Methods Retrospective study, study population are all cervical cancer patient who received ifosfamid chemotherapy from 2015–2017. There are five patients, we observed the onset of encephalopathy, diagnosed is enforced by neurologists using Meanwell criteria.

Results Five patients received ifosfamide - cisplatin chemotherapy, with differences initial condition, so that patient outcomes are different. Chemotherapy was given in one to six series, depending on the patient's response. Side effects such as encephalopathy appeared in four patients, while one patient managed to 'recover' and proven by pap smear test (no evidence of malignancy cell.

Conclusions Ifosfamid encepalopathy is a side effect that needs to be watched with symptoms that are diverse, but generally mild an in some cases can be progressive and fatale. Analysis of patient risk factors, patient education, and preparation for management of encepalopathy should be carried out in all cases who will receive ifosfamid. Methylene blue and thiamine can be a prophylactic and therapeutic choice in this condition.

IGCS19-0413

| 168 | RECURRENCE AND SURVIVAL AFTER ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC): EXPERIENCE MAY MATTER |

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Objectives In light of the LACC Trial results, we evaluated RFS and OS following RRH before and after 10 cases per surgeon.

Methods Patients with early-stage CC (4/2007–12/2017) who underwent RRH were evaluated and first 10 learning curve cases per surgeon (Group A) were compared to all subsequent cases (Group B). Inclusion criteria mirrored the LACC trial: > one-year follow-up, adenocarcinoma or squamous carcinoma, FIGO-2014 stage IA2 or IB1, and pathologic tumor size of ≤4 cm.

Results 144 RRH patients were identified and 90 met inclusion criteria from 6 attending surgeons. 40 patients met Group A and 50 Group B criteria. Median follow-up was 61 ± 34.3 months (A=71.5, B=52.5). The 5-year RFS was 92% (95 CI±4%) and the DSDR 5.5% (n=5). There were 7(7.8%) recurrences with median RFS of 12±8.3 months. Recurrence in Group A (n=6, 15%) exceeded Group B (n=1, 2%), p=0.025. DSDR was 10% Group A vs. 2% B (p=0.184). The 4.5-year RFS was 84.8% (95 CI±7%) in Group A vs. 98% (95 CI±3%) in Group B. There were no differences in risk factors for recurrence between groups A and B. (TS >2, LN (+), adjuvant therapy (AT), and LVSI p>0.05), except (+) vaginal margin status (A=10% vs B=0%, p=0.034). All recurrent cases had TS >2 cm.

Conclusions Recurrence of disease following RRH clustered in the first 10 cases per surgeon in our center and was associated with (+) vaginal margins and TS 2 cm. This data suggests an inter-surgeon variability and a possible learning curve effect.

IGCS19-0390

| 169 | ROBOTIC RADICAL HYSTERECTOMY (RRH) VERSUS CHEMO-RADIATION (CRT) FOLLOWED BY TYPE 1 ROBOTIC HYSTERECTOMY FOR 1B2 CERVICAL CANCER (CC) |

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Objectives To compare peri-operative outcomes, RFS, and OS for patients with FIGO-2014 stage 1B2 CC treated by RRH versus CRT and brachytherapy (BT) followed by Type 1 robotic hysterectomy (RH).

Methods Patients with FIGO-2014 stage 1B2 CC (1/2007–12/2017) who underwent RRH (Group A) or CRT and VB followed by RH (Group B) were identified. Inclusion criteria included: adenocarcinoma or squamous cell histology; >12 month follow-up, tumor size (TS) >4 cm by either pathology in A or radiographic/clinical criteria in B, and no evidence of para-aortic node metastasis on imaging.

Results 15 group A (median TS=5.0±1.2 cm) and 31 group B (median TS=5.0±1.0 cm) pts were identified. Pre-operative imaging reported no positive nodes in A compared to 8 (25%) in B. 12(80%) required adjuvant CRT in group A. Median follow-up time was 64±34.6 months for A versus 33 ±32.7 months for B (p=0.059). No (+) para-aortic nodes were identified in A versus 5 cases in B (p=0.15). Recurrences were diagnosed in 3 (20%) A and 7 (22.5%) B cases. Median time to recurrence was 15.0±49 months for A compared to 11.0±7 months in B. 5-year RFS and OS was 80% & 84.7% (A) versus 78% & 83.9% (B). Complications included urinary fistula (n=3; 20%) and cuff dehiscence (n=1; 6.7%) in A versus one each for B (3.3%).

Abstract 169 Table 1

Group	TS (cm)	LVSI	(+)Pelvic Nodes	Para-aortic Nodes sampled	(+)Para-aortic Nodes	(+) Vaginal Margin	(+) Parametria	Recurrence
A	5±1.8	9; 60%	3; 20%	4; 26.6%	0	3; 20%	2; 14.3%	3; 20%
B	5±1.0	4; 14%	5; 16%	31; 100%	5; 16%	0	7; 22.5%	7; 22.5%

Conclusions Despite having higher risk factors including para-aortic metastasis, patients with IB2 CC treated with CRT/BT/RH had similar RFS/OS to RRH, and with less fistulae and cuff dehiscence.