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.
**Abstracts**

**IGCS19-0625**

**ALARMING RISE IN CERVICAL CYTOLOGICAL ABNORMALITIES IN WOMEN LIVING IN JORDAN**

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**Objectives** Cervical cancer is preceded by a group of epithelial cell abnormalities. However, there is insufficient data on cervical abnormalities in Jordan and the Middle East at large. The current study aimed at determining the prevalence of different cytological abnormalities in women in Jordan. In addition, it aimed at assessing the age specific cytological abnormalities in these women and analyzing the changing trends of epithelial cell abnormalities in cervical smear over a period of 15 years compared in three periods of five years each.

**Methods** 6,455 conventional cervical Papanicolaou (Pap) smear results obtained between January 2000 and December 2014 were retrospectively analyzed. Results: Out of the 6,454 Pap smears analyzed, 5,645 (87.5%) were found adequate for reporting.

**Results** A total number of 801 (14.2%) cases had cervical epithelial abnormalities. A significant increase in cytological abnormalities was observed between 2000 and 2014. In addition, a significant increasing trend in cervical cytological abnormalities was noted between 2000 and 2014. The highest percentage of cytological abnormalities (20.1%) was found in women younger than 25 years old. In all of the age groups, the low-grade squamous intraepithelial lesions (LSIL) cytological abnormality was the most prevalent.

**Conclusions** Invasive cervical cancer is still a killer for young women in the developing countries. The present study may reflect a change in the socioeconomic behavior over the last 15 years. The current work highlights the importance of awareness campaigns on the importance of cervical smear and the urgent need for initiating a cervical screening program in Jordan.

**IGCS19-0271**

**CONCOMITANT RADIOTHERAPY AND INTRACAVITARY HYPERTERMIA IN THE TREATMENT OF PATIENTS WITH ADVANCED CERVICAL CANCER: TOXICITY AND EFFICACY EVALUATION**

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**Objectives** Radiochemotherapy is standard treatment for locally advanced cervical cancer. This study evaluates if concomitant RCHT and hyperthermia changes the treatment toxicity and efficacy.

**Methods** The analysis consisted of 50 women mean age 62.2 yrs (41–83) with cervical cancer (IIB stage), treated with concurrent radiochemotherapy and intracavitary hyperthermia in GreatPoland Cancer Center in 2012–2013. Treatment contained radical 3D teletherapy 45–50 Gy (df 1.8Gy) and IGRT.

**Results** Our study included 110 patients with so many pap smears: atypical squamous cells of undetermined significance (48%), high grade squamous intraepithelial lesions (HSIL) (11%), atypical squamous cells cannot exclude HSIL (22%), low grade squamous intraepithelial lesions (14%), atypical glanular cells (5%). Colposcopy showed atypical transformation: grade 1 (ATG 1) in 34% and grade 2 (ATG 2) in 66% of cases. Cervical biopsy revealed normal cervical squamous mucosa in 8%, cervicitis in 72% and condyloma in 8%. A case of CIN 1 was found in 6%, CIN 2 in 3% and CIN 3 in 2%. Cervical biopsy revealed one squamous cell carcinoma. Colposcopy sensitivity was 77% and specificity of 37%. The positive predictive value was 24% and the negative predictive value was 86%. For high grade dysplasia, colposcopy had a sensitivity of 100%, a specificity of 37%. A conization was performed in nine patients for squamous cell carcinoma or high grade dysplasia. Conization was performed in a patient with cyto-histological discordance. Histological study revealed an in situ carcinoma in two cases.

**Conclusions** Our results showed that ATG 1 lesions at colposcopy regardless of the FCU abnormalities are predictive of benign biopsy lesions. We also tend to overestimate the ATG 2 lesions.