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INCREASED INSTITUTIONAL SURGICAL EXPERIENCE IN ROBOT-ASSISTED RADICAL HYSTERECTOMY FOR EARLY STAGE CERVICAL CANCER REDUCES RECURRENCE RATE. RESULTS FROM A NATIONWIDE STUDY

¹Linnea Ekdahl, ²Emelie Wallin, ³Emilia Alfonso, ¹Petur Reynisson, ¹Celine Lönnerfors, ³Pernilla Dahm-Kähler, ²Henrik Falconer, ¹Jan Persson. ¹Skåne University Hospital and Lund University Faculty of Medicine; ²Karolinska Institutet; ³Sahlgrenska Academy at University of Gothenburg

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Introduction/Background The aim of this study was to evaluate the impact of institutional surgical experience on recurrence following robotic radical hysterectomy (RRH) for early stage cervical cancer.

Methodology All women in Sweden who underwent an RRH for stage IA2-IB1 cervical cancer at tertiary referral centers from its implementation in December 2005 until June 2017 were identified using a Swedish nationwide register and local hospital registers. Registry data was controlled by a chart review on all women. Recurrence rates and pattern of recurrence was compared between early and late (≤ 50 vs > 50 procedures) institutional series.

Results 635 women were included. Regression analysis identified a lower risk of recurrence with increased experience but without a clear cut off level. Among the 489 women who did not receive adjuvant radio chemotherapy (RC-T), the rate of recurrence was 3.6% in the experienced cohort (> 50 procedures) compared to 9.3% in the introductory cohort ($p < 0.05$). This was also seen in tumors < 2 cm regardless of RC-T ($p < 0.05$) whereas no difference in recurrence was seen when analyzing all women receiving RC-T.

Conclusion In conclusion, the rate of recurrence following RRH for early stage cervical cancer decreased with increased institutional surgical experience, in tumors < 2 cm and in women who did not receive adjuvant RC-T.

Disclosures Jan Persson, Henrik Falconer and Celine Lönnerfors have received honoraria for lectures and proctoring in robotic surgery, all outside the presented research. The other authors have no conflicts of interest.

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LONG-TERM RESULTS OF NEOADJUVANT DOSE-DENSE PLATINUM-BASED CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER

¹Olga Smirnova, ²Elena Ulrikh, ¹Alina Abramova, ¹Maria Yakovleva, ¹Anna Petrova, ¹Nikolay Mikaya, ¹Olga Lavrinovich, ¹Nikolay Bondarev, ¹Adel Urmancheeva, ¹Igor Berlev. ¹N.N. Petrov National Medical Research Center of Oncology; ²Almazov National Medical Research Centre; North-Western State Medical University, N.N. Petrov National Medical Research Centre of Oncology; Oncology

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Introduction/Background In our study, we evaluated the long-term results of neoadjuvant dose-dense platinum-based chemotherapy in patients with locally advanced cervical cancer FIGO IB2, IIB stage.

Methodology A cohort of 119 consecutive patients with median age of 43 (range 27–68) years was studied. All patients had verified locally-advanced (cT1B2Nx,0M0; cT2B,Nx,0M0) cervical cancer and received 3 dose-dense intravenous neoadjuvant AP (cisplatin 75 mg/m², doxorubicin 35 mg/m²; n=75) or TP (cisplatin 60 mg/m² and paclitaxel 60 mg/m²; n=30) chemotherapy cycles.

Results The median follow-up was 28 (4 - 48) months for AP and 17 (3 - 30) months for TP group, accordingly. The overall survival rates in FIGO IB2 stage for AP and TP groups were 100%. For FIGO IIB stage the overall survival rate in AP group was 94%, in TP group - 97%.

The disease-free survival rate in FIGO IB2 stage for AP group was 78%, for TP group - 100%. For FIGO IIB stage the disease-free survival rate in the AP group was 87%, in TP group - 100%.

Conclusion The dose-intensive chemotherapy is an effective treatment modality for locally-advanced cervical cancer and may be a feasible alternative for standard treatment approach. It deserves further study in larger patient cohort with evaluation of the long-term results.

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COMPARISON OF TOPICAL TREATMENT OF CERVICAL SQUAMOUS INTRAEPITHELIAL LESIONSWITH IMIQUIMOD WITH STANDARD EXCISIONAL TECHNIQUE USING LLETZ: A RANDOMIZED CONTROLLED TRIAL

¹Andrej Cokan, ¹Maja Pakiž, ¹Jure Knez, ¹Andraž Dornik, ¹Tatjana Kodrič, ¹Leyla Al Mahdawi, ²Tamara Serdinšek, ³Alenka Repše Fokter, ¹Igor But. ¹Umc Maribor; Department for Gynaecologic Oncology and Oncology of the Breast; ²Umc Maribor; Department for General Gynaecology and Gynaecologic Urology; ³Medical Faculty Maribor; Gh Celje

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Introduction/Background Standard treatment of cervical squamous intraepithelial lesions (SIL) is large loop excision of transformation zone (LLETZ), which is associated with increased risk of preterm delivery, higher subfertility rate, and higher spontaneous abortions rate. Our aim was to determine whether topical treatment of high-grade SIL (HSIL) with imiquimod is comparable to standard treatment in terms of efficiency and side effects occurrence.

Abstract 608 Table 1 Success of treated in patient treated with imiquimod (group 1) and LLETZ (group 2)

	Group 1 (Imiquimod)	Group 2 (LLETZ)	p-value
CIN 2 [N/total N (%)]	17/21 (81.0)	12/19 (63.2)	0.366
CIN 3 [N/total N (%)]	10/22 (45.5)	27/33 (81.8)	0.012*
All patients [N/total N (%)]	27/43 (62.8)	39/52 (75.0)	0.288

*Statistically significant difference.

Abstract 608 Table 2 Presence of side effects and the highest grade of side effects in patients treated with imiquimod (group 1) and LLETZ (group 2)

	Group 1 (Imiquimod)	Group 2 (LLETZ)	p-value
Side effects: yes [N/total N (%)]	46/52 (88.5%)	23/52 (44.2)	<0.001*
Highest grade of side effect [N/total N (%)]	Grade 1	18/52 (34.6)	<0.001*
	Grade 2	20/52 (38.5)	
	Grade 3	7/52 (13.5)	
	Other	1/52 (1.9)	

*Statistically significant difference.