OP08.01. Role of endoscopic ultrasound guided FNA (EUS-FNA) for confirming pelvic/abdominal recurrence in gynecological cancer: a feasibility study
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Objective
To assess the feasibility of EUS-FNA for histological confirmation of cancer recurrence in women with gynecological cancer

Methods
• This is a retrospective cohort study comprising 46 consecutive women treated for gynecologic cancer and suspected of having a deep pelvic or abdominal recurrence on ultrasound imaging, computed tomography, positron emission tomography–computed tomography, or magnetic resonance imaging, evaluated at our institution from January 2010 to December 2017.
• Primary cancer was ovarian (n = 22), cervical (n = 13), endometrial (n = 4), sarcoma (n = 4), and other (n = 3).
• All women underwent EUS examinations for locating the lesion and guiding FNA. The results of FNA (benign/malignant) were assessed. Procedure-related complications were recorded.

Results
• Patients’ mean age was 57.8 years.
• A total of 66 procedures were performed. Eleven women underwent 2 procedures; 2 women underwent 3 procedures; and 1 woman underwent 6 procedures at different times during the study period. In 1 case, no lesion was detected on the EUS assessment, and in 2 cases, FNA was not successful.
• Most lesions were located in the retroperitoneum or involved the intestine.
• Fine-needle aspiration could be performed in 63 cases (94.5%).
• Cytologic samples were adequate in 62 of 63 (98.4%).
• Recurrence was confirmed in 56 cases (90.3%) and ruled out in 6 (9.7%). No patient had any complication related to the procedure.

Conclusion
EUS-FNA is a minimally invasive, feasible and safe technique for confirming pelvic/abdominal recurrence of gynecological cancer.