

**Poster 33: Characteristics and management of malignant mesonephric tumors of the female genital tract: a surveillance, epidemiology, and end results database study**

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Topic: Other (Study on rare gyn cancer histology in multiple primary sites)

**Objectives**

The aims of this study were to evaluate the clinical characteristics and treatment of malignant mesonephric tumors (MMT) of gynecologic origin and to provide insight into the optimal management of MMT.

**Methods**

The Surveillance, Epidemiology, and End Results (SEER) database was queried for women with MMT in the following primary gynecologic sites: vagina, cervix, uterus, ovary and fallopian tube. Descriptive statistics as well as univariate and multivariate analyses using proportional hazards models were performed to investigate clinicopathologic patterns and factors associated with disease-specific survival (DSS).

**Results**

A total of 103 women met criteria including 3 patients with vaginal cancer, 49 patients with cervical cancer, 30 patients with uterine cancer, 16 patients with ovarian cancer and 5 patients with fallopian tube cancer. Most patients were diagnosed with early-stage disease (stage 1 n=45%; stage 2 n=20%) and treated surgically (89%). Five-year DSS was 71% amongst all patients but differed between primary sites; patients with cervical cancer had 70% five-year DSS while patients with uterine cancer had 64% five-year DSS and a small sample of patients with fallopian tube or ovarian cancer had 90% five-year DSS. The following variables were associated with improved DSS on multivariate analysis: ovarian or fallopian tube primary site compared to cervix ( $p=0.027$ , HR 0.15, CI 0.03-0.80), younger age ( $p=0.002$ , HR 1.08, CI 1.03-1.14) and any treatment within 30 days ( $p<0.001$ , HR 11.04, CI 3.03-40.23). There was no significant association between DSS and lymph node status, surgery, radiation, or chemotherapy.

**Conclusions**

MMT's of gynecologic origin are often diagnosed in an early stage but appear to have an aggressive disease course. Expedited treatment may be crucial in improving outcomes. More data is needed to support these hypothesis-generating findings and to evaluate the efficacy of surgical management and adjuvant chemotherapy and radiation.

Abstract Table or Graph

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