

needs to be designed to evaluate the impact of single dose of intraperitoneal heated therapy & its interplay in delay on starting adjuvant chemotherapy.

## IGCS19-0102

100

### A NEW TECHNIQUE OF SENTINEL LYMPH NODES DETECTION IN VULVAR CANCER PATIENTS. THE SARVU STUDY

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**Objectives** We have created the SARVU study (Sentinel Lymph Nodes Detection with Sentimag against Radiotracer in Vulvar Cancer) to compare and validate the use of ferromagnetic technique of SLN detection with iron oxide tracer (Sienna+<sup>®</sup>) and magnenometer probe (Sentimag<sup>®</sup>) vs. standard procedure with radioisotope (Tc99) and gamma probe in vulvar cancer patients.

**Methods** We included 20 patients with squamous vulvar tumour less than 4 cm and negative lymph nodes in imaging pre-op work-up. The primary endpoint was the proportion of successful SLN detection with Sienna+<sup>®</sup> vs. Tc99. The secondary endpoints were: the average of SLN per patient, the proportion of SLN detected (nodal detection rate), the proportion of pathologically positive results (malignancy rate) per patient and per node.

**Results** We found SLN in every case with both studied methods with equal average distribution (3.3 SLN per patient). SLN detection rate per patient was 100% in both techniques. Nodal detection sensitivity was 98,5% for ferromagnetic and 93,8% for radioactive tracer. Malignancy detection rate per patient was 100% positive with both methods. Malignancy rate for nodes was 21,5% and for patients - 45%.

**Conclusions** We consider the new method of SLN detection with the use of ferromagnetic injection in vulvar cancer patients as reliable, safe and non inferior to the standard of care with a radiocolloid. However these promising data are few thus the SARVU study must be continued to prove the efficacy of a novel technique of Sentimag/Sienna+<sup>®</sup> use in SLN detection in vulvar carcinoma.

## Poster Discussion with the Professor Station 6

### IGCS19-0360

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### FERTILITY SPARING TREATMENT WITH LEVONORGESTREL INTRAUTERINE DEVICE AFTER COMPLETE MACROSCOPIC HYSTEROSCOPIC RESECTION FOR WELL DIFFERENTIATED EARLY STAGE ENDOMETRIOD ADENOCARCINOMA IN YOUNG WOMEN

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**Objectives** To evaluate the efficacy of levonorgestrel-intrauterine DEVICE (LNG-IUD) treatment after complete macroscopic hysteroscopic resection of well differentiated early-stage endometrioid carcinoma (EC) in young women who wished to preserve their fertility.

**Methods** A retrospective study from a prospective monocentric database was conducted from January 2008 to January 2019. Patients under 45 year old with grade 1 endometrioid adenocarcinoma confined to the endometrium were treated with LNG-IUD after complete macroscopic hysteroscopic resection. At 6 months of treatment, the histologic change of the endometrial tissue was assessed by both vaginal ultrasound and hysteroscopy with curettage. The regression rate at 6 months treatment was evaluated.

**Results** From a cohort of 226 patients with endometrial cancer diagnosed at our department during the 11 years of the study, 22 were under 45 year old of whom nine patients with FIGO Stage IA grade 1 endometrioid carcinoma were enrolled in this study. Two withdrew because they were pregnant at the moment of diagnosis of the cancer and 9 patients completed the protocol treatment. The complete regression (CR) rate at 6 months was 33.3% (3/9). There were 2 cases of progressive disease. Five patients reported some spotting as a treatment-related complication.

**Conclusions** The need for a fertility sparing treatment to early stage grade 1 endometrioid carcinoma in young women is real but not so frequent in our daily practice. LNG-IUD treatment in addition to complete macroscopic hysteroscopic resection for EC showed 33.3% of CR rate at 6 months with a progression rate of 22.2%.

## IGCS19-0164

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### CERVICAL CANCER SCREENING USING PRIMARY HUMAN PAPILLOMAVIRUS (HPV) TESTING IN MOZAMBIQUE: PRELIMINARY RESULTS OF THE CAPULANA STUDY

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**Objectives** Cervical cancer is the leading cause of cancer and related deaths among women in Mozambique. There is limited access to screening and few trained personnel to manage women with abnormal results. Our objective was to implement primary HPV screening in Mozambique and navigate women with abnormal results to appropriate diagnostic and treatment services.

**Methods** We prospectively enrolled women aged 30 to 49 at Mavalane General Hospital in Maputo, Mozambique. All