IGCS19-0226

145 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.

IGCS19-0593

146 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 $\geq$1.5mm 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 <1.5mm may predict the presence of residual disease.

IGCS19-0155

147 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 sucessful 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

years [22–85 years]. Most patients (88.1%) had IB1 clinical FIGO stage. The majority of patients (71%) had squamous cells carcinoma. Surgeries were mainly performed by mini-invasive approach (296 patients – 90.8%) whereas 30 patients (9.2%) were operated by laparotomy. By multivariate analysis, SBM was associated with minimal invasive approach (ORa= 15.00, 95%CI = [1.24 – 181.63], p = 0.03) and inclusion during the period 2009–2012 (ORa= 14.81, 95%CI = [3.89 – 56.45], p < 0.0001) compared to the period 2005–2007. Age ≥ 70 years was significantly associated with lower SBM rate (ORa= 0.03, 95%CI= [0.004 – 0.20], p = 0.0002).

Conclusions A better experience of SLN biopsy technique, minimal invasive approach and patient age < 70 years were associated with better SBM rate in early-stage cervical cancer.

IGCS19-0264

148 SENTICOL III: INTERNATIONAL VALIDATION STUDY OF SENTINEL NODE BIOPSY IN EARLY CERVICAL CANCER. A GINECO, ENGOT AND GCIG STUDY

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Objectives The aim of the present study is to demonstrate a similar survival and a better quality of life when compared to PLN.

Methods SENTICOL III is an international prospective multicenter randomized trial.

The primary objective is a « co-primary » objective associating Disease Free Survival (DFS) and Health Related Quality of Life. The hypothesis is that SLN biopsy alone provides similar DFS and better quality of life.

Outcome of patients with ITC and micrometastases will belong to secondary objectives (with overall survival, recurrence free survival, cost analysis, etc.).

Patients with squamous or adenocarcinoma from FIGO 2018 stage Ia1 with lymphovascular invasion to Ib2 and IIa1, will be included. SLN mapping will use isotopic detection ± blue dye or ICG. Frozen section of SLN will be done in case of "optimal" mapping. Patients with negative SLN will be randomized intraoperatively 1:1 to SLN only or SLN + PLN. A quality assurance program will ensure surgical competency and a standardized pathological evaluation.

950 patients have to be included in 3 years, with 4 years of follow-up. (3 years-disease free survival of 85%, with a non-inferiority margin of 5% (80 vs 85%, HR = 1.373), a unilateral alpha error of 5%, and a power of 80%).

Results Inclusions are open in France, and an international collaboration has been developed through GCIG and ENGOT. (NCT03386734). CHU Besançon is the sponsor for France

Conclusions A validation study is needed for early cervical cancer. SENTICOL III will answer the question of the deescalation for nodal staging.

IGCS19-0694

149 IMPACT OF PELVIC LYMPH NODES METASTASIS ON RECURRENCE IN PATIENTS WITH EARLY CERVICAL CANCER

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Objectives We studied the different risk factors to involvement lymph pelvic node and to recurrence in patients with early cervical cancer in our population.

Methods We retrospectively analysed the data from 85 patients with early cervical cancer treated at the European Hospital George Pompidou in Paris between January 2004 and June 2018.

Inclusion criteria: patients with cervical cancer stage IA1-IIA.

Exclusion criteria: missing or insufficient follow-up data (< 6 months), not node stage evaluation and patients who received neoadjuvant radiochemotherapy.

The chi-square test (or Fisher's test if sample size too small) was used to compare qualitative variables.

A value of p=0.05 was used as the limit of statistical significance in the parametric analyses NS = no significance.

Results

Abstract 149 Table 1 Association between patients and tumor characteristics and pelvic nodes status.

Risk factor	Patients	Positive pelvic nodes	p
Age			
<45	35	5	0,6 (NS)
>45	50	9	
B.M.I.			
>25Kg/m^2	53	8	0,6 (NS)
<25Kg/m^2	32	6	
Tumor size			
<20 mm	57	9	1 (NS)
≥20 mm	28	5	
FIGO Stage			
IA1-2	11	0	0,2 (NS)
≥IB1	74	14	
Lymphovascular space involvement			
None	47	4	0,1 (NS)
Yes	32	7	