and 87.5% in endometrial intraepithelial neoplasia group. Of 11 patients not achieving CR to progestin retreatment, 3 patients underwent surgical treatment and none had extrauterine spread of disease. Of 20 patients who attempted to conceive after achieving CR, 8 patients became pregnant. Of the 39 patients achieving CR after 1st recurrence, 20 (51.2%) patients had 2nd recurrence with a median follow-up duration of 15 (9–146) months. Of those, 16 patients received second-line progestin retreatment and 11 (68%) of these patients achieved CR. All patients who underwent retreatment are alive without evidence of disease.

Conclusion: First-line and second-line progestin retreatment in patients with recurrent EC are as effective and safe as initial fertility sparing treatment. Therefore, it may provide an opportunity for young patients who still want to preserve fertility after recurrence.

Oral (OM9)

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

<https://doi.org/10.3802/jgo.2021.32.S1.OM9>

Indirect Excess Dose Volume Ratio (iRex): a potential toxicity controlling parameter for image-guided adaptive brachytherapy in inoperable endometrial cancer

Tissana Prasartseree,* Pittaya Dankulchai

Division of Radiation Oncology, Department of Radiology, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand (tissana.p@gmail.com)

Objective: Radiation toxicities still occurred despite achievable dose constraints in image-guided adaptive brachytherapy (IGABT) of inoperable endometrial carcinoma. Indirect Excess Dose Volume Ratio (iRex; doi: 10.5114/jcb.2020.100377) was explored for its potential toxicity restriction.

Methods: All inoperable endometrial cancer cases receiving IGABT with/without external beam radiation therapy (EBRT) in 2013–2017 were reviewed for loco-regional control, distant metastasis-free, cancer-specific, and overall survival (OS) rate. iRex60 were genuinely generated for radiation toxicity analysis, in addition to conventional brachytherapy constraints (D_{2cc}). Descriptive, Kaplan-Meier, Mann-Whitney U test, and net reclassification index (NRI), were utilized.

Results: Thirteen inoperable endometrial cancer patients (median age 74 years old, follow-up time 43 months) underwent IGABT alone and IGABT+EBRT for 1 and 12 patients. Four-year locoregional control, distant metastasis free survival, cause-specific survival were all 100%, but OS was 83.9%. Crude grade ≥ 3 gastrointestinal (GI) toxicity occurred in 3 (23.1%) patients, yielding accrual 4-year incidence of 15.4%, whereas late-persistent toxicity was presented in only 1 (7.7%) patient. No high-grade genitourinary toxicity occurred. For dosimetric data (12 patients), comparing grade 3–5 with 0–2 late GI toxicity group, mean D_{2cc} rectum were 62.0 (range 51.7–76.1) and 58.7 (52.2–73.3) Gy EQD_{2,3} ($p=0.78$), while mean iRex60 were 2.86 (2.02–4.03) and 1.94 (1.13–2.96) ($p=0.12$), respectively. iRex- D_{2cc} scatter plot showed lower toxicity incidence underneath iRex cut-point of 2. However, absolute and additive NRI of -8.3% ($p=0.93$), 33.3% ($p=0.51$) showed no significant improvement of toxicity prediction with iRex60 incorporation.

Conclusion: iRex60 showed potential cut-point of 2 from iRex- D_{2cc} scatter plot, lower iRex60 seems to be associated with lower toxicity incidence, yet not statistically significant. Larger sample is required for validation.

Ovarian cancer

Oral (OO1)

Epithelial Ovarian Cancer including Borderline Tumor

<https://doi.org/10.3802/jgo.2021.32.S1.OO1>

Efficacy and safety of niraparib combined with oral etoposide in platinum-resistant/refractory ovarian cancer (PROC): a single arm, phase 2 study

Jiaxin Yang,^{1*} Huimei Zhou,¹ Qingshui Li,² Depu Zhang,²
Dongyan Cao,¹ Yang Xiang¹

¹Peking Union Medical College Hospital, Chinese Academy of