

disease, 2 had persistent HPV infection and 1 had recurrence carcinoma treated with pelvic exenteration.

Conclusions Cervical dysplasia and malignancy after HPV vaccination can occur, and a majority of cases are HPV associated, suggesting incomplete coverage of the vaccine or vaccination after HPV exposure. In our series, all vaccinations occurred after the CDC recommended age of 11–12 years old, which highlights the need to complete vaccination prior to HPV exposure, in addition to continued screening for cervical cancer per guidelines.

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POINT-OF-CARE SURROGATE BIOMARKERS FOR CERVICAL CANCER SCREENING: FEASIBILITY OF E7 ONCOPROTEIN AND P16INK4A DETECTION IN CERVICAL SAMPLES

SOA Leung*, S Feldman, K Elias. *Brigham and Women's Hospital, Obstetrics and Gynecology – Gynecologic Oncology, Boston, USA*

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Objectives As E7 oncoprotein is synthesized in the latter stages of cervical carcinogenesis, it may be a more specific biomarker for dysplasia than Pap and HPV. By sequestering cations, E7 monomers form oligomers detectable by Dynamic Light Scattering (DLS). p16INK4a staining has been used as an adjunct to cytology but not in a point-of-care setting. Our aim is to detect E7 oncoproteins using DLS and p16INK4a using immunodetection in cervical samples.

Methods Protein lysates from HeLa cells, which express E7 and p16INK4a, and third trimester placenta (3TP), which do not express E7 or p16INK4a, were characterized by DLS as well as p16INK4a antibody by Western blot to establish positive and negative reference standards, respectively. Patient samples were profiled by DLS and Western blots and correlated with clinical findings.

Results Addition of 10mM EDTA resulted in a monomorphic peak at ~75nm in diameter for HeLa that is distinct from 3TP (~160nm) by DLS, corresponding to a likely E7 oligomer of ~1100kDa on native Western blot. 60 patient samples have been collected thus far with DLS patterns that roughly correlate to those seen using cell lines. Western blot probed with p16INK4a antibody was positive and negative for patients with dysplasia/cancer and without cervical abnormalities respectively.

Conclusions Preliminary results suggest feasibility of detecting E7 oligomers by DLS and p16INK4a by immunodetection in patient samples and its potential as a point-of-care test. The presence of E7 in patient samples will be confirmed with mass spectrometry and sensitivity and specificity of p16INKa will be determined with additional patient samples.

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TREATMENT OUTCOME FOR PRIMARY CERVIX LARGE B-CELL LYMPHOMA: A CLINICAL ANALYSIS OF 37 CASES

X Liu*, L Yizhen, X Zuguang. *Cancer Hospital- Fudan University, Medical Oncology, Shanghai, China*

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Objectives Cervical lymphoma is a rare condition and may be difficult to diagnose and treatment. Large B-cell lymphoma is among the most common sub-type of Cervical Lymphoma. No standard treatments for patients with this entity have been introduced currently. Only case reports published in the literature and indicated the R-CHOP regimens in combination with involved field radiation therapy (RT) are effective. We retrospectively analyse the 37 patients with primary cervix large B-cell lymphoma and outcome after R-CHOP in combination with RT.

Methods Thirty-seven untreated primary cervix large B-cell lymphoma patients received R-CHOP like regimens. Fourteen of them underwent subsequent RT. Thirteen of them received subsequent salvage chemotherapy.

Results Of 37 patients underwent R-CHOP chemotherapy, only 3 patients received the radical surgery. An overall response rate (ORR) was 78.3% after completion of chemotherapy. The PFS and OS rate at 5 years were 58% and 69%, respectively. For 14 patients who received RT after R-CHOP, an estimated ORR were 89.2%. For all patients, The PFS reached the platform after 2 years follow up and the OS after 3 years according to the survival curve analysis. The international prognostic index (IPI) score were the only predictor of worse outcome.

Conclusions R-CHOP regimens plus involved field radiation therapy led high response rate in primary cervix large B-cell lymphoma. Patients with high IPI had a trend of less satisfied with R-CHOP regimens plus IFRT. Future prospective and multicenter studies are needed. By the way, we are conducting a gene expression profile between DLBCL-unspecified and primary cervix large B-cell lymphoma by NGS.

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A CASE REPORT: ADVANCED CERVICAL CANCER DIAGNOSED WITH ACUTE PERITONITIS AND EMERGENT SURGERY WITH OMENTUM METASTASIS

¹O Masari*, ²Y Onishi, ²M Minematsu, ²S Natsuaki. ¹Fukuoka Tokusyuikai Hospital, Obstetrics and Gynecology, Fukuoka, Japan; ²Fukuoka Tokusyuikai Hospital, Obstetrics and Gynecology, Fukuoka, Japan

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Objectives Advanced cervical cancer are often diagnosed with atypical genital bleeding, urological symptoms, distant metastasis. We report a case of stage IV uterine cervical cancer, which was found after acute surgical operations suspected bowel perforation.

Methods A 37-years-old woman (G1-P1) visited the ER department of our hospital because of upper abdominal pain, she had peritoneal irritation sign. Abdominal ultrasound showed swelling appendicitis, para-aortic lymph nodes, and ileocecal nodules. The computed tomographic scanning showed thickening rectal mucosa. Our surgeons suspected carcinomatous peritonitis by appendix tumor and gastrointestinal perforation. And on that day, surgeons did emergent laparoscope, findings suggested cancerous peritonitis with stage IV rectal cancer, but the final pathological diagnosis of appendix and omentum was squamous cell carcinoma. So, we suspected metastasis from uterine cervical squamous cancer.

Results We had confirmed swelling cervical tumor and infiltration to rectal, and she was diagnosed stage IV cervical cancer.