Poster 2: Treatment Patterns and Outcomes in Cervical Gastric-Type Adenocarcinoma
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Topic
Cervical

Objectives
Gastric-type adenocarcinoma (GTA) of the cervix is a rare, aggressive subtype of endocervical adenocarcinoma identified in 2014 that is independent of human papillomavirus (HPV). This study describes treatment patterns and clinical outcomes in patients with GTA.

Methods
This is a single-institution retrospective review of patients with cervical GTA diagnosed from 1999-2021. Demographic and clinical outcomes were abstracted from the medical record. Overall survival (OS) and progression-free survival (PFS) were defined as time from diagnosis to death/last contact and first recurrence/progression, respectively. Kaplan-Meier analysis and Cox regression were used to estimate OS/PFS hazard ratios (HR).

Results
95 patients were included. Median age at diagnosis was 48 years (range: 23-74). Median BMI was 25.9 kg/m2 (range: 18.1 – 47.8). 69.5% were white. 15.8% were Asian. FIGO stage at diagnosis was 42.3% stage I, 18.6% stage II, 11% stage III, 21.6% stage IV, and 6.2% were unstaged. For primary treatment, 56.8% of patients (n=54) received surgery followed by adjuvant therapy (including radiation, chemotherapy, and/or bevacizumab), 23.2% (n=22) underwent surgery alone, 15.8% (n=15) received radiation, and 2.1% (n=2) received systemic chemotherapy. Of 95 patients, disease status was known for 76 at 3 months following primary treatment. Among them, 47 (61.8%) had no evidence of disease (NED), 3 (4.0%) had partial response, 6 (7.9%) had stable/persistent disease, 15 (19.7%) had progression, and 5 (6.6%) were deceased. The median follow-up was 45 months (range 2-249). Of the 47 patients who were NED at the completion of primary therapy, 29 (61.7%) recurred. Median PFS was 17.1 months (95%CI: 8.89, 25.32) and median OS of 59.63 months (95% CI: 20.75, 98.52). After adjusting for both stage and treatment, staging was the most predictive of both OS (p < .001) and progression (p=.012) while treatment was not statistically significant.

Conclusions
We confirmed the aggressive nature of gastric-type adenocarcinoma of the cervix. Despite multi-modality treatment, recurrence rates were high. Stage at diagnosis was the strongest predictor of clinical outcomes independent of treatment modality. Given the poor prognosis and rarity of GTA, further research is essential to optimize diagnosis, treatment, and long-term outcomes.

cancer was identified, it was in the advanced stages in over two-thirds of the patient cohort. Incorporation of additional eligible patients and clinical variables in analysis is underway.

Abstract Table or Graph
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