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IS CERVICAL EXCISION BEFORE RADICAL HYSTERECTOMY ASSOCIATED WITH BETTER ONCOLOGIC OUTCOMES FOR PATIENTS WITH EARLY STAGE CERVICAL CARCINOMA ?

ORAL FEATURED POSTERS

Lecture Title:

D. Nasioudis, E. Ko, A. Haggerty, L. Cory, R. Giuntoli li, S. Kim, N. Latif
University of Pennsylvania, Division Of Gynecologic Oncology, Philadelphia, United States of America

Objectives: Investigate the prognostic significance of prior cervical excision procedure (EXC) for patients with early-stage cervical carcinoma undergoing radical hysterectomy.

Methods: Patients with FIGO 2009 stage IB1 cervical carcinoma, no history of another tumor who underwent between 2004-2015 a radical hysterectomy, with ≥ 10 lymph nodes (LNs) removed, known mode of surgery and at least 1 month of follow-up were drawn from the National Cancer Database. Patients who did and did not undergo EXC (within 3 months from radical hysterectomy) were identified. Overall survival (OS) was compared with the log-rank test while a Cox model was constructed to control confounders.

Results: A total of 3159 patients were identified; 37.1% (n=1171) had EXC while 55.9% (n=1766) underwent minimally-invasive surgery (MIS). Patients who had EXC were less likely to have laparotomy (39.5% vs 46.8%, $p < 0.001$), lymph-vascular invasion (LVSI, 29.2% vs 34.9%, $p = 0.014$), positive LNs (6.7% vs 12.7%, $p < 0.001$), and tumors > 2 cm (25.7% vs 56%, $p < 0.001$). For patients with tumors ≤ 2 cm ($p = 0.008$) and > 2 cm ($p = 0.004$), EXC was associated with better OS. After controlling for mode of surgery, tumor size, histology, LN status, LVSI, age, insurance status and comorbidities, patients who had EXC had better OS (HR: 0.45, 95% CI: 0.30, 0.66) compared to those who did not. After controlling for confounders there was no OS difference between laparotomy with EXC, and MIS with EXC (HR: 1.37, 95% CI: 0.66, 2.82).

Conclusions: Cervical excision before radical hysterectomy may be associated with a survival benefit for patients with stage IB cervical cancer.