IGCS19-0590

182 DESCRIPTION OF PATIENTS WITH EARLY STAGE CERVICAL CANCER TREATED WITH SURGERY: FELLOWSHIP EXPERIENCE AT THE UGANDA CANCER INSTITUTE

[1]N Jane*, [2]J Nkalubo, [1]J Ajeani, [3]M Nakalembe, [2]C Nakisige, [2]A Okoth, [4]S Ueda, [5]P Lee. *[1]Mulago National Referral Hospital, Obstetrics and Gynecology, Kampala, Uganda; [2]Uganda Cancer Institute, Gynecology, Kampala, Uganda; [3]Makerere University college of Health Sciences, Obstetrics and Gynecology, Kampala, Uganda; [4]University of California San Francisco, Obstetrics and Gynecology, San Francisco, USA; [5]Duke University, Obstetrics and Gynecology, Durham, USA*

10.1136/ijgc-2019-IGCS.182

Objectives Describe characteristics of cervical cancer patients managed with surgery at the Uganda Cancer Institute (UCI).
Methods Data collected prospectively and analysed of patients operated for Cacx over 17months.
Results Thirty five (35) radical hysterectomies with pelvic lymph node dissection were carried out. Five were post neo-adjuvant chemotherapy (NAC) patients.

Of the 35 surgeries, a fellow was first assistant in 19(54%) of the cases and primary surgeon in the rest.The youngest age was 24 years and the oldest 71 years with median age of 48.5 years, commonest histology type was squamous cell carcinoma. Of the five post NAC patients, three were FIGO stage 2A while two were FIGO stage 2B.Of the thirty patients who had primary surgery, one had surgery abandoned after being upstaged to stage 2B yet one patient died on table. The remaining 29 had complete surgery as planned average hospital stay was 5 days. Stage 1B1 accounted for twenty two (73.3%) patients followed by 1A2 five patients(16.6%),1B2 three patients and none with 1A1 disease. At least one ovary was left in three of the patients and the rest (90%) had BSO. Lymphnode Pathology report was done in only seven patients who were negative while excision margins were commented on in six patients, as free and the rest were not reported. Stromal invasion was commented on among eleven patients and of these 10 had evidence of stromal invasion.
Conclusions Patients managed with radical hysterectomy at the UCI are young patients with mainly IB1, squamous cell carcinoma with under reporting on the histologic specimen after surgery.

IGCS19-0414

183 SIGNIFICANCE OF BODY MASS INDEX CHANGE DURING CONCOMITANT CHEMO RADIATION IN LOCALLY ADVANCED CERVICAL CANCER

[1]O Kaabia*, [1]G Nourallah, [1]L Aymen, [1]Z Rym, [1]B Mohamed, [1]K Hédi, [2]BA Slim, [3]B Noureddine. *[1]Université de Sousse- Faculté de Médecine de Sousse- Hopital Farhat Hached- LR12ES03- 4000- Sousse- Tunisia-, Gynecology and Obstetrics – Farhat Hached Teaching Hospital, Sousse, Tunisia; [2]Université de Sousse- Faculté de Médecine de Sousse- Hopital Farhat Hached- 4000- Sousse- Tunisia-, Medical Oncology – Farhat Hached Teaching Hospital, Sousse, Tunisia; [3]Université de Sousse- Faculté de Médecine de Sousse- Hopital Farhat Hached- 4000- Sousse- Tunisia-, Radiotherapy – Farhat Hached Teaching Hospital, Sousse, Tunisia*

10.1136/ijgc-2019-IGCS.183

Objectives To evaluate the influence of body mass index (BMI) changes during concomitant chemotherapy and radiotherapy on oncologic and surgical outcomes in women with locally advanced cervical cancer.
Methods This is a monocentric prospective study including 106 patients with locally advanced cervical carcinoma (FIGO Stage IB2 and more) that were allocated concomitant chemotherapy and radiotherapy (CCR) with an inclusion period from 2000 to 2009 and a follow up until 2018. We calculated the BMI of the patients on the first day of each therapy session and on the day of the final MRI and on the day of the surgery.
Results The mean BMI at baseline and the final MRI was 35.1±5.6 and 33.9±4.5 kg/m^2 (P=0.046), respectively. During the CCR, 51 (48.1%), 29 (27.4%), and 26 patients (24.5%) had weight loss, no weight change, and weight gain, respectively, of which 11 (10.4%) had 10% or more weight loss and 20 (18.9%) had 10% or more weight gain. A pre-treatment BMI of ≥25kg/m2 was significantly associated with a higher complete response rate to the CCR (P=0.03) and a lower 10 year recurrence rate (P=0.043). A post-treatment BMI of ≥25kg/m^2 was a significant factor for low recurrence rate (P=0.049). However, weight change during CCR was not significantly associated with complete response or 10 years recurrence rate. Pre and post-treatment BMIs changes were not associated with lower surgical complications rates.
Conclusions The BMI variation in patients undergoing CCR for locally advanced cervical cancer may alter the response and the prognosis, with no impact on surgical complications

IGCS19-0735

184 COMMUNITY-BASED CERVICAL CANCER SCREENING IN KAFUE DISTRICT, ZAMBIA

[1]M Kalimamunalula*, [2]MK Lubeya. *[1]Women and Newborn Hospital, Department of Obstetrics and Gynecology, Lusaka, Zambia; [2]University of Zambia- School of Medicine-, Obstetrics and Gynecology, Lusaka, Zambia*

10.1136/ijgc-2019-IGCS.184

Objectives Zambia has a high burden of cervical cancer, ranking 4th in sub-Saharan Africa, with an incidence of 41.4% and a mortality of 24.9%. However, access to cervical cancer screening remains a challenge. In 2012, a multidisciplinary team funded by the European Union was set up within a predominantly rural peri-urban community to conduct screening for cervical cancer for women who would otherwise not be able to access the service.
Methods Training of personnel to conduct the screening was done. Eight fully-equipped screening clinics were opened. The method of screening used Visual Inspection with Acetic acid. Any woman found with pre-cancerous cells was treated using the 'see-and-treat' approach using cryotherapy. Some women were screened through outreach/camps in the very rural community.
Results Four medical doctors, 16 nurses, seven para-medicals, and nine community workers were trained to use visual inspection with acetic acid and treatment of pre-cancerous cells. Eight-fully equipped screening clinics were opened. . The sensitization campaign reached over 10,000 people. Over 3500 women were screened for cervical cancer. Of these, 4% were treated for pre-cancer, and an additional 4% with suspicion of invasive disease were referred to the district hospital for biopsy.