Poster 3: Predicting final pathologic diagnosis by cervical excision margins and endocervical curettage

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Topic: Cervival

Objectives

To evaluate association between HSIL (high grade squamous intraepithelial lesion) and/or AIS (adenocarcinoma in situ) positive margins on cervical excision including LEEP (loop electrosurgical excision procedure) and cold knife cone (CKC), endocervical curettage (ECC), and final pathologic diagnosis on hysterectomy specimen.

Methods

This is a retrospective cohort study of all patients who underwent sequential cervical excision procedure followed by hysterectomy at our institution. A two sample t-test was used for categorical variables.

Results

A positive margin on LEEP specimen (HSIL and/or AIS) was associated with positive final pathologic diagnosis (HSIL and/or AIS) on hysterectomy specimen. Regardless of margin status, HSIL on ECC was associated with HSIL on hysterectomy specimen, and any positive ECC (HSIL and/or AIS) was associated with positive final pathologic diagnosis (HSIL and/or AIS) on hysterectomy specimen. Together, the combination of HSIL positive margins and ECC was associated with HSIL on final hysterectomy specimen but not with invasive cancer. The combination of AIS positive margins and ECC was associated with AIS and invasive cancer (SCC and/or adenocarcinoma) on hysterectomy specimen.

Conclusions

HSIL positive margins and HSIL on endocervical curettage may be associated with persistent disease and therefore hysterectomy may be appropriate. Endocervical curettage may be a more helpful predictor of final pathology than positive margin for HSIL. Further research may focus on more systematic analysis of margin status by mm from the surgical border.

Abstract Table or Graph

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