

IGCS19-0061

199 SERUM CONCENTRATIONS OF S100-A11 AND AIF-1 ARE ELEVATED IN CERVICAL CANCER PATIENTS WITH LYMPHONODE INVOLVEMENT

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Objectives The aim of this study was to compare TFF3, AIF-1, S100-A11 and DKK1 serum levels in surgically staged patients with cervical cancer, and in healthy female controls.

Methods In total 85 consecutive patients diagnosed with cervical cancer stage undergoing radical hysterectomy or fertility sparing surgery with pelvic lymphadenectomy were included in the study. The control group was comprised of 90 patients who underwent elective total hysterectomy for nonmalignant disorder. In all patients preoperative serum samples were taken, separated and the sera were all stored at -80°C until analysis for TFF3, AIF-1, S100-A11 and DKK1.

Results According to the final histopathologic examination, 32 (37,6%) out of 85 cervical cancer patients were lymphonode positive. S100-A11 ($p<0.0001$) and AIF-1 ($p<0.0001$) were higher in cervical cancer patients than in controls. Furthermore, S100-A11 ($p>0.04$) and AIF-1 ($p>0.01$) were significantly higher in lymphonode positive as compared to lymphonode negative patients. Levels of TFF3 and DKK1 were higher ($p<0.0001$) in controls than in cervical cancer patients and were not different in groups with or without nodal involvement.

Conclusions S100-A11 and AIF-1 represent potential biomarkers in patients with cervical cancer. Moreover S100-A11 and AIF-1 levels increase in patients with lymph node involvement.

IGCS19-0535

200 LAPAROSCOPY VERSUS LAPAROTOMY FOR THE MANAGEMENT OF EARLY STAGE CERVICAL CANCER. HOSPITAL DR SOTERO DEL RIO. CHILE

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Objectives The treatment of early stage cervical cancer (IA2 to IIA) is chirurgical, radical hysterectomy with bilateral pelvic lymphadenectomy is the standard recommendation. Our aim is to compare the feasibility, safety and surgical outcomes between laparoscopic surgery (LHR) and open laparotomy (HR) in early stage cervical cancer.

Methods We performed a retrospective review of patients with early stage cervical cancer treated with radical hysterectomy and pelvic lymphadenectomy between 2013 and 2018 Hospital Dr Sótero del Rio, Santiago de Chile. We analyzed clinicals reports and statistical studies was performed.

Results We analyzed 72 patients, 47 (65%) by laparoscopy and 25 (35%) laparotomy. FIGO stage included IA2 (4), IB1 (62), IB2 (3), II A (3) Both groups were similars; age, associated pathology, histology (squamous 70%, adenocarcinoma 29%, adenoescamoso 1%) and surgical stage. Two patients required conversion to laparotomy. There were no statistical differences between body mass index, pelvic lymph nodes removed (17 vs 16), operative time and adyuvant chemoradiation 28 (39%). LHR need less analgesic and the recovery were faster than laparotomy. The mean estimated lost blood was decreased in the laparoscopic group (145 vs 391 ml), ($p=0,025$) and the length of postoperative hospital stay ($p=0,009$) were significantly shorter in the LHR. There were two urethral injuries in both groups one rectum injury in LHR, three wounds infections and obturator nerve section in HR

Conclusions Laparoscopic radical surgery has similar therapeutic efficacy compare to HR, however it has more favorable surgical outcomes including less estimated blood loss, faster recovery and shorter hospital stay. Oncologic outcome requires longer follow up.

IGCS19-0680

201 LAPAROSCOPIC EXTRA-PERITONEAL PARA-AORTIC NODE DISSECTIONS IN THE BELFAST TRUST OVER THE LAST 9 YEARS: A SINGLE INSTITUTION EXPERIENCE FOR LOCALLY ADVANCED CERVICAL CARCINOMA

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Objectives Cervical cancer is one of the most commonly occurring female cancers with increasing incidence. The mainstay of treatment for locally advanced disease is primary chemoradiotherapy. Pre-operative imaging in combination with laparoscopic extraperitoneal para-aortic node dissection (LEP-AND) has been used to best target this treatment. This study looked at all women in the Belfast Trust over the last 9 years who had this investigation as part of their pre-treatment workup.

Methods Retrospective data was collected for all those who had LEPAND for locally advanced cervical cancer from January 2010 to December 2018. All women had pre-operative imaging that suggested positive pelvic nodes but negative para-aortic nodes.

Results Sixty women were identified in this group ageing 23–69 with median age 39. 93.3% had stage 2b cervical cancer, the remainder were 1b2 or 3b. 17% had adenocarcinoma of the cervix and 83% had squamous cell carcinoma. The median survival overall is 5 years. 70% of women had primary LEPAND surgery before chemoradiotherapy with the remainder having primary treatment before surgery. 15% of the study population died, 90% of which died within two years of diagnosis. 67% of these women had primary LEP-AND followed by chemoradiotherapy with the others proceeding straight to primary treatment prior to surgery. 5% (3/60) had positive para-aortic nodes on histopathology although 100% appeared node negative on MRI/PET imaging. None with positive nodes had recurrences but 66% died within 2 years.