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ABSTRACTS E-BOOK

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PREZENTĂRI ORALE

1. FERTILITY SPEARING APPROACH IN "BULKY" CERVICAL CANCER IN YOUNG PATIENTS- A PLACE OF NEOADJUVANT CHEMOTHERAPY

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Abstract
Good oncologic and reproductive outcomes have been published in the last three decades with fertility sparring treatment in the early cervical cancer setting. Various surgical approaches have been described, ranging from vaginal and open to minimally invasive. Adequate oncologic and obstetric outcomes have been reported with all approaches. For low risk, early lesions even more conservative treatments plans can show promising results. There is still a subset of patients with a cervical cancer larger than 2 cm that have a strong desire to preserve fertility. A key goal for gynecologic oncologists is to trial fertility sparring approaches for these patients to drive a better balance of oncologic and obstetric outcomes. While NACT followed by surgical treatment is performed in some centers, we must note that there is no standard in terms of chemotherapy protocols and surgical approaches are even more variable.

An acceptable approach with NACT and fertility sparring surgery in the setting of bulky cervical cancer was identified by these three small studies. An oncologically safe approach was presented by Lanowska M et al. for patients at high risk of lymph node metastasis. They used SLN detection or complete pelvic lymphadenectomy to identify candidates for NACT and fertility sparring surgery. Developing a sentinel node detection procedure, this approach will become more acceptable. As mentioned, a further aspect that is not standardized is chemotherapy. Most protocols are double or triple combinations that are based on platinum agents. The paclitaxel/cisplatin is reported to be the most promising regiment and should be the basis for future studies. According to some authors a dose dense NACT interval has shown a better therapeutic response with no added toxicity. One further important aspect that requires consideration is ovarian function after chemotherapy. Is an examination of ovarian reserve before treatment necessary or is a normal pregnancy outcome expected? An expected normal outcome seems more likely, but further research is warranted.

In Buda A et al, systemic review, were identified 20 articles and 114 women with IB2 disease, possible candidates for NACT prior to FS surgery. Uterine conservation was achieved in 76.7% of them. Patients reached optimal pathological response to NACT in 60.9% of cases and a TIP (cisplatin, ifosfamide and paclitaxel) regime was related to the best response. Suboptimal response to NACT appeared to be an independent negative prognostic factor. Up to 9.2% of patients recurred with a median 7.4-months DFS, and 4.6% of patients died of disease. Fifty percent of women tried to conceive after treatment and NACT prior to conization appeared to be the most promising alternative to upfront radical trachelectomy in terms of obstetric outcomes. Authors concluded that NACT prior to FS surgery is an option, but the literature about this issue is still weak and FS should be carefully discussed with patients. Still some ongoing studies probably will give as some highlights in this field such as "Stage IB1 (2-4 cm) Cervical cancer treated with Neoadjuvant chemotherapy followed by fertility Sparing Surgery (CoNteSSa) study" by M. Plante.

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2. TAMPONAMENTUL UTERIN ȘI VAGINAL CU CHITOSAN ÎN ROMÂNIA (CELOX), PRIMELE CAZURI IN ONCOGINECOLOGIE. STUDIU MULTICENTRIC 2023-2024

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România se află pe primul loc în Europa la incidența și mortalitatea cancerului de col uterin. Datele arată că se înregistrează 32,3 cazuri noi la 100.000 de femei, iar până la 17 femei din 100.000 s-au înregistrat decese din cauza acestei afecțiuni – de peste 4 ori mai mult decât media europeană. Rata de incidență a cancerului de col uterin este de 32,3 la suta de mii de femei, iar cea de mortalitate este de 16,9 la suta de mii de femei, ambele fiind cele mai ridicate din UE. Hemoragia este una dintre principalele cauze de mortalitate în afecțiunile oncoginecologice. Dispozitivul pe bază de chitosan este un agent hemostatic puternic derivat din chitină și este utilizat pentru a aborda în mod eficient sângerările obstetricale și ginecologice severe cauzate de atonia uterină, rupturi vaginale multiple și mai nou sângerări care provin din neoplasme ale colului uterin si endometrului.

Metodologie și materiale: Această lucrare științifică cuprinde un număr de 4 cazuri clinice din 4 secții de obstetrică și ginecologie din România, cuprinzând diferite tipuri de hemoragii provenite din neoplazii cervicale sau carcinoame endometriale.

Constatări: Cazurile clinice raportate au inclus 4 de paciente cu neoplazii cervicale și endometriale care au suferit pierderi importante de sânge. Pacientele nu au răspuns la terapia convențională de antihemoragice. În aceste cazuri, s-a considerat necesar tamponamentul uterin si vaginal cu cu chitosan (Celox PPH), rezultând hemostază promptă.

Concluzii/Discuții: Tamponamentul uterin și vaginal folosind tifon acoperit cu chitosan este o metodă de tratament emergentă pentru hemoragiile refractare asociate afecțiunilor neoplazice cervicale și endometriale care nu răspund la terapiile convenționale și măsurile corective. Menită să ajute doctorii în salvarea de vieți prin stoparea hemoragiilor cervicale și uterine acute. Această abordare inovatoare are un potențial semnificativ de reducere a mortalității, deoarece acordă timpul necesar pentru pregătirea adecvată a pacientelor oncologice care necesită alte terapii salvatoare (radioterapie, intervenții chirurgicale, etc.)

Cuvinte cheie: Hemoragie cervicale oncologice, Cancer de endometru, Bandaj acoperit cu chitosan (Celox).

3. ABDOMINAL RADICAL TRACHELECTOMY (ART) – ONCOLOGICAL AND OBSTETRICAL RESULTS

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Introduction:
A significant proportion of women are diagnosed with cervical cancer during their reproductive years, highlighting the need for fertility-sparing surgical options such as Abdominal Radical Trachelectomy (ART). This study examines the oncological and obstetrical outcomes in patients who underwent ART.

Materials and Methods:
This retrospective study analyzed data from patients who underwent ART between 2010 and 2024. The study included 25 patients who met the eligibility criteria.

Results and Conclusions:
ART was successfully completed in 23 cases, with 2 cases converted to radical hysterectomy due to tumor-positive lower isthmus specimens on frozen section analysis. The patients' ages ranged from 22 to 38 years, with an average age of 32. Parity distribution was 17 nulliparous, 6 primiparous, and 2 multiparous women. Histopathological diagnoses included 19 cases of squamous cell carcinoma, 5 adenocarcinomas, and 1 adenosquamous carcinoma. Staging was IA1 (1 case), IA2 (5 cases), IB1 (7 cases), IB2 (7 cases), and IB3 (5 cases).

Four patients underwent ART during pregnancy (14-20 weeks gestation); two carried to term, while two experienced post-surgical abortions. Three patients had positive lymph nodes on the definitive histopathology report and were treated with adjuvant chemo-radiotherapy. There were 2 recurrences and 1 patient was lost to follow-up. At present, all patients are alive with no evidence of disease, and 3 have successfully conceived post-treatment.

This study underscores the viability and efficacy of ART in preserving fertility among women with early-stage cervical cancer. The results indicate that ART can be a successful option for women seeking to maintain fertility while undergoing treatment for cervical cancer.

Key words:
Cervical cancer, Fertility sparing surgery, Abdominal radical trachelectomy (ART), Oncological and obstetrical outcomes

4. RADICAL VAGINAL TRACHELECTOMY-LEARNING FROM THE PAST, SHAPING THE FUTURE. 20 YEARS EXPERIENCE IN JENA-GERMANY BENCHMARKED WITH CURRENT LITERATURE

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Introduction :
Radical vaginal trachelectomy is an oncological safe fertility sparing treatment for early stage cervical cancer. However, this radical approach remains controverse due to obstetric outcome and elaborate surgical technique. Analysing the data available is paramount to guide further management and to generate recommendations.

Methods:
In this presentation we bring together the results of our retrospective study done at the University Hospital in Jena including 107 patients treated with RVT (radical vaginal trachelectomy) from 1998 to 2020 and the data available in literature.
In the retrospective study we included: patients aged 21 to 41 wishing to preserve fertility, treated with RVT (radical vaginal trachelectomy), early stage cervical cancer FIGO IA1 to IB2 (FIGO 2009) including tumor size > 2 cm, cases treated with neoadjuvant chemotherapy followed by RVT, all histopathological types including neuroendocrine tumor.
Exclusion criteria were : hysterectomy performed within 6 months after trachelectomy
The algorithm of treatment in the concept of radical vaginal trachelectomy at the University Hopsital in Jena consisted of following steps : sentinel pelvic lymphadenectomy with technetium and blue dye , frozen section and if negative sentinel nodes proceed to full pelvic lymphadenectomy and vaginal trachelectomy , placement of permanent cerclage.
A literature review was performed searching PubMed, Cochrane and Embase.

Results:
In the retrospective study we analysed the patient and tumor specific results, treatment results and follow up results.
Regarding treatment results the sentinel detection rate with Technetium and blue dye was 92% unilateral and 77% bilateral.
Regarding oncological and obstetric outcome the recurrence rate was 4,0 , the pregnancy rate was 20 % the life birth rate 55% .
The main risk factor for recurrence seemed to be LVSI pos.
In the literature, the results of practice changing studies as Shape -comparing simple and radical hysterectomy and Sentirec -analyzing sentinel detection rate are guiding the management towards less radical procedure.

Conclusions:
The step down towards less radical procedure should be wisely considered and ideally performed in the safely frame of clinical studies.

Key words: trachelectomy, cervical cancer, lymphadenectomy

5. MULTIVISCERAL RESECTIONS IN CYTOREDUCTIVE SURGERY IN ADVANCED OVARIAN, TUBAL AND PRIMITIVE PERITONEAL CANCER

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BACKGROUND:
In advanced ovarian cancers (AOC), the most important prognosis factor is optimal cytoreduction, whose primary objective would be the achievement of a surgical intervention free of macroscopic tumor residues.
Compared to surgery performed 10-15 years ago, both in our clinic and in other gynecologic oncology centers, achieving optimal primary debulking now involves more aggressive surgical procedures, including visceral resections and dissections in the upper abdominal and retroperitoneal regions.
Our clinic's approach involves attempting primary debulking. In order to identify candidates for this procedure, we utilize clinical, laboratory, ultrasound, and imaging investigations. When faced with inconclusive results we perform diagnostic laparoscopy, followed by laparotomy and primary cytoreductive intervention within the same operative session. All patients undergo preoperative preparation according to Enhanced Recovery After Surgery (ERAS) protocols.

MATERIAL AND METHOD:
In this study, the most recent 101 surgical interventions for ovarian, tubal, and primary peritoneal cancer performed at the Obstetrics and Gynecology Clinic I in Târgu-Mureș were analyzed. The study focuses on highlighting the types of multivisceral resections performed in this clinic.

RESULTS:
Of the 101 surgical interventions analyzed, 82 were performed for advanced ovarian cancer. Out of these, 81.7% were primary cytoreductive interventions. Pelvic lymphadenectomy was performed in 9.75% of cases, and paraaortic lymphadenectomy in 13.41% of cases. Omentectomies were carried out in 98.7% of cases. In the lower abdominal region, 31.70% of patients underwent rectosigmoid resections, 4.87% had right hemicolectomies, 1.21% had left hemicolectomies, and 10.97% had small bowel resections. In the upper abdominal region, 3.65% of cases included partial liver resections, 2.43% splenectomies, and 2.43% gastrectomies. Of the total interventions, 29.26% included diaphragmatic peritonectomies, 36.58% pelvic peritonectomies, and 30.12% parietal peritonectomies. In the end, approximately 73% of the interventions were performed without macroscopic tumor residues.

CONCLUSIONS:
Achieving optimal cytoreduction requires the gynecologic oncologic surgeon to possess advanced proficiency in upper abdominal surgical techniques, as well as in bowel and urologic resection procedures.

KEY WORDS
Ovarian cancer, cytoreductive surgery, multivisceral resections

6. RADIOTERAPIA MODERNA IN TRATAMENTUL CANCERULUI DE COL UTERIN LOCAL AVANSAT. EXPERIENTA CLINICII AMETHYST TIMISOARA

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Introducere
Romania ocupa primul loc in Europa in ceea ce priveste incidenta si mortalitatea din cancerul de col uterin. Numarul de cazuri avansate loco-regional este mare datorita lipsei unui program de screening national. Astfel se recomanda ca managementul pacientelor sa fie multidisciplinar.

Material si metoda
Au fost incluse in analiza 131 paciente cu cancer de col uterin local avansat neoperat stadiile cT1b3-T4a tratate in perioada august 2021 – iunie 2023. Toate pacientele au avut tumori confirmate histopatologic. Stadializarea a fost efectuata prin examen clinic si imagistica de inalta performanta (RMN/CT) conform criteriilor FIGO / TNM. Tratamentul a constat in radiochimioterapie concomitenta volumetrica (VMAT) urmata de brahiterapie utero-vaginala tridimensionala (3D). Abordarea terapeutica a fost conform ghidului unic ESGO/ESTRO/ESP, dozele administrate in volumele la risc au fost standard iar organele la risc pelvine au fost respectate conform celor mai inalte constrangeri de doza. Perioada minima de urmarire a fost de 12 luni iar media de urmarire a fost de 24 luni. S-a analizat rata de raspuns local, pacientele cu raspuns complet imagistic au ramas in urmarire clinico-imagistica, iar pacientele cu boala reziduala au fost abordate chirurgical. Pacientele cu ganglioni pelvini prezenti imagistic (N1+) au fost iradiate profilactic la nivelul ariilor ganglionare lombo-aortice subrenale. Pacientele cu boala extensiva ganglionara, inclusiv lombo-aortica (N2+) au efectuat chimioterapie neoadjuvanta, urmata de iradiere lombo-aortica extensiva.

Rezultate si concluzii
112 paciente au rata de raspuns complet clinico-imagistic sustinut pana in prezent (85 %) prin evaluare periodica la 3 luni. 14 (11%) dintre paciente au avut recidiva loco-regionala in primii 2 ani de urmarire, iar 5 paciente (4%) au evoluat metastastic (osos, hepatic, pulmonar). Dintre cele 14 paciente cu recidiva locala, 9 au fost eligibile pentru interventie chirurgicala de salvare si sunt in prezent in urmarire clinico-imagistica, iar celelalte 5 paciente au debutat chimioterapia de linia I.

Radioterapia moderna volumetrica alaturi de brahiterapia cervico-uterina ofera o rata de control local foarte buna cu minime efecte secundare locale. Prin aceasta analiza am demonstrat ca rezultatele obtinute sunt superpozabile cu rezultatele trialurilor ce au validat aceasta metoda terapeutica. Abordarea multidisciplinara chirurg-radioterapeut-chimioterapeut-oncolog este esentiala in obtinerea rezultatelor prezentate.

Radioterapie externa, VMAT, brahiterapie

7. THE SENTINEL LYMPH NODE IN ENDOMETRIAL CANCER – OUR EXPERIENCE

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Sentinel lymph node (SLN) mapping in endometrial cancer was introduced by Burke in 1996.
Aim: To find the SLN and to use this technique as an alternative to complete lymphadenectomy in endometrial cancer.

Materials and Methods: The prospective study includes 17 patients with endometrial cancer with surgery in the Obstetrics and Gynecology Clinical Hospital "Cuza Vodă" Iași. We used 6mCi (222MBq) 99mTc Nanocolloidal albumin that can be detected by gamma probe, on the same day or the following day with injection, during surgery. Four injections were performed in the cervical stroma. Static images were taken with a dual-head gamma camera after 30 minutes and 90 minutes.

Results: The average age of the patients was 69.56±3 years (range 45-72 years). Intraoperative SLN was identified in all cases: 9 bilateral cases, 4 cases on the left, and 4 cases on the right. The number of SLNs varied between 1 and 6. The intensity of radiation emission identified by the Gamma camera was between 70-1300 counters. The most frequent localization of SLN was at the level of the uni- or bilateral external iliac artery. For cases with SLN identified on only one side, pelvic lymphadenectomy was performed on the contralateral side. Also, lymphadenectomy was performed in patients who did not undergo frozen sections, due to the small dimensions of the SLN. Only 2 patients presented metastases in GS, with paraffin exam staging T2bN1G3L2V2 and T3bN1G3L1V1, respectively. The other 15 women with stage I did not present metastases in SLN regardless of myometrial invasion, grading, or histological type. Ultrastaging was not performed on any patient.

Conclusions: We are still on the learning curve. We had a good correlation between lymphoscintigraphy and surgical SLN mapping. This SLN detection technique is feasible. Clinical and imagistic follow-up of these patients is necessary. Adjuvant therapy should be considered carefully concerning the risk profile of the primary tumor.

Keywords: sentinel lymph nodes, endometrial cancer, metastasis

E-Posters

1. EMBRYONAL RHABDOMYOSARCOMA OF THE UTERUS – A CHALLENGE IN DIAGNOSIS AND A ROBOTIC SURGERY TREATMENT APPROACH – A CASE REPORT

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Introduction:
Embryonal rhabdomyosarcoma (RMS) of the female genital tract is a rare neoplasm in adults, most commonly diagnosed in childhood and adolescence. There are a few cases reported in the literature. Uterine RMS can be difficult to diagnose, it is often mistaken for a benign condition (uterine polyp). Treatment includes chemotherapy (VAC), surgery (radical hysterectomy, pelvic +/- para-aortic lymphadenectomy), and radiotherapy (for persistent disease).

Materials and methods:
We report a case of embryonal RMS of the uterus in a 23-year-old female who was referred to the Gynaecological Department for abnormal vaginal bleeding in repeated episodes. A particularity of the case consists in the difficult, delayed diagnosis: the patient underwent 5 dilation and curettages (D&C) and one hysteroscopy in 16 months until the origin of the uterine tumor was confirmed. All the previous results were benign: endometrial polyp. She did not respond to conventional treatment, the symptoms persisted each time shortly after (3 months). MRI and PET-CT were performed and the tumor was confined to the uterus, without any secondary determinations.

Results and Conclusions:
Another particularity of the case was the minimally invasive treatment approach: robotic-assisted radical hysterectomy with bilateral iliac lymphadenectomy, bilateral salpingectomy, and ovarian transposition. It was a challenge taking into account the patient's grade II obesity (BMI=36.14). There is only one case of uterine RMS described in the literature treated by robotic surgery. The ovarian transposition was performed to preserve the ovarian hormonal function, prevent surgically induced menopause, considering the young age of the patient, and provide security in the event of further pelvic radiotherapy. Uterine RMS was once treated by ultraradical, mutilating surgical procedures such as pelvic exenteration, and big abdominal surgery incisions with many complications and difficult postoperative recovery. In our times, minimally invasive surgeries can offer better outcomes to patients. We demonstrated that robotic surgery can safely be performed to treat uterine RMS, with excellent results (negative resection margins, fast recovery and discharge, improved quality of life, low number of complications).

Key Words: Embryonal Rhabdomyosarcoma, Robotic radical hysterectomy, Uterine Rhabdomyosarcoma

2. RECENT ADVANCES AND ADAPTIVE STRATEGIES IN IMAGE GUIDANCE FOR CERVICAL CANCER RADIOTHERAPY

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The standard of care for locally advanced cervical cancer is external beam radiotherapy (EBRT) with concurrent chemotherapy followed by a brachytherapy boost. New imaging methods such as positron-emission tomography and magnetic resonance imaging have been implemented into daily practice for better tumour delineation in radiotherapy planning. The method of delivering radiation has evolved with technical improvements in imaging and treatment delivery. Image-guided radiotherapy (IGRT) plays an important role in minimizing treatment toxicity of pelvic radiation and provides a superior conformality for sparing the organs at risk (OARs) like bone marrow, bowel, rectum, and bladder. Similarly, 3-dimensional image-guided adaptive brachytherapy (3D-IGABT) with computed tomography (CT) or magnetic resonance imaging (MRI) has been reported to improve target coverage and decrease the dose to normal tissues. Brachytherapy is an essential part of radiotherapy treatment for cervical cancer and over the past 20 years, 3D image based brachytherapy has evolved and established itself as the gold standard.

With new techniques and adaptive treatment in cervical cancer, the concept of personalized medicine is introduced with an enhanced comprehension of the therapeutic index not only in terms of volume (3-dimensional) but also during the treatment (4-dimensional). Current data is showing promising results with integrated IGRT and IGABT in clinical practice therefore better local control and overall survival while reducing treatment-related morbidity.

This review gives an overview of the major milestones that occurred in the development of the image guided adaptive external beam radiotherapy and brachytherapy.

Keywords: cervix cancer; image guided brachytherapy; ART; external beam radiotherapy; IGRT