The aims were to investigate the response rate of a self-collected vaginal HPV sample sent to long-term non-attendees and the prevalence of cervical dysplasia among the responders.
**Methods** A vaginal HPV self-sampling kit was sent to 19,766 women aged 30–70 years with no cervical screening sample for 37 years. The self-sample was analyzed by Aptima HPV mRNA assay (Hologic). Women positive for HPV mRNA were invited for follow-up.
**Results** The response rate of the self-collected vaginal HPV sample was 18.5% (3652/19,766). The prevalence of HPV mRNA was 11.0% (402/3,652). The histo-pathologically confirmed prevalence of HSIL or cancer was 7.7% (31/402) in the HPV positive women and in the whole group of responders 0.85% (31/3,652), including two cervical and one vaginal cancer.
**Conclusions** Self-collected vaginal HPV samples increased coverage in cervical screening among long time non-attendees. The prevalence of HPV mRNA was higher (11%) in long time non-attenders than in women attending the screening program within routine screening intervals (7%) (p<0.001), but the prevalence of HSIL and cervical cancer was similar as in regularly screened women.

# IGCS19-0576

## 62 END OF LIFE (EOL) CARE IN GYNECOLOGICAL CANCER PATIENTS – A POPULATION-BASED STUDY IN OSLO COUNTY, NORWAY

[1]T Paulsen*, [1]H Liland, [1]B Kloppen, [1]M Sylten Engh, [2]M Turzer, [1]K Lindemann. *[1]Oslo University Hospital, Department of Gynaecological Oncology, Oslo, Norway; [2]Hospital Østfold Kalnes, Department of Oncology, Kalnes, Norway*

10.1136/ijgc-2019-IGCS.62

**Objectives** To assess EOL care in the last 30 days and place of death among gynecological cancer patients.
**Methods** This retrospective study included all gynecological cancer patients who died between Jan 1st 2015 and Dec 31st, 2017 in Oslo County. Descriptive statistics were used. P-values of <0.05 were considered statistically significant.
**Results** We included 215 patients, of those 53% ovarian- (OC), 30% endometrial- (EC), 14% cervical cancer (CC) and 3% with other gynecological cancers. 15% had more than 3 lines of treatment prior to death. In the last 30 days, 13% of patients received chemotherapy, 61% were admitted to hospital and 32% had a surgical intervention (drainage of pleural effusions, ascites, gastric probe, palliative surgery for bowel obstuction, venous access port ect.). Only 46% of the patients were referred to palliative care prior to death. A third of the patients died in hospital (33%), 26% in palliative care units, 22% in nursing homes while 7% died at home. CC patients were more often referred to palliative team (P<0.001). They were also using more opiates (88%) than OC and EC patients (73 and 66%; P<0.001) and were prescribed medication according to the Liverpool Care Pathway (LCP) in 67% compared to 29 and 42% in OC and EC patients. OC patients had more often chemotherapy (20%) and surgical interventions (43%) towards EOL (<0.001).
**Conclusions** Less than half of the patients received multidisciplinary care including palliative care towards EOL. Especially ovarian cancer patients may benefit from early integration of palliative care to avoid futile treatment towards EOL.

# IGCS19-0578

## 63 SURGICAL STAGING FOR HIGH-GRADE UTERINE SEROUS CARCINOMA: IS LYMPHADENECTOMY REQUIRED?

[1]J Casarin*, [2]G Bogani, [3]E Piovano, [4]F Falcone, [5]F Ferrari, [5]F Odicino, [3]A Puppo, [6]M Malzoni, [4]S Greggi, [2]F Raspagliesi, [1]F Ghezzi. *[1]University of Insubria, Womens' and Children Hospital- Obstetrics and Gynecology, Varese, Italy; [2]National Cancer Institute-Milan, Gynecologic Oncology, Milan, Italy; [3]Regina Montis Regalis- Mondovì, Obstetrics and Gynecology, Mondovì, Italy; [4]National Cancer Institute- Naples, Gynecologic Oncology, Naples, Italy; [5]Spedali Civili Brescia, Obstetrics and Gynecology, Brescia, Italy; [6]Endoscopica Malzoni-Center for Advanced Endoscopic Gynecological Surgery- Avellino, Obstetrics and Gynecology, Avellino, Italy*

10.1136/ijgc-2019-IGCS.63

**Objectives** To assess the role of a systematic lymphadenectomy for surgical staging of high-grade uterine serous carcinoma (USC).
**Methods** Data of consecutive patients with apparent early stage USC surgically treated at six Italian tertiary referral cancer centers were analyzed. Data was compared between patients who had retroperitoneal staging including at least pelvic lymphadenectomy "LND" (±para-aortic) vs. patients who underwent hysterectomy alone "NO-LND". Baseline, surgical and oncological outcomes were analyzed. Survival curves were estimated, and the significant predictive prognostic variables were assessed.
**Results** 140 patients were analyzed, 106 LND and 34 NO-LND. NO-LND group (compared to LND) included older patients (median age 73 vs. 67 years), and with higher comorbidities (median CCI 6 vs. 5) (all p-values <0,001). Surgical related outcomes and complications did not significantly differ between the groups. Similar recurrence rates were registered (LND 33,1% vs. NO-LND 41,4%; p=0,240) and no significant difference in Disease-Free survival (DFS) was estimated (Log-Rank test, p=0,084) among the groups, while overall survival (OS) was significantly poorer in NO-LND group (p<0,001). Multivariable Cox proportional hazards regression analysis showed the presence of extra-uterine disease as independent predictor of DFS (HR 1,530 – 7,828, p= 0,003). Regarding OS, both age (1,044 -1,150) and extra-uterine disease (1,406 – 4,701) were found as independent predictors.
**Conclusions** This large retrospective series showed no association between the systematic performance of lymphadenectomy and survival in patients undergoing surgical staging for apparent early-stage USC.