

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 minimally-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 multi-center 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.

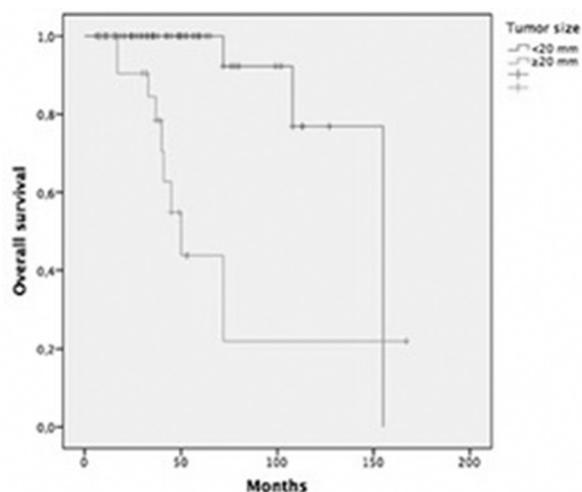
**Results**

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

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

**Abstract 149 Table 2** Association between patients and tumor characteristics and recurrences

Risk factor	Patients	Recurrences	p
<b>Age</b>			
<45	35	6	0,5 (NS)
≥45	50	6	
<b>Lymph node</b>			
Positive	14	3	0,4 (NS)
Negative	71	9	
<b>Size of the metastatic deposits within pelvic nodes</b>			
micrometastases and ITC	5	1	1 (NS)
macrometastases	9	2	
<b>Tumor size</b>			
<20 mm	57	3	<b>0,02</b>
≥20 mm	28	9	
<b>FIGO Stage</b>			
IA1-2	11	0	0,3(NS)
≥IB1	74	12	
<b>Lymphovascular space involvement</b>			
None	47	6	1 (NS)
Yes	32	4	
<b>Histology</b>			
Squamous cell carcinoma	61	7	0,3 (NS)
Adenocarcinoma	23	5	
<b>Preoperative brachytherapy</b>			
No	75	10	0,6 (NS)
Yes	10	2	

**Abstract 149 Figure 1**

**Conclusions** Many factors for recurrence have been described in patients with cervical cancer. Lymph node involvement is considered the main prognostic factor. Other prognostic factors for recurrence are tumour size, maximum stromal invasion, and presence or absence of lymphovascular space involvement (LVSI) have been evaluated.

Different factors had been associated for risk to involvement lymph pelvic nodes: depth of invasion parametrial involvement, lymphatic-vascular space invasion, tumor grade and size of primary tumor.

We don't find any factors associated with the risk of involved nodes. The only factor associated with the risk of recurrence was tumor size.

## IGCS19-0387

### 150 THE OUTCOME OF TREATMENT IN ADVANCED CARCINOMA CERVIX WITH HYDRONEPHROSIS

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**Objectives** Aim of the study is to find out the final outcome of the two treatment groups comprising of the RT alone and concomitant CT-RT in diagnosed case of advanced carcinoma cervix with hydronephrosis.

**Methods** It is a retrospective study where diagnosed cases of Ca Cervix IIIB with tumor size more than 4 cms and presence of hydronephrosis with normal renal functions, attending our OPD from Jan 2012 to December 2015 were included in the study. Altogether 80 patients fulfilled the inclusion criteria and the patients were divided into two groups depending on the plan of treatment 36 patients received only RT whereas 44 patients received concomitant CT RT All the patients were evaluated after completion of treatment and followed up regularly.

**Results** Altogether 70 patients completed the prescribed treatment, out of the 36 patients in RT group 5.6% of the patients dropped out and of the 44 patients in the concomitant CT-RT group, there was a dropout of 18.2% of patients. Seventy percent of all the dropout were found when the tumor size was more than 8cms. The 5 yr. overall survival for all patients was 40.6% and the median survival was 39.0 months (95% CI, 27.4 - 50.6). The OS in the RT group was 34.4% whereas in the concomitant CT-RT group it was 47.0% (p value = 0.041).

**Conclusions** Concurrent CTRT can be given in selected cases of advanced carcinoma cervix with hydronephrosis resulting in survival advantage when compared with RTalone.

## IGCS19-0678

### 151 SCREENING FOR CERVICAL CANCER IN A TUNISIAN HOSPITAL

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**Objectives** To analyze the epidemiological, clinical and cyto-colo-histological data of patients who carried out colposcopy.

**Methods** Prospective study, conducted during 4 years in the Gynecology department of our institution. We included all patients who had colposcopy, regardless of indication and without gynecological neoplastic pathology.