MICROSCOPIC VERSUS GROSS TUMOR IN STAGE IB1 CERVICAL CANCER TREATED WITH RADICAL HYSTERECTOMY: IS THERE A DIFFERENCE?

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BACKGROUND

- The extent of radical dissection required for FIGO stage IB1 cervical cancer is under debate.
- Limited data exists regarding the prevalence of intermediate and high risk features in microscopic versus gross tumors.

OBJECTIVE

- To compare pathologic outcomes of microscopic and gross IB1 cervical cancer after primary Type 3 radical hysterectomy (RH)

METHODS

- Clinical and pathologic data reviewed from stage IB1 cervix cancer patients undergoing RH with pelvic lymphadenectomy (1995-2017)
- Included squamous cell, adenocarcinoma, adenosquamous histologies
- Chi-squared test used to calculate differences in pathologic variables
- Two-tailed p<.05 considered statistically significant

RESULTS

- 71 patients total, 60 met inclusion criteria
- Mean age at diagnosis in the microscopic vs gross tumor cohort was 51.1 vs 49.5, p = .20
- 22 of 33 patients (67%) underwent cone biopsy or LEEP prior to RH
- No parametrial invasion seen in the microscopic cohort

CONCLUSION

- No statistically significant difference in intermediate and high-risk features in both cohorts
- Our data suggest that 1B1 tumors, regardless of gross or microscopic disease should still be similarly surgically managed
- Further studies are needed to delineate optimal individual surgical approach to lessen treatment related adverse effects without compromising clinical outcomes

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