Results Two hundred of 245 (81.6%) included women completed the baseline and three-month questionnaires. The incidence of lymphedema was 7.2% versus 31.5% in women who underwent SLN mapping alone and completion PL, respectively ($p < 0.001$). Lymphedema scores in the leg, genital, and groin were affected in both groups, but significantly more after PL. The differences between groups remained significant in a multivariate analysis adjusting for, e.g., adjuvant therapy and age. PL significantly affected the severity of lymphedema regarding physical performance ($p = 0.001$), appearance ($p = 0.008$), besides heaviness, weakness, and pain in the legs ($p < 0.001$). Lymphedema was negatively associated with impaired body image, physical, role, and social functioning and a higher level of fatigue.

Conclusions SLN mapping combined with PL is associated with a significantly higher incidence and more severe lymphedema three months postoperatively than SLN mapping alone. Lymphedema was associated with lower QoL in several domains.

EPV050/#255 OVERUSE OF CERVICAL CANCER SCREENING TESTS AMONG AVERAGE-RISK MEDICAID BENEFICIARIES

[1]J Dillon, [2,3,4]J Wright, [2]L Chen, [3]M Accordino, [2]A Melamed, [3]D Hershman. *[1]Duke University School of Medicine, School of Medicine, Durham, USA; [2]Columbia University College of Physicians and Surgeons, Gynecologic Oncology, New York City, USA; [3]Herbert Irving Comprehensive Cancer Center, Oncology, New York City, USA; [4]New York Presbyterian Hospital, Oncology, New York City, USA*

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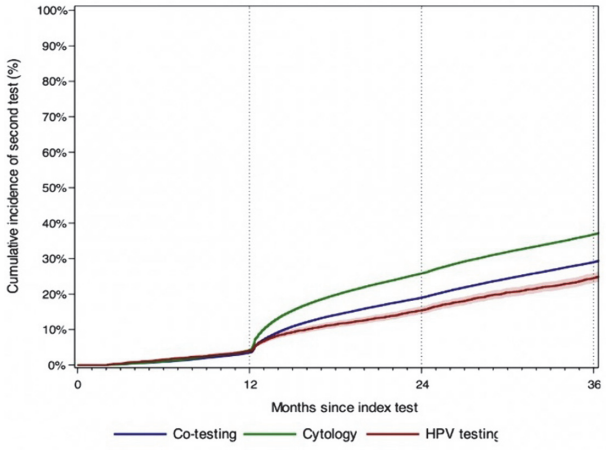
Objectives In 2012, the American Cancer Society updated cervical cancer screening guidelines to recommend cytologic screening every 3 years or HPV testing with cytology (co-testing) every 5 years in women age 30–65. We aim to examine the use of cervical cancer screening among average-risk Medicaid beneficiaries.

Methods The MarketScan database was used to identify average-risk women age 30–64 with Medicaid coverage who underwent index cervical cancer screening in 2013–2016. Subsequent screening rates within 3 years of the index test were examined. Demographic factors associated with early re-screening and rates of annual gynecologic examinations were also examined. Patients with cervical dysplasia, HPV, or unsatisfactory results were excluded.

Results Overall, 265,083 patients were included. 43.1% (N=114,312) had index co-testing, 55.2% (N=146,309) had cytology, and 1.7% (N=4,462) had primary HPV testing. The cumulative incidence of early, repeat cervical cancer screening was 3.9% at 12mo, 22.7% at 24mo, and 33.3% at 36mo. During the period from 12–24 months after follow-up, 20.9% of women underwent repeat screening, while 19.4% underwent screening 24–36 months after the index test. Early re-testing was more common in younger patients and non-White patients ($p<0.001$). of patients who did not undergo repeat cervical cancer screening, a yearly gynecologic examination was performed in only 16,627 (10.7%) during year 2 and in 11,116 (8.8%) patients during year 3.

Conclusions Among average-risk Medicaid beneficiaries, cervical cancer screening is frequently overutilized. Women who do not undergo cervical cancer screening are unlikely to receive routine gynecologic care.



Abstract EPV050/#255 Figure 1 Cervical cancer screening by month

EPV051/#264 SMALL CELL NEUROENDOCRINE CARCINOMA OF THE CERVIX IN A YOUNG PATIENT WITH UTERINE PROCIDENTIA: A CASE REPORT

M Garcia*, I Tagayuna. *Tondo Medical Center, Obstetrics and Gynecology, Manila, Philippines*

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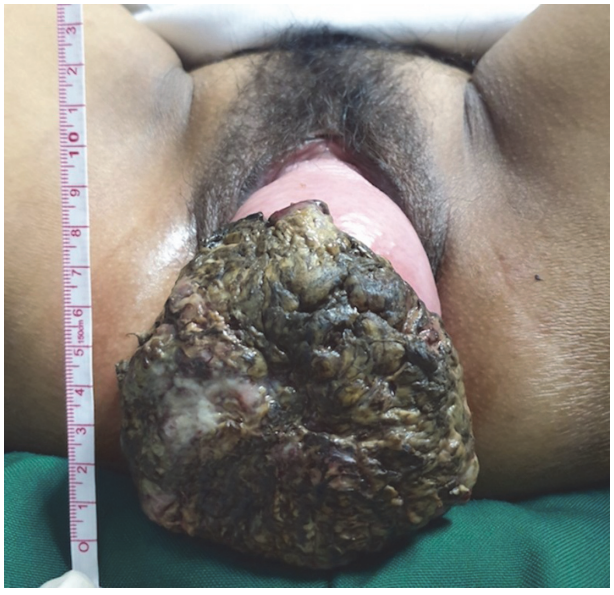
Objectives Small cell neuroendocrine carcinoma of the cervix (SCNC) is an aggressive and rare histologic subtype, accounting for less than 2% of all cervical tumors. Moreover, cervical cancer complicated with uterine prolapse is even rarer with an estimated incidence of 0.14–1.0%.

Methods A 32-year-old multipara presented with a 13-month history of intermittent vaginal spotting and postcoital bleeding, associated with gradually increasing introital mass. Pelvic examination revealed procidentia uteri. A foul-smelling fungating, necrotic mass at the anterior lip of the cervix measuring 9 x 9 x 4.5 cm was also noted. Biopsy of the mass and



Abstract EPV051/#264 Figure 1