

Abstract EPV090/#629 Table 1 Patient details

Parameters	Total(%)
n(%)	111(100%)
Age in years	57.52
Stage 1 2A 2B 3A 3B 4A 4B	30 (16%) 1(0.05%) 44(25%) 1(0.05%) 22(12%) 1(0.05%) 13(7%)
Chemo-radiation Radiation(RT) Surgery Surgery –	58(52%) 11 (9%) 11 (9%) 12 (10%) 1
Adjuvant NACT * - surgery NACT* –RT	(0.9%) 1 (0.9%) 2 (1.8%) 9(8%)
Chemotherapy Palliative treatment	

demographics, treatment modalities and outcomes were analyzed in 111 patients who had treatment in this institution.

Results The mean age of the patients was 57.52 years (Range 20–84 years). Demographics and treatment details are presented in the attached table (table 1). The median follow up period was 20 months. The median overall survival in stage 1, stage 2, stage 3 and stage 4 are 37(IQR:17–60), 28(IQR: 12.5–40.5), 11.5(IQR:7–34) and 9 (IQR:5–16) months respectively. The median survival for the entire cohort was 22 months (IQR : 9–48).

Conclusions This present study shows poorer survival when compared to squamous cell carcinoma in literature. The benefit of addition of chemotherapy or surgery as salvage to the present standard of care needs to be studied prospectively in a larger population.

EPV091/#647

TREATMENT OF LOCAL AND LOCO-REGIONAL RECURRENCES IN LOCALLY ADVANCED CERVICAL CANCER, RETROSPECTIVE STUDY

¹D Cantu-De Leon, ²L Gallardo-Alvarado, ¹G Moreno*, ²J Galicia. ¹Instituto Nacional de Cancerología, Gynecology Oncology, Mexico, Mexico; ²Instituto Nacional de Cancerología, Clinical Research, Mexico, Mexico

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Objectives Recurrent disease in the central pelvis following radiation therapy may potentially be cured with pelvic exenteration (PE) procedure. However, there are other options of treatment according to the characteristics of the patients. The aim of this study is to describe treatments and clinical outcomes in patients with isolated pelvic failures after definitive radiation treatment for cervix cancer.

Methods Cervical cancer patients with isolated pelvic failure after definitive radiation with brachytherapy (RT) were identified in a tertiary academic center from 2005 to 2014. Isolated failures in the cervix or pelvic nodes were biopsy-proven, and had a compute tomography without distant metastasis.

Results Isolated pelvic failure was detected in 79(7.6) out of 1046 consecutive patients treated RT. The median time to isolated pelvic recurrence was 15 months (range 3–153). Median follow-up time for patients alive after isolated pelvic recurrence was 49 months (range 2–181). of these 79 patients, 19 (24.1%) have PE has elective treatment but only 3 (3.8%) received this procedure, 3 (3.8%) patients had radical hysterectomy (2 patients by original treatment plan and one did not accept PV), 32 (40.5%) was candidate for SC and receive this treatment. 3 patients (3.8%) was candidate palliative care but 13 (16.5%) receive chemotherapy. 24 patients (30.4%) did not receive other treatment, or rejected treatment. Median OS for

patients treated with surgery, chemotherapy, or palliative care or not was 20 months (14–145), 9 months (2–12), respectively.

Conclusions Locoregional recurrence could be cured by pelvic exenteration, but most of the patient did not accept the treatment compromising the overall survival.

EPV092/#74

TODAY'S PREVENTABLE CANCERS: HPV VACCINATION KNOWLEDGE AND UPTAKE IN HEALTH PROFESSIONAL GRADUATE STUDENTS (HPS)

¹M Levy*, ²P Novoa-Vogt, ²M Castillo, ²M Huang. ¹University of Miami Miller School of Medicine, Department of Medical Education, Miami, USA; ²Sylvester Comprehensive Cancer Center, Department of Gynecologic Oncology, Miami, USA

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Objectives HPV vaccination is safe and effective for cancer prevention, but uptake remains low. Very little data exists on attitudes and knowledge of HPV vaccines among HPS. Edification of HPS knowledge will improve their ability to educate patients.

Methods This cross-sectional survey study of HPS (medical, public health, nursing) assessed knowledge of HPV, HPV vaccine, and vaccine uptake. The study was IRB approved (#20201459). Data analysis was conducted in SPSS.

Results 234 students completed the survey with more students identifying as female (Table). Knowledge of the HPV vaccine differed significantly between professions ($p < 0.001$) and was significantly higher in medicine compared to both nursing ($p < 0.001$) and public health ($p < 0.01$). Knowledge of HPV differed significantly between professions ($p < 0.001$) and was significantly higher in medicine compared to both nursing ($p < 0.001$) and public health ($p < 0.005$). There were no knowledge differences between the nursing and public health schools. Nursing and public health students largely were unaware that the latest age to receive vaccination is 44. 92% of participants initiated the HPV vaccine series, but only 61% completed the vaccine series.

Abstract EPV092/#74 Table 1 Demographics, vaccination status, and knowledge by school

	Medicine n = 141 (18%)	Nursing n = 54 (14%)	Public Health n = 39 (35%)
Biological Sex			
Female	108 (77)	48 (89)	35 (90)
Male	33 (23)	6 (11)	4 (10)
HPV Related Cancer Risk Factors			
Used Oral Contraceptive Pills	85 (60)	33 (61)	27 (69)
Have Smoked	1 (1)	2 (4)	2 (5)
Sexually active	120 (85)	41 (76)	31 (80)
HPV vaccine knowledge, median (SD)	0.800 (0.188)	0.634 (0.211)	0.634 (0.199)
Initiated HPV vaccine Series	112 (79)	38 (70)	33 (85)
Completed HPV vaccine Series	93 (66)	24 (46)	27 (69)
HPV knowledge, median (SD)	0.846 (0.104)	0.769 (0.122)	0.769 (0.106)
Condoms are effective in preventing against HPV. (False)	29 (21)	16 (30)	7 (18)
HPV is spread through blood or other bodily fluid. (False)	61 (43)	12 (22)	16 (41)
Oldest age for HPV vaccine			
15	8 (6)	4 (7)	5 (13)
26	27 (19)	19 (35)	16 (41)
34	15 (11)	5 (9)	4 (10)
44 (correct)	86 (61)	24 (44)	13 (33)