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

[1]F Lecuru, [2]M Mc Comack, [3]P Hillemans, [4]A Anota, [5]M Leitao, [6]R Sweemer, [7]K Fujiwara, [8]P Mathevet, [9]V Zanagnolo, [10]M Raza Mirza, [11]G Ferron, [12]M Plante, [13]V BALAYA*. *[1]Georges Pompidou european Hospital, Gynecologic oncology, PARIS, France; [2]University College Hospital, Radiation therapy, London, UK; [3]Hannover Klinik fur Frauenheilkunde, gynecologic oncology, Hannover, Germany; [4]CHRU Besancon, Statistics, Besancon, France; [5]Memorial Sloan Kettering Cancer Center, Gynecologic Oncology, New York, USA; [6]UMC Utrecht, Gynecologic Oncology, Utrecht, Netherlands Antilles; [7]Saitama Medical University Center, Gynecologic Oncology, Saitama, Japan; [8]CHU Vaudois, Gynecologic Oncology, Lausanne, Switzerland; [9]Istituto Europeo di Oncologia, Gynecologic Oncology, Milan, Italy; [10]Rigshospitalet, Gynecologic Oncology, Copenhagen, Norway; [11]Oncopole, Gynecologic Oncology, Toulouse, France; [12]CHU Quebec, Gynecologic Oncology, Quebec, Canada; [13]Georges Pompidou European Hospital, Gynecologic and Breast Oncologic Surgery Department, Paris, France*

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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

R Montero Macías, V Balaya*, H Bonsans-Kitsis, AS Bats, M Delomenie, C Ngo, M Koual, HT Nguyen-Xuan, M Gomes David, J De Jesus, A Bresset, M Osdoit, H Khidder, F Lecuru. *European Georges Pompidou Hospital, Gynecologic and Breast Oncologic Surgery Department, Paris, France*

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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	