

1. Scalp and skull bone metastasis in cervical carcinoma-a rare entity

(Metástasis en el cuero cabelludo y el hueso del cráneo en el carcinoma cervical, una entidad rara.)

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REVISTA: Ecancermedicalsecience. 2019 Oct 17;13:969. doi: 10.3332/ecancer.2019.969. eCollection 2019.

ABSTRACTO: Cervical cancer is the second most common cancer in women worldwide and the first in Peru; however, metastasis to the cranial scalp is extremely rare. We present the case of a 41-year-old woman diagnosed with cervical cancer IIIB, who received treatment based on concurrent pelvic radiotherapy with chemotherapy followed by brachytherapy at the primary level with complete response, developing, at 18 months, a metastatic lesion at the scalp level without evidence of recurrence in the cervix. With the rapid growth of the metastatic lesion leading to the destruction of the cranial cap, the meninges can be observed directly, without presenting to the neurological clinic.

2. Better survival is observed in cervical cancer patients positive for specific anti-glycan antibodies and receiving brachytherapy.

(Se observa una mejor supervivencia en pacientes con cáncer de cuello uterino positivos para anticuerpos anti-glicanos específicos y que reciben braquiterapia)

INVESTIGADORES: Purohit S, Ferris DG, Alvarez M, Tran PMH, Tran LKH, Mysona DP, Hopkins D, Zhi W, Dun B, Wallbillich JJ, Cummings RD, Wang PG, She JX.

REVISTA: Gynecol Oncol. 2020 Jan 16. pii: S0090-8258(20)30023-8. doi: 10.1016/j.ygyno.2020.01.014.

ABSTRACTO: OBJECTIVE: To measure anti-glycan antibodies (AGA) in cervical cancer (CC) patient sera and assess their effect on therapeutic outcome. PATIENTS AND METHODS: Serum AGA was measured in 276 stage II and 292 stage III Peruvian CC patients using a high content and throughput Luminex multiplex glycan array (LMGA) containing 177 glycans. Association with disease-specific survival (DSS) and progression free survival (PFS) were analyzed using Cox regression. RESULTS: AGAs were detected against 50 (28.3%) of the 177 glycans assayed. Of the 568 patients, 84.5% received external beam radiation therapy (EBRT) plus brachytherapy (BT), while 15.5% only received EBRT. For stage-matched patients (Stage III), receiving EBRT alone was significantly associated with worse survival (HR 6.4, $p < 0.001$). Stage III patients have significantly worse survival than Stage II patients after matching for treatment (HR = 2.8 in EBRT+BT treatment group). Furthermore, better PFS and DSS were observed in patients positive for AGA against multiple glycans belonging to the blood group H, Lewis, Ganglio, Isogloblo, lacto and sialylated tetrarose antigens (best HR = 0.49, best $p = 0.0008$). CONCLUSIONS: Better PFS and DSS are observed in cervical cancer patients that are positive for specific antiglycan antibodies and received brachytherapy

3. Hepatoid carcinoma of the ovary - A case report and literature review.

(Carcinoma hepatoide del ovario: reporte de un caso y revisión de la literatura)

INVESTIGADORES: Uribe Rivera AK, Alvarez Larraondo M, Taxa Rojas L, Bravo Taxa M, Zevallos Cardenas A.

REVISTA: Gynecol Oncol Rep. 2020 Apr 1;32:100564. doi: 10.1016/j.gore.2020.100564. eCollection 2020 May.

ABSTRACTO: We present the case of a 27-year old female with an ovarian tumor and alpha-fetoprotein (AFP) of 1210 ng/mL, a right salpingo-oophorectomy was performed and had conservative complementary staging by gynecologic oncologists. The histopathological report was primary hepatoid carcinoma of the ovary (HCO), clinical stage IA, complementary treatment was adjuvant chemotherapy with BEP and remains clinical, imaging and biochemically disease free in three years follow up

4. **Liver Resection as Part of Cytoreductive Surgery for Ovarian Cancer.**

(Resección hepática como parte de la cirugía citorreductora para el cáncer de ovario)

INVESTIGADORES: Luna-Abanto J, García Ruiz L, Laura Martínez J, Álvarez Larraondo M, Villoslada Terrones V.

REVISTA: J Gynecol Surg. 2020 Apr 1;36(2):70-75. doi: 10.1089/gyn.2019.0074. Epub 2020 Mar 31.

ABSTRACTO: Objective: The aim of this study was to describe and evaluate the safety of hepatic resections for ovarian cancer liver metastases and the benefit in terms of survival as part of cytoreductive surgery among peritoneal seeding and parenchymal metastases. **Materials and Methods:** Data were reviewed retrospectively from patients who underwent liver resection as part of cytoreductive surgery for ovarian cancer at the Instituto Nacional de Enfermedades Neoplásicas, in Lima, Perú, from January 2009 to December 2017. **Results:** From January 2009 to December 2017, 1211 patients underwent surgical cytoreduction for ovarian cancer; 39 of these patients had liver resection as part of their surgical treatment, with 9, 17, and 13 patients receiving primary, secondary, and tertiary, resections, respectively. The mean age of the patients was 46, the majority (87%) had stage III/IV ovarian cancer. In addition, 21 patients had parenchymal metastasis resections, and 95% of the patients had Dindo-Clavien I and II grade complications. The 30-day mortality rate was 0. **Conclusions:** Liver resection for advanced ovarian cancer is a safe procedure for primary up to quaternary cytoreduction and may confer survival benefits to patients

5. **Alternative Management for Gynecological Cancer Care During the COVID-2019 Pandemic: A Latin American Survey**

(Manejo alternativo para la atención del cáncer ginecológico durante la pandemia COVID-2019: una encuesta latinoamericana)

INVESTIGADORES: Juliana Rodriguez, Angélica Fletcher, Fernando Heredia, Robinson Fernandez, Heidy Ramírez Salazar, Daniel Sanabria, Javier Burbano Luna, Eduardo Guerrero, Marc-Edy Pierre, Gabriel J Rendón, Indira Rosero, Lina María Trujillo, Reitan Ribeiro, Glauco Baiocchi, Aldo Lopez Blanco, Magaly Malca, Jorge Hoegl, Alfredo Borges Garnica, Jorge Lasso de la Vega, Santiago Scasso, Joel Laufer, Erick Estuarte Estrada, Armando Gutierrez Criado, Guillermo Sidney Herbert Nuñez, David Cantú-de Leon, Gonzalo Medina, Luis Pendola Gómez, José Saadi, Florencia Noll, Danilo Arévalo Sandoval, Alexandre Ferreira Oliveira, Rene Pareja.

REVISTA: Int J Gynaecol Obstet 2020 Jun 11. doi: 10.1002/ijgo.13272. Online ahead of print.

ABSTRACTO: Objective: To determine the acceptance rate of treatment alternatives for women with either preinvasive conditions or gynecologic cancers during the COVID-19 pandemic among Latin American gynecological cancer specialists. **Methods:** Twelve experts in gynecological cancer designed an electronic survey, according to recommendations from international societies, using an online platform. The survey included 22 questions on five topics: consultation care, preinvasive cervical pathology, and cervical, ovarian, and endometrial cancer. The questionnaire was distributed to 1052 specialists in 14 Latin American countries. A descriptive analysis was carried out using statistical software. **Results:** A total of 610 responses were received, for an overall response rate of 58.0%. Respondents favored offering teleconsultation as triage for post-cancer treatment follow-up (94.6%), neoadjuvant chemotherapy in advanced stage epithelial ovarian cancer (95.6%), and total hysterectomy with bilateral salpingo-oophorectomy and defining adjuvant treatment with histopathological features in early stage endometrial cancer (85.4%). Other questions showed agreement rates of over 64%, except for review of pathology results in person and use of upfront concurrent chemoradiation for early stage cervical cancer (disagreement 56.4% and 58.9%,

respectively). Conclusion: Latin American specialists accepted some alternative management strategies for gynecological cancer care during the COVID-19 pandemic, which may reflect the region's particularities.

6. **Quality of Life in Patients With Cervical Cancer After Open Versus Minimally Invasive Radical Hysterectomy (LACC): A Secondary Outcome of a Multicentre, Randomised, Open-Label, Phase 3, Non-Inferiority Trial**

(Calidad de vida en pacientes con cáncer de cuello uterino después de una histerectomía radical abierta versus una histerectomía radical mínimamente invasiva (LACC): un resultado secundario de un ensayo multicéntrico, aleatorizado, abierto, de fase 3, sin inferioridad)

INVESTIGADORES: Michael Frumovitz, Andreas Obermair, Robert L Coleman, Rene Pareja, Aldo Lopez, Reitan Ribero, David Isla, Gabriel Rendon, Marcus Q Bernadini, Alessandro Buda, Renato Moretti-Marquez, Albert Zevallos, Marcelo A Vieira, Tao Zhu, Russell P Land, James Nicklin, Rebecca Asher, Kristy P Robledo, Val Gebiski, Pedro T Ramirez.

REVISTA: Lancet Oncol 2020 Jun;21(6):851-860. doi: 10.1016/S1470-2045(20)30081-4.

ABSTRACTO: Background: In the phase 3 LACC trial and a subsequent population-level review, minimally invasive radical hysterectomy was shown to be associated with worse disease-free survival and higher recurrence rates than was open radical hysterectomy in patients with early stage cervical cancer. Here, we report the results of a secondary endpoint, quality of life, of the LACC trial. Methods: The LACC trial was a randomised, open-label, phase 3, non-inferiority trial done in 33 centres worldwide. Eligible participants were women aged 18 years or older with International Federation of Gynaecology and Obstetrics (FIGO) stage IA1 with lymphovascular space invasion, IA2, or IB1 adenocarcinoma, squamous cell carcinoma, or adenosquamous carcinoma of the cervix, with an Eastern Cooperative Oncology Group performance status of 0 or 1, who were scheduled to have a type 2 or 3 radical hysterectomy. Participants were randomly assigned (1:1) to receive open or minimally invasive radical hysterectomy. Randomisation was done centrally using a computerised minimisation program, stratified by centre, disease stage according to FIGO guidelines, and age. Neither participants nor investigators were masked to treatment allocation. The primary endpoint of the LACC trial was disease-free survival at 4·5 years, and quality of life was a secondary endpoint. Eligible patients completed validated quality-of-life and symptom assessments (12-item Short Form Health Survey [SF-12], Functional Assessment of Cancer Therapy-Cervical [FACT-Cx], EuroQoL-5D [EQ-5D], and MD Anderson Symptom Inventory [MDASI]) before surgery and at 1 and 6 weeks and 3 and 6 months after surgery (FACT-Cx was also completed at additional timepoints up to 54 months after surgery). Differences in quality of life over time between treatment groups were assessed in the modified intention-to-treat population, which included all patients who had surgery and completed at least one baseline (pretreatment) and one follow-up (at any timepoint after surgery) questionnaire, using generalised estimating equations. The LACC trial is registered with ClinicalTrials.gov, NCT00614211. Findings: Between Jan 31, 2008, and June 22, 2017, 631 patients were enrolled; 312 assigned to the open surgery group and 319 assigned to the minimally invasive surgery group. 496 (79%) of 631 patients had surgery completed at least one baseline and one follow-up quality-of-life survey and were included in the modified intention-to-treat analysis (244 [78%] of 312 patients in the open surgery group and 252 [79%] of 319 participants in the minimally invasive surgery group). Median follow-up was 3·0 years (IQR 1·7-4·5). At baseline, no differences in the mean FACT-Cx total score were identified between the open surgery (129·3 [SD 18·8]) and minimally invasive surgery groups (129·8 [19·8]). No differences in mean FACT-Cx total scores were identified between the groups 6 weeks after surgery (128·7 [SD 19·9] in the open surgery group vs 130·0 [19·8] in the

minimally invasive surgery group) or 3 months after surgery (132·0 [21·7] vs 133·0 [22·1]). Interpretation: Since recurrence rates are higher and disease-free survival is lower for minimally invasive radical hysterectomy than for open surgery, and postoperative quality of life is similar between the treatment groups, gynaecological oncologists should recommend open radical hysterectomy for patients with early stage cervical cancer.