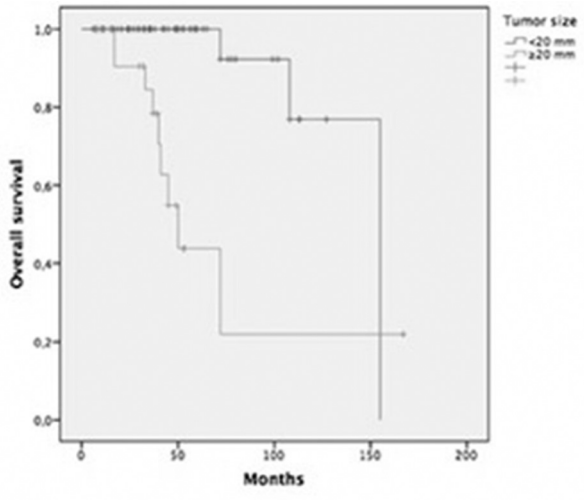
Abstract 149 Table 2 Association between patients and tumor characteristics and recurrences

Risk factor	Patients	Recurrences	p
Age			
<45	35	6	0,5 (NS)
>45	50	6	
Lymph node			
Positive	14	3	0,4 (NS)
Negative	71	9	
Size of the metastatic deposits within pelvic nodes			
micrometastases and ITC	5	1	1 (NS)
macrometastases	9	2	
Tumor size			
<20 mm	57	3	**0,02**
≥20 mm	28	9	
FIGO Stage			
IA1-2	11	0	0,3(NS)
≥IB1	74	12	
Lymphovascular space involvement			
None	47	6	1 (NS)
Yes	32	4	
Histology			
Squamous cell carcinoma	61	7	0,3 (NS)
Adenocarcinoma	23	5	
Preoperative brachytherapy			
No	75	10	0,6 (NS)
Yes	10	2	



Abstract 149 Figure 1

Conclusions Many factors for recurrence have been described in patients with cervical cancer. Lymph node involvement is considered the main prognostic factor. Other prognostic factors for recurrence are tumour size, maximum stromal invasion, and presence or absence of lymphovascular space involvement (LVSI) have been evaluated.

Different factors had been associated for risk to involvement lymph pelvic nodes: depth of invasion parametrial involvement, lymphatic-vascular space invasion, tumor grade and size of primary tumor.

We don´t find any factors associated with the risk of involved nodes. The only factor associated with the risk of recurrence was tumor size.

IGCS19-0387

150 THE OUTCOME OF TREATMENT IN ADVANCED CARCINOMA CERVIX WITH HYDRONEPHROSIS

[1]D Barmon*, [1]A Kataki, [1]M Nandwani, [2]M Kalita. *[1]Dr B. Borooah Cancer Institute, Gynaecologic Oncology, Guwahati, India; [2]Dr B. Borooah Cancer Institute, Statistics, Guwahati, India*

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Objectives Aim of the study is to find out the final outcome of the two treatment groups comprising of the RT alone and concommitant CT-RT in diagnosed case of advanced carcinoma cervix with hydronephrosis.

Methods It is a retrospective study where diagnosed cases of Ca Cervix IIIB with tumor size more than 4 cms and presence of hydronephrosis with normal renal functions, attending our OPD from Jan 2012 to December 2015 were included in the study. Altogather 80 patients fulfilled the inclusion criteria and the patients were divided into two groups depending on the plan of treatment 36 patients received only RT whereas 44 patients received concomitant CT RT All the patients were evaluated after completion of treatment and followed up regularly.

Results Altogather 70 patients completed the prescribed treatment, out of the 36 patients in RT group 5.6% of the patients dropped out and of the 44 patients in the concommitant CT-RT group, there was a dropout of 18.2% of patients. Seventy percent of all the dropout were found when the tumor size was more than 8cms. The 5 yr. overall survival for all patients was 40.6% and the median survival was 39.0 months (95% CI, 27.4 - 50.6). The OS in the RT group was 34.4% whereas in the concommitant CT-RT group it was 47.0% (p value = 0.041).

Conclusions Concurrent CTRT can be given in selected cases of advanced carcinoma cervix with hydronephrosis resulting in survival advantage when compared with RTalone.

IGCS19-0678

151 SCREENING FOR CERVICAL CANCER IN A TUNISIAN HOSPITAL

[1]A Ben Amor*, [2]D Bacha, [1]K Saffar, [1]A Halouani, [2]A Lahmar, [2]S Ben Slama, [2]S Bouraoui, [1]T Amel. *[1]Mongi Slim Hospital, Gynecology Department, Tunis, Tunisia; [2]Mongi Slim Hospital, Pathology Department, Tunis, Tunisia*

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Objectives To analyze the epidemiological, clinical and cytocolo-histological data of patients who carried out colposcopy.

Methods Prospective study, conducted during 4 years in the Gynecology department of our institution. We included all patients who had colposcopy, regardless of indication and without gynecological neoplastic pathology.

Results Our study included 110 patients with so many pap smears: atypical squamous cells of undetermined significance (48%), high grade squamous intraepithelial lesions (HSIL) (11%), atypical squamous cells cannot exclude HSIL (22%), low grade squamous intraepithelial lesions (14%), atypical glandular cells (5%). Colposcopy showed atypical transformation: grade 1 (ATG 1) in 34% and grade 2 (ATG 2) in 66% of cases. Cervical biopsy revealed normal cervical squamous mucosa in 8%, cervicitis in 72% and condyloma in 8%. A case of CIN 1 was found in 6%, CIN 2 in 3% and CIN 3 in 2%. Cervical biopsy revealed one squamous cell carcinoma. Coloscopy sensitivity was 77% and specificity of 37%. The positive predictive value was 24% and the negative predictive value was 86%. For high grade dysplasia, colposcopy had a sensitivity of 100%, a specificity of 37%. A conization was performed in nine patients for squamous cell carcinoma or high grade dysplasia. Conization was performed in a patient with cyto-histological discordance. Histological study rebealed an in situ carcinoma in two cases.
Conclusions Our results showed that ATG 1 lesions at colposcopy regardless of the FCU abnormalities are predictive of benign biopsy lesions. We also tend to overestimate the ATG 2 lesions.

IGCS19-0621

152 PREVALENCE OF HPV TYPES IN JORDANIAN WOMEN WITH ABNORMAL PAP SMEAR

[1]M Bishtawi*, [2]H Saleh, [3]M Khadra. *[1]Al Ahli Hospital, Obstetrics and Gynecology, Doha, Qatar; [2]Sidra medicine, Obstetrics and Gynecology, Doha, Qatar; [3]Jordan University Hospital, Obstetrics and Gynecology, Amman, Jordan*

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Objectives Infection with high-risk HPV (HR-HPV) is the main cause of cervical cancer. However, little is known about its prevalence in the female population in Jordan. The aim of this study was to discover HPV type-specific prevalence in women living in Jordan.
Methods Abnormal smears had reflex HPV testing from apparently healthy and nonhealthy women. HPV prevalence and its genotype distribution were examined in these smears. DNA samples were extracted and HPV genotyping was performed.
Results A total of 209 abnormal Pap smears were identified; 153 (73.2%) of the tested cases were HPV positive. The mean age of the women included was 38.3 years and the mean age of HPV-positive women was 38.5 years. There was a significant increase in the incidence of HPV infection over the study period. HPV 6 and 11 infections were common in the HPV positive women; 38.6% and 47%, respectively. HPV 16 was the single most common (57.5%) HPV infection detected. HPV 30's (31, 33, 34, 35, and 39) as a group were the most common HPV infections recorded at 59.5%. HPV 50's (51, 52, 53, 56, 58, and 59) were detected in 56.9% of the cases. HPV type 68 was recorded in one case (0.6%).
Conclusions The results of the study showed a relatively high prevalence (73.2%) of HPV infection and a higher incidence of co-infection with multiple high risk genotypes (89%) in comparison with other studies from the present region. This study suggests that there is sufficient evidence to warrant further population-based studies and further interventions.

IGCS19-0625

153 ALARMING RISE IN CERVICAL CYTOLOGICAL ABNORMALITIES IN WOMEN LIVING IN JORDAN

[1]M Bishtawi*, [2]H Saleh. *[1]Al Ahli Hospital, Obstetrics and Gynecology, Doha, Qatar; [2]Sidra Medicine, Obstetrics and Gynaecology, Doha, Qatar*

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Objectives Cervical cancer is preceded by a group of epithelial cell abnormalities. However, there is insufficient data on cervical abnormalities in Jordan and the Middle East at large. The current study aimed at determining the prevalence of different cytological abnormalities in women in Jordan. In addition, it aimed at assessing the age specific cytological abnormalities in these women and analyzing the changing trends of epithelial cell abnormalities in cervical smear over a period of 15 years compared in three periods of five years each.
Methods 6,455 conventional cervical Papanicolaou (Pap) smear results obtained between January 2000 and December 2014 were retrospectively analyzed. Results: Out of the 6,454 Pap smears analyzed, 5,645 (87.5%) were found adequate for reporting.
Results A total number of 801 (14.2%) cases had cervical epithelial abnormalities. A significant increase in cytological abnormalities was observed between 2000 and 2014. In addition, a significant increasing trend in cervical cytological abnormalities was noted between 2000 and 2014. The highest percentage of cytological abnormalities (20.1%) was found in women younger than 25 years old. In all of the age groups, the low-grade squamous intraepithelial lesions (LSIL) cytological abnormality was the most prevalent.
Conclusions Invasivecervical cancer is still a killer for young women in the developing countries. The present study may reflect a change in the sociosexual behavior over the last 15 years. The current work highlights the importance of awareness campaigns on the importance of cervical smear and the urgent need for initiating a cervical screening program in Jordan.

IGCS19-0271

154 CONCOMITANT RADIOCHEMOTHERAPY AND INTRACAVITARY HYPERTHERMIA IN THE TREATMENT OF PATIENTS WITH ADVANCED CERVICAL CANCER-TOXICITY AND EFFICACY EVALUATION

[1]K Bratos*, [1]Ż Wareńczak-Florczak, [2]P Stefaniak, [1]A Roszak. *[1]GreatPoland Cancer Center, Gynaecological Radiotherapy and Oncology Department, Poznań, Poland; [2]GreatPoland Cancer Center, Medical Physics Department, Poznań, Poland*

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Objectives Radiochemotherapy is standard treatment for locally advanced cervical cancer. This study evaluates if concomitant RCHT and hyperthermia changes the treatment toxicity and efficacy.
Methods The analysis consisted of 50 women mean age 62,2 yrs (41–83) with cervical cancer (IIIB stage), treated with concurrent radiochemotherapy and intracavitary hyperthermia in GreatPoland Cancer Center in 2012–2013. Treatment contained radical 3D teletherapy 45–50 Gy (df 1,8Gy) and IGRT