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 glandular 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.

IGCS19-0625

Concomitant Radiochemotherapy and Intracavitary Hyperthermia in the Treatment of Patients with Advanced Cervical Cancer: Toxicity and Efficacy Evaluation

K Bratos*, Z Warecka, P Stefaniak, A Roszak, GreatPoland Cancer Center, Gynaecological Radiotherapy and Oncology Department, Poznani, Poland; GreatPoland Cancer Center, Medical Physics Department, Poznani, Poland

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 (IIIB 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.