

We evaluated the impact of CCT added to up-to-date CRT (CRT) and sought to identify predictive factors of CCT benefit.

**Methods** This retrospective study reviewed 216 patients with 2014 FIGO stage IB2-IIA2, and IIB-IVB (para-aortic nodes only) cervical cancer treated with CRT alone or CRTT followed by CCT (CCT group). Firstly, we assessed the prognostic role of CCT. Moreover, we developed a prognostic score for distant metastasis free survival (DMFS).

**Results** After 42.8 months of median follow up 174 patients were treated with standard CRT and 72 with CCT. Clinical characteristics were comparable between groups, except CCT patients were younger ( $p<0.001$ ) and less frequently treated with 3D radiation techniques (81.4% vs 93.1%,  $p=0.023$ ). Median survivals were not reached in both groups. In multivariate analyses, CCT was related to longer overall survival (OS) (HR 0.35,  $p=0.023$ ), progression free survival (HR 0.41,  $p=0.005$ ) and DMFS (HR 0.40,  $p=0.010$ ) but not locoregional control. Potential negative factors for DMFS included lymph node status, adenocarcinoma histology, and stage III or IV and formed a four-tier score (0 to 3 points) with good discrimination ( $p<0.001$ ) ( $p=0.001$ ). CCT was associated with longer OS ( $p=0.014$ ) and DMFS ( $p=0.023$ ) among patients with a score  $>1$  but not for patients with score  $\leq 1$  (OS:  $p=0.310$ ; DMFS:  $p=0.179$ ).

**Conclusions** A clinical score may predict CCT benefit. If this score withstands external validation, it may contribute to better selection for CCT.

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### INVOLVING MEN IN CERVICAL CANCER PREVENTION: A QUALITATIVE ENQUIRY INTO MALE PERSPECTIVES ON SCREENING AND HPV VACCINATION IN MID-WESTERN UGANDA

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**Objectives** Evidence-based preventive strategies for cervical cancer in low-resource setting have been developed, but implementation is challenged and uptake remains low. Women and girls experience barriers to attend screening and human papilloma virus (HPV) vaccination programs. Male support has been proven successful in uptake of other reproductive health-care services. This qualitative study aimed to understand the perspectives of males on cervical cancer screening and HPV vaccination in Uganda.

**Methods** Focus group discussions were conducted with men aged 25 to 60 years, who were married and/or had daughters, in Kagadi district, Mid-Western Uganda. All interviews were transcribed verbatim and thematically analyzed using an inductive approach.

**Results** Men were willing to support their wives for screening and their daughters for HPV-vaccination. Misperceptions, such as family planning and poor personal hygiene

thought to cause cervical cancer, and misperception of the preventative aspect of screening and vaccination were common. Women with cervical cancer suffer from stigmatization and family problems due to loss of fertility, less marital sexual activity, domestic violence and decreased economic productivity.

**Conclusions** Ugandan men were willing to support cervical cancer prevention for their wives and daughters. Limited knowledge among men about the causes of cervical cancer, the preventative aspect and target groups for HPV-vaccination and screening can limit uptake of both services. Screening and vaccination programs should actively involve men in awareness to increase uptake and acceptance of the programs.

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### PARA AORTIC LYMPH NODES INVOLVEMENT IN CERVICAL CANCER PATIENTS: RECURRENCE, SURVIVAL, TREATMENT AND ADVERSE EVENTS

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**Objectives** Cervical cancer (CC) with exclusive para-aortic lymph node involvement (PALN) treatment is controversial. We analyzed long-term results and adverse events (AE) of chemoradiotherapy with extended field to PALN+brachytherapy (BCT).

**Methods** This was a single center, retrospective study. Patients diagnosed between 2008–2015 with IIIC2 FIGO stage squamous (SCC), adeno or adenosquamous CCPALN, confirmed by CT scans or MRI. All had chemotherapy+pelvic conformational radiotherapy (CRT)±brachytherapy (BCT)±extended PALNRT. Overall survival (OS) and progression free survival (PFS) were analyzed by Kaplan-Meier and log-rank test.

**Results** 38 pts were analyzed, median age 53.5 yo, 42.2% poor education, 68.4% white, 42.1% pre-menopausal, 28.9% smokers, 34 (89.5%) SCC. Tumor size: 11 (28.9%) IIB, 11 (39.5%) III, 15 (39.5%) IV; 31 ECOG 0–1. 34 pts received CRT, 29 parametrial boost (9–14,4Gy), 28 extend PALN RT. OS 18.7m ( $\pm 2.978$ ), PFS 12.0m ( $\pm 1.7$ ). Comorbidities and tumor size had no impact in OS or PFS. There was significant longer OS in pts that received  $\geq 45$ Gy (28.9 m vs 18.7 m,  $p=0.031$ ) and pts that had BCT (36.8 m vs 13.6 m,  $p=0.009$ ). LNPA extended field had a trend to detrimental effect (OS 17.7 m vs 29.9 m,  $p=0.456$ ). AE: 12 leukopenia, 8 asthenia, 4 neuropathy, 3 cystitis/enteritis, 7 fistula.

**Conclusions** In this retrospective study, effective localized RDT (at least 45Gy in pelvis+BCT) was associated with better OS. Extended field to PALN+brachytherapy (BCT) had no benefit and was associated with a trend to worst outcome and higher incidence of serious adverse events, even with conformational technics. Prospective randomized studies are necessary to confirm this data.