patients experience persisting substantial symptoms. LAPERS/median prevalence ratios close to 1 indicate that the proportion of patients experiencing substantial symptoms displayed in the prevalence over time are the same individual patients with persisting symptoms.

Conclusions LAPERS method provides complementary information to prevalence and incidence rates. LAPERS provides a more appropriate tool for a valid assessment of patients' burden of substantial toxicity.

IGCS19-0619

19

A LARGE, MULTICENTER, RETROSPECTIVE STUDY ON EFFICACY AND SAFETY OF STEREOTACTIC BODY RADIOTHERAPY (SBRT) IN OLIGOMETASTATIC OVARIAN CANCER (MITO RT1 STUDY)

¹G Macchia, ²R Lazzari, ³N Colombo, ⁴C Laliscia, ⁵G Capelli, ⁶GR D'Agostino, ¹F Deodato, ⁷F Trippa, ⁸E Ippolito, ²S Ronchi, ⁴F Pajar, ⁶M Scorsetti, ⁹S Cilla, ²R Ingargiola, ¹⁰A Huscher, ¹¹AM Cerrotta, ¹²F Andrei, ¹³L Vicenzi, ¹⁴D Russo, ¹⁵S Borghesi, ¹⁶E Perrucci, ¹⁷S Pignata, ¹⁸C Aristei, ¹⁹AG Morganti, ²⁰G Scambia, ²¹V Valentini, ²BA Jereczek-Fossa, ²²G Ferrandina*. ¹Fondazione di Ricerca e Cura Giovanni Paolo II, Radiotherapy Unit, Campobasso, Italy; ²IEO European Institute of Oncology- IRCCS, Division of Radiotherapy, Milan, Italy; ³IEO European Institute of Oncology- IRCCS and University of Milan-Bicocca, Division of Medical Gynecologic Oncology, Milan, Italy; ⁴Division of Radiation Oncology- University of Pisa, Department of Translational Medicine, Pisa, Italy; ⁵University of Cassino and Southern Lazio, Department of Human Sciences- Society and Health, Cassino, Italy; ⁶Humanitas Clinical and Research Hospital – IRCCS, Radiotherapy and Radiosurgery, Rozzano MI, Italy; ⁷S. Maria Hospital, Radiation Oncology Centre, Terni, Italy; ⁸Campus Bio-Medico University, Department of Radiation Oncology, Rome, Italy; ⁹Fondazione di Ricerca e Cura Giovanni Paolo II, Medical Physic Unit, Campobasso, Italy; ¹⁰Fondazione Poliambulanza, U.O. di Radioterapia Oncologica "Guido Berlucchi", Brescia, Italy; ¹¹Fondazione IRCCS Istituto Nazionale dei Tumori, Radiotherapy Unit, Milan, Italy; ¹²San Raffaele Scientific Institute, Department of Radiation Oncology, Milan, Italy; ¹³Azienda Ospedaliera Universitaria Ospedali Riuniti, Oncology and Radiotherapy-, Ancona, Italy; ¹⁴Ospedale "Vito Fazzi", Radiotherapy Unit, Lecce, Italy; ¹⁵Azienda USL Toscana sud est-San Donato Hospital, Radiotherapy, Arezzo, Italy; ¹⁶University of Perugia and Perugia General Hospital, Radiation Oncology Section, Perugia, Italy; ¹⁷Istituto Nazionale Tumori di Napoli, Fondazione Pascale IRCCS, Naples, Italy; ¹⁸University of Perugia and Perugia General Hospital, Radiation Oncology Section, Perugia, Italy; ¹⁹University of Bologna- S. Orsola-Malpighi Hospital, Department of Experimental- Diagnostic and Specialty Medicine – DIMES, Bologna, Italy; ²⁰Fondazione Policlinico Universitario A. Gemelli- IRCCS, UOC Ginecologia Oncologica- Dipartimento per la salute della Donna e del Bambino e della Salute Pubblica, Roma, Italy; ²¹Fondazione Policlinico Universitario A. Gemelli- IRCCS, UOC di Radioterapia- Dipartimento di Scienze Radiologiche- Radioterapiche ed Ematologiche, Roma, Italy; ²²Fondazione Policlinico Universitario A. Gemelli- IRCCS- UOC Ginecologia Oncologica, Dipartimento per la salute della Donna e del Bambino e della Salute Pubblica, Roma, Italy

10.1136/ijgc-2019-IGCS.19

Objectives The aim of this retrospective, multicenter study (MITO RT-01) was to define activity and safety of Stereotactic Body Radiotherapy (SBRT) in a very large, real life dataset of metastatic/persistent/recurrent ovarian cancer (MPR-OC) patients. Clinical and SBRT parameters have been analyzed in order to identify predictors of outcome.

Methods The endpoints of the study were the rate of complete response (CR) to SBRT, and the 24-month actuarial local control (LC) rate on "per lesion" basis. The secondary endpoints were acute and late toxicities, and the 24-month

actuarial late toxicity free survival. Toxicity was evaluated by RTOG/EORTC and CTC-AE scales, according to center policy. Logistic and Cox regression were used for the uni- and multivariate analysis of factors predicting clinical CR and actuarial outcomes.

Results CR, PR and SD were observed in 291 (65.2%), 106 (23.8%), and 33 (7.4%) lesions. Patient age <60 years, PTV <18 cm³, lymph node disease, and BED α/β 10 >70 Gy were associated with higher chance of CR in the multivariate analysis. With a median follow-up of 22 months (range: 3–120), the 24-month actuarial LC rate was 81.9%. Achievement of CR and total dose >25 Gy were associated with better LC rate in the multivariate analysis. Mild toxicity was experienced in 54 (20.7%) patients. The 24-month late toxicity free survival rate was 95.1%.

Conclusions This study confirms the activity and safety of SBRT in MPR-OC patients and identifies clinical and treatment parameters able to predict CR and LC rate.

IGCS19-0461

20

CLINICAL TRIAL WITH TOPICAL USE OF ESTROGEN, TESTOSTERONE AND VAGINAL DILATOR IN WOMEN WITH CERVICAL CANCER AFTER RADIOTHERAPY- EVALUATION OF QUALITY OF LIFE (QOL)

J Martins, A Francisca Vaz, R Célia Grion, S Carlos Barros Esteves, L Costa-Paiva, L Francisco Cintra Baccaro*. *University of Campinas- UNICAMP/CAISM, Gynecology, Campinas, Brazil*

10.1136/ijgc-2019-IGCS.20

Objectives With improved survival rates for locally advanced cervical cancer, research focus has shifted to treatment-related adverse events. A clinical trial was conducted to compare the effects of topical estrogen, topical testosterone and vaginal dilator in QOL of women after radiotherapy.

Methods Clinical trial of 195 women, randomized to receive topical estrogen (66), topical testosterone (34), vaginal dilator (29) or lubricating gel (66) for one year, starting soon after the end of radiotherapy from 01/2013 to 05/2018. The outcome variable was QOL evaluated by WHOQOL-bref. Evaluations were performed shortly after radiotherapy (afterRT), 4 months (4m), 8 months (8m) and one year after treatment (12m). Statistical analysis was carried out using ANOVA and multiple linear regression.

Results The mean age of women was 46.78 ($\pm$ 13.01) years, 61,03% were premenopausal and 73,84% had stage IIB-IIIB tumors. No changes were observed in the different WHOQOL-bref domains for the different treatment groups during the intervention period, except for the physical domain, where a significant improvement of the mean score was observed in the testosterone (after RT $\neq$ 8m,12m; 4m $\neq$ 8m; p<0.01) and vaginal dilator group (after RT $\neq$ 8m,12m; p<0.01). Multiple linear regression was performed to evaluate the factors associated with the percentual change in the WHOQOL-bref scores after 12 months of intervention. Having received teletherapy and brachytherapy (β =38.09, p<0.01) and using a vaginal dilator (β =24.43; p=0.01) were