

Poster 29: Clinical and pathological factors that predict survival in patients undergoing pelvic exenterations for gynecological malignancies

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Topic: Other (pelvic exenteration for any gynecologic malignancy)

Objectives

To identify characteristics associated with progression-free survival (PFS) and overall survival (OS) in patients who underwent pelvic exenteration (PE) for gynecologic malignancies.

Methods

A multi-center retrospective study was performed for patients who underwent PE for gynecologic malignancies from February 2004 to June 2021. Exclusion criteria included PE for ovarian malignancies or palliative intent. Primary outcomes after PE included death and recurrence evaluated using Cox proportional hazard models and survival analysis with Kaplan-Meier method.

Results

Overall, 165 patients met inclusion criteria. The mean patient age was 61.5 years (SD=13.7) and 73.3% had an Eastern Cooperative Oncology Group (ECOG) performance status of 0-1. Median disease-free interval prior to PE was 24.0 months (0.0, 61.8 IQR). Intraoperative radiation therapy (IORT) was performed in 63 cases (38.2%). The majority of patients received a negative resection margin (n=130, 78.8%) with 8 patients (4.8%) having a macroscopic positive margin. At 2 years after PE, OS was 59.0% (95% CI, 51.7-67.3%) and PFS was 46.3% (95% CI, 38.8-55.4%), with a median follow-up of 2.1 years. Factors associated univariately with death within 2 years include ECOG (0-1 versus 2-3, $p < 0.01$), chemotherapy prior to PE ($p < 0.01$), central disease versus not central disease only ($p = 0.03$), and tumor diameter ($p < 0.01$). While suspected side wall involvement was associated with an increased risk of recurrence (HR 1.61, $p = 0.04$), it was not associated with death. Multivariable analysis of patients with recurrent disease only (n=122) found that the disease-free interval prior to PE and ECOG were associated with death within 2 years (Table 1). While not significant, there is a trend for those with endometrial cancer having improved survival over cervical or vulvar/vaginal disease ($p = 0.09$). IORT, positive margin status, and positive lymph nodes were not associated with survival in multivariable analysis.

Conclusions

Despite advances in surgical technique, medical management, and patient selection, the 2-year OS after PE for gynecologic malignancies remains approximately 60%. Patients' disease-free interval and overall performance status remain critical for patient selection.

Abstract Table or Graph

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