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NEW APPROACH FOR CERVICAL CANCER AND REPRODUCTIVE DISORDERS PREVENTION IN WOMEN OUT OF TARGET SCREENING GROUP FOR HUMAN PAPILLOMA VIRUS

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Objectives Our goal was to find out the new approach for cervical cancer and reproductive disorders prevention in young women who are not included in the routine screening for HPV.

Methods 100 women 18–22 years old (19.7 ± 1.35) were included. 50 women with congenital transformation zone and cervical dysplasia II-III formed I group. Group II - 50 women with the congenital zone of transformation and cervical dysplasia I. All women mothers' pregnancy with miscarriage and preterm labor threat due to Progesterone level deficiency and natural progesterone treatment.

Results Group I lab tests: liquid cytology PAP-test: NILM - 13 women (26%), ASCUS -21(42%), LSIL -12 (24%), HSIL-4 patients (8%); detected HPV: 16–18 type -35 women (70%), other high oncogenic types -15 (30%); histological examination verified HSIL in all the patients: among them CIN II - 15 (30%), CIN II-III - 20 (40%), CIN III - 15 (30%).II group PAP test detected: NILM - 12 women (24%), ASCUS -24 (48%), LSIL -14 patients (28%); HPV was not detected; histological examination verified parakeratosis, acanthosis in 38 women (76%), LSIL (CIN-I) - in 12 patients (24%).

Conclusions Due to the state HPV vaccination program absence in Ukraine, the compulsory vaccination of women with a congenital transformation zone is necessary. Taking into account that CINII-III recommended treatment methods are radical and destructive, timely biopsy in patients with a congenital transformation zone to detect acanthosis, parakeratosis and CINI, would prevent CINII-III (groupI) treatment-following complications: infertility, miscarriage, preterm labor, cervix dystocia, cesarean section as well as increased perinatal mortality and morbidity.

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PREDICTIVE FACTORS FOR RESIDUAL DISEASE AFTER CONE BIOPSY IN CERVICAL CANCER: A MATTER OF MARGIN DISTANCE?

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Objectives Evaluate predictive factors for residual invasive cervical cancer after cone biopsy.

Methods We reviewed a series of 230 patients with early stage cervical cancer submitted to radical hysterectomy from 2008 to 2018. Of these, 47(20.4%) had diagnostic cone biopsy previous to radical hysterectomy and are subject of analysis.

Results Median age was 37 years and 26(55.3%) were squamous cell carcinomas. Overall, the cone biopsy had positive margins in 25(53.2%) cases - 22(46.8%) radial, 17(36.2%) endocervical and 15(31.9%) ectocervical margins. The median tumor size and depth of invasion in cone biopsy was 5mm (0.1–30) and 4mm (0.35–24), respectively. After radical hysterectomy, 20(42.6%) cases had residual disease. The median residual tumor size and depth of invasion after radical hysterectomy was 11mm (0.1–42) and 5mm (1–20), respectively. Any positive margin in cone biopsy influenced the presence of residual disease ($p < 0.001$). Of the 25 patients with positive margins in cone biopsy, 17 (68%) had residual disease. Conversely, of the 22 patients with negative margins in cone biopsy, 3(13.6%) still had residual disease in radical hysterectomy. In cone biopsy, tumor size, depth of invasion, radial and endocervical free margins distance were not related to residual disease. However, ectocervical free margin distance correlated to the presence of residual disease ($p < 0.001$). Moreover, no patient with free margin distance in cone biopsy of ≥ 1.5 mm had residual disease.

Conclusions Presence of positive margins in conization related to a higher risk of residual disease in the hysterectomy specimen. Free margin distance in cone biopsy of < 1.5 mm may predict the presence of residual disease.

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PREDICTIVE FACTORS ASSOCIATED WITH SUCCESSFUL BILATERAL SENTINEL LYMPH NODE MAPPING IN EARLY-STAGE CERVICAL CANCER

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Objectives The objective of this study was to determine clinical, tumor and surgical factors associated with successful bilateral sentinel lymph node mapping (SBM) in early-stage cervical cancer.

Methods We performed an ancillary work on the data of two prospective trials on SLN biopsy for FIGO IA-IIA cervical cancer (SENTICOL I & II). Patients having a radical surgery with lymph node dissection were included between 2005 and 2012 from 25 French oncologic centers. Sentinel lymph node (SLN) was detected by a combined labeling technique (blue and isotopic).

Results 326 patients were included for analysis: SLNs were identified on at least one side of the pelvis in 308 patients (97.6%) and bilaterally in 278 patients (85.3%). No SLNs were found in 8 patients (2.4%). The mean age was 43