792P

Analysis of postoperative adjuvant therapy in 102 patients with gastric-type mucinous carcinoma of the uterine cervix: a multi-institutional study

Shin Nishio[1)], Koji Matsuo[2)], Hiroki Nasu[1)], Kenta Murotani[3)], Yoshiki Mikami[4)], Nobuo Yaegashi[5)], Toyomi Satoh[6)], Aikou Okamoto[7)], Mitsuya Ishikawa[8)], Tsutomu Miyamoto[9)], Masaki Mandai[10)], Kazuhiro Takehara[11)], Hideaki Yahata[12)], Munetaka Takekuma[13)], Kimio Ushijima[1)]

1)Kurume University, Kurume, Japan, 2)University of Southern California, Los Angeles, CA, USA, 3)Biostatistics Center, Kurume University, Kurume, Japan, 4)Kumamoto University Hospital, Kumamoto, Japan, 5)Tohoku University, Sendai, Japan, 6)University of Tsukuba, Tsukuba, Japan, 7)The Jikei University, Tokyo, Japan, 8)National Cancer Center Hospital, Tokyo, Japan, 9)Shinshu University, Matsumoto, Japan, 10)Kyoto University, Kyoto, Japan, 11)National Hospital Organization Shikoku Cancer Center, Matsuyama, Japan, 12)Kyushu University, Fukuoka, Japan, 13)Shizuoka Cancer Center, Shizuoka, Japan

Background

- Gastric-type mucinous carcinoma (GAS) is a representative of HPV-independent adenocarcinoma carcinoma of the uterine cervix (WHO Classification 2020).
- In Japan, postoperative adjuvant therapy for cervical cancer includes not only radiation therapy (RT) or concurrent chemoradiotherapy (CCRT), but also chemotherapy in many cases.
- However, there are no reports analyzing adjuvant therapy for GAS.

Patients and methods

- This was a preplanned secondary analysis of the dataset of a previous nationwide, retrospective observational study (UMIN000007987).
- The study population comprised women with stage I to II GAS who underwent surgery between 2000 and 2009.
- The progression-free survival (PFS) and overall survival (OS) of patients who received no adjuvant therapy, RT, CCRT, or chemotherapy were statistically compared with the Kaplan-Meier method.
- In our study, cases were reclassified as low-risk, intermediate-risk, and high-risk according to the Japan Society of Gynecologic Oncology (JSGO) guidelines.

Table 1. Risk classification for postoperative relapse of cervical cancer

Low-risk group: Patients who satisfy all the following criteria:
1. Small cervical mass 2. Negative pelvic lymph node metastasis 3. Negative parametric invasion 4. Shallow cervical stroma invasion 5. Negative vascular invasion
Intermediate-risk group: Patients with negative pelvic lymph node metastasis and negative parametric invasion that satisfy any of the following criteria:
1. Large cervical mass 2. Deep cervical stromal invasion 3. Positive vascular invasion
High-risk group: Patients who satisfy either of the following items:
1. Positive pelvic lymph node metastasis 2. Positive parametric invasion

COI Disclosures
- There is no COI for all authors on this presentation.

Results

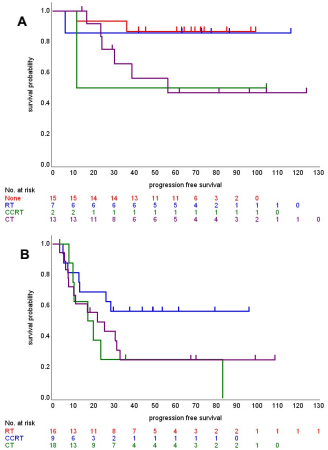
Table 2. Patient characteristics (n=102)

Factor	N (%)
Age (range)	48 (21–79)
FIGO Stage (1988)	
IA1/IB1/IB2/IIA1/IIA2/IIB	5 (4.9)/ 34 (33.3)/ 24 (23.5)/ 24 (23.5)/ 6 (5.9)/ 8 (7.8)/ 24 (25.6)
Tumor diameter (mm) median (range)	37 (2-94)
Body mass index	21 (10.6-35.1)
Differentiation	
Well/Moderately/Poorly/Unclassified	71 (69.6)/19 (18.6) /6 (5.9)/ 6 (5.9)
Adjuvant therapy	
None	39 (38.2)
Radiotherapy	22 (20.6)
Concurrent chemoradiotherapy	11 (11.8)
Chemotherapy	30 (29.4)

Table 3. Type of adjuvant therapy

	None	RT	CCRT	Chemotherapy
Low-risk	16	0	0	1
Intermediate-risk	17	7	2	11
High-risk	6	15	9	18

Figure A. Progression-free survival in the intermediate-risk group and B. in the high-risk group



PFS in the intermediate-risk group and in the high-risk group (P = 0.141 and P = 0.169, respectively)

Conclusion

- **The prognosis of GAS was again confirmed to be poor, even in cases of early-stage cancer and surgical resection.**
- **Chemotherapy as a postoperative adjuvant therapy is associated with poor prognosis.**