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**CLINICAL TRIAL WITH TOPICAL USE OF ESTROGEN, TESTOSTERONE AND VAGINAL DILATOR IN THE PREVENTION OF VAGINAL STENOSIS IN WOMEN WITH CERVICAL CANCER AFTER RADIOTHERAPY**

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**Objectives** To compare the efficacy of topical estrogen, testosterone and vaginal dilator in the prevention/treatment of vaginal stenosis in women with cervical cancer after radiotherapy.

**Methods** Clinical trial of 195 women referred for radiotherapy at a university hospital from 01/2013 to 05/2018, 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. The outcome variable was vaginal stenosis assessed using the Common Terminology Criteria Adverse Events (CTCAE) scale and percental changes in vaginal volume. Evaluations were performed shortly after radiotherapy, 4 months, 8 months and one year after treatment. Statistical analysis was carried out using Symmetry and Kruskal-Wallis tests.

**Results** The mean age of women was 46.78 (±13.01) years, 61.03% were premenopausal and 73.84% had stage IIB-IIIB tumors. The mean reduction in vaginal volume in the total group was 25.47%, with similar worsening in the four treatment groups with no statistical difference throughout the intervention period (figure 1).

**Conclusions** There was worsening of vaginal stenosis evaluated by CTCAE scale after 1 year in all groups (p<0.01), except for the users of vaginal dilator (p=0.37).

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**ABCB1 AND SCL0181 GENE POLYMORPHISMS PREDICT METHOTREXATE-RESISTANCE IN LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA**

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**Objectives** Methotrexate has long been used successfully and is preferred worldwide for the treatment of low-risk gestational trophoblastic neoplasia. However, 26.4% of patients develop resistance and require changes to second-line chemotherapy. In the search for personalised treatment approaches, a link has been suggested between ABCC1 and SCL0181 genes and methotrexate resistance. Thus, the aim of the study was to investigate whether ABCB1 and SCL0181 gene polymorphisms predict methotrexate resistance in low-risk gestational trophoblastic neoplasia.

**Methods** A total of 107 patients with low-risk gestational trophoblastic neoplasia undergoing surgery for apparent early-stage EC at our Institution were prospectively treated with SLN mapping using indocyanine green (ICG) according to the Memorial Sloan Kettering Cancer Center (MSKCC) algorithm. As per MSKCC algorithm, four mL (1.25 mg/mL) of ICG were injected into the cervical submucosa and stroma, at the 3 and 9 o’clock positions (1 mL each). In case of no detection or unilateral detection, cervical re-injection was performed followings the same steps as previously described. Overall (successful mapping of at least one hemipelvis) and bilateral detection were evaluated pre- and post-re-injection.

**Results** Of the 107 patients undergoing robotic-assisted surgical staging for EC during the study period, 7 cases with no detection or unilateral detection who did not underwent re-injection were excluded. Among the remaining 100 patients, after a single injection the overall detection rate was 98% (95% CI, 92.2–99.6%) with a 69% (95% CI, 58.8–77.7%) of bilateral detection rate. After re-injection, overall and bilateral detection rate were 100% (95% CI, 95.3–100%) and 91% (95% CI, 8.32–95.5%), respectively.

**Conclusions** In the case of no detection or unilateral sentinel lymph node detection, cervical re-injection of ICG can increase overall and bilateral detection rate, thus decreasing the number of patients requiring a complete bilateral or sidespecific lymphadenectomy.