was 33 & 16 months and OS was not achieved in primary and the recurrent setting respectively. In Comparison CRS with IV group had a DFS & OS of 28 & 42 months whereas CRS with IP group showed 38 & 55 months respectively. Intraperitoneal therapy group had lesser overall recurrence compared to IV arm.

Conclusions CRS+IP & CRS+HIPEC group had lesser overall & peritoneal recurrences and better DFS than CRS+IV group. The role of hyperthermia for intraperitoneal chemotherapy in comparison to IP arm needs evaluation with well designed multi-institutional randomised study.

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26 THE IMPACT OF USING NEAR-INFRARED ANGIOGRAPHY DURING RECTOSIGMOID RESECTION AND ANASTAMPSIS IN PATIENTS UNDERGOING GYNECOLOGIC CANCER SURGERY

[1]L Moukarzel*, [2]S Leiva, [1]M Wu, [3]M Byrne, [1]N Abu-Rustum, [1]Y Sonoda, [1]G Gardner, [1]M Leitao, [1]V Broach, [1]D Chi, [1]K Long Roche, [1]O Zivanovic. *[1]Memorial Sloan Kettering Cancer Center, Gynecology Service Department of Surgery, New York, USA; [2]Hurley Medical Center, Obstetrics and Gynecology, Flint, USA; [3]Hospital of the University of Pennsylvania, Obstetrics and Gynecology, Philadelphia, USA*

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Objectives Reducing anastomotic leak rates after rectosigmoid resection and anastomosis is a priority in patients undergoing gynecologic oncology surgery. Therefore, we investigated the implications of performing near-infrared angiography (NIR) via proctoscopy to assess anastomotic perfusion at the time of rectosigmoid resection and anastomosis.

Methods We identified all patients who underwent rectosigmoid resection and anastomosis for a gynecologic malignancy between January 1, 2013 until December 31, 2018. NIR proctoscopy was assessed via the PinPoint Endoscopic Imaging System (NOVADAQ, Canada).

Results A total of 410 patients were identified, among which NIR was utilized in 134 (32.7%) patients. There were no statistically significant differences in age, race, BMI, type of malignancy or surgery, histology, FIGO stage, hypertension, diabetes, or pre-operative chemotherapy between NIR and non-NIR groups. All cases of rectosigmoid resection underwent stapled anastomosis. The anastomotic leak rate was 2/134 (1.2%) in the NIR cohort compared to 13/276 (4.7%) non-NIR (p=0.10). Diverting ostomy was performed in 9/134 (6.7%) NIR patients and 53/276 (19%) non-NIR patients (p<0.001). Post-operative abscesses occurred in 4/134 (6.0%) NIR patients and 44/276 (15.9%) non-NIR patients (p=0.004). The NIR cohort had significantly fewer post-operative interventional procedures (12/134, 9.0% NIR vs. 55/276, 20.0% non-NIR, p=0.01) and significantly fewer 30-day readmissions (15/134, 11.2% NIR vs. 60/276, 21.7% non-NIR, p=0.01).

Conclusions The use of NIR proctoscopy is a safe tool to assess anastomotic rectal perfusion after rectosigmoid resection and anastomosis with a low anastomotic leak rate of 1.2%. Its potential usefulness should be evaluated within randomized trials in patients undergoing gynecologic cancer surgery.

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27 GX-188E, A THERAPEUTIC HPV VACCINE, IN COMBINATION WITH IMIQUIMOD OR IL-7-HYFC FOR TREATMENT OF HPV-16 OR HPV-18 RELATED CIN 3: RESULTS FROM PHASE 2 STUDY

[1]JS Park*, [2]SJ Lee, [2]SY Hur, [3]TJ Kim, [3]SR Hong, [4]JK Lee, [5]CH Cho, [6]YS Suh, [1]JW Woo, [7]YC Sung. *[1]Genexine- Inc., Clinical Development, Gyeonggi, Republic of Korea; [2]Seoul St Mary's Hospital, Department of Obstetrics and Gynecology, Seoul, Republic of Korea; [3]Konkook University Hospital, Department of Obstetrics and Gynecology, Seoul, Republic of Korea; [4]Korea University Guro Hospital, Department of Obstetrics and Gynecology, Seoul, Republic of Korea; [5]Keimyung University Dongsan Medical Center, Department of Obstetrics and Gynecology, Daegu, Republic of Korea; [6]Genexine- Inc., DNA Research Institute, Gyeonggi, Republic of Korea; [7]Genexine- Inc., Chief Technology Officer, Gyeonggi, Republic of Korea*

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Objectives We conducted a prospective, randomized, phase 2 clinical trial of GX-188E, a therapeutic HPV vaccine in combination with Imiquimod (IMQ) or IL-7-hyFc for HPV-16 or -18 related CIN 3. The primary endpoint was to determine the histopathological regression to <CIN1 assessed at week 20 (W20), and at week 36 (W36). In addition, viral clearance, HPV E6/E7 specific T-cell response and Flt-3L concentration were also assessed.

Methods Hypothesis was that combination of GX-188E with IMQ or IL-7-hyFc could result in synergistic improvement of immune-mediated tumor clearance compared to GX-188E alone.

Results In total, 51 patients were randomized, and 1 dropout occurred due to pregnancy. Among 25 patients receiving GX-188E plus IMQ, 16 (64%) and 18 patients (72%) at W20 and W36 demonstrated histopathological regression, respectively. HPV clearance was observed in 13 (52%) and 15 patients (60%) at W20 and W36, respectively. On the other hand, in patients receiving GX-188E plus IL-7-hyFc, 4 (16%) and 11 out of 25 patients (44%) showed histopathological regression at W20 and W36, respectively.

The lower efficacy obtained in GX-188E plus IL-7-hyFc may be attributed to insufficient local delivery of IL-7-hyFc via transcytosis across mucosal layer due to its liquid formulation. Considering vaginal fluid may also disturb mucosal delivery pathway, development of appropriate formulation is necessary.

Conclusions To better understand the mechanism of systemic and local HPV-specific T cell responses induced by GX-188E, immunological analysis including intracellular cytokine staining PBMC, analysis of tumor infiltrating CD4/CD8 T cells and levels of CD69, CD103, and foxp3 are needed.