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. Coloscopy 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 rebealed 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.

IGCS19-0621

152 PREVALENCE OF HPV TYPES IN JORDANIAN WOMEN WITH ABNORMAL PAP SMEAR

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Objectives Infection with high-risk HPV (HR-HPV) is the main cause of cervical cancer. However, little is known about its prevalence in the female population in Jordan. The aim of this study was to discover HPV type-specific prevalence in women living in Jordan.
Methods Abnormal smears had reflex HPV testing from apparently healthy and nonhealthy women. HPV prevalence and its genotype distribution were examined in these smears. DNA samples were extracted and HPV genotyping was performed.
Results A total of 209 abnormal Pap smears were identified; 153 (73.2%) of the tested cases were HPV positive. The mean age of the women included was 38.3 years and the mean age of HPV-positive women was 38.5 years. There was a significant increase in the incidence of HPV infection over the study period. HPV 6 and 11 infections were common in the HPV positive women; 38.6% and 47%, respectively. HPV 16 was the single most common (57.5%) HPV infection detected. HPV 30's (31, 33, 34, 35, and 39) as a group were the most common HPV infections recorded at 59.5%. HPV 50's (51, 52, 53, 56, 58, and 59) were detected in 56.9% of the cases. HPV type 68 was recorded in one case (0.6%).
Conclusions The results of the study showed a relatively high prevalence (73.2%) of HPV infection and a higher incidence of co-infection with multiple high risk genotypes (89%) in comparison with other studies from the present region. This study suggests that there is sufficient evidence to warrant further population-based studies and further interventions.

IGCS19-0625

153 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 Invasivecervical cancer is still a killer for young women in the developing countries. The present study may reflect a change in the sociosexual 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

154 CONCOMITANT RADIOCHEMOTHERAPY AND INTRACAVITARY HYPERTHERMIA 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 (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

HDR brachytherapy 4x7Gy (GEC-ESTRO recommendation), weekly Cisplatin 40 mg/m^2 and two-time hyperthermia. Hyperthermia, using one heating antenna and one thermometer inserted into applicators placed in the patient's cervical/uterus canal, was used. The BSD500 apparatus emiting radio waves (915MHz), was used for this operations. Elevated local temperature up to 41°C was maintained for one hour and the associated brachyradiotherapy fraction was realized within 1 hour after hyperthermia. The median number of chemotherapy cycles was 3,3 (0–6). The time of observation was min 63 months.

Results Toxicity according EORTC/RTOG scale was assessed: Early toxicity were not observed. The late toxicity from bladder I° and II° in 4 (8%) patients, IV° in 1 (2%)-fistula were noted. Toxicity from rectum I° and II° in 8 (16%) patients, IV° in 2 (4%) were sighted. Progression of disease in 5 of treated women were noted: 1 local relapse, 2 distant metastases and 2 patients with both way of recurrences.

Conclusions Concomitant radiochemotherapy and hyperthermia is an effective and safety treatment in women with IIIB stage cervical cancer. The number and causes of toxicity should and will be analyzed in the greater group of patients.

IGCS19-0672

155 TUMOR HISTOLOGY AS PROGNOSTIC IN LOCALLY ADVANCED CERVICAL CANCER

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Objectives Evaluate tumor histology as prognostic factor in terms of disease-free survival (DFS) and overall survival (OS) in a retrospective cohort of patients with LACC in a reference center.

Methods Records of patients treated with concurrent chemoradiation at Instituto Nacional de Cancerología of Mexico with confirmed cervical cancer stages IB2-IVA were reviewed. A descriptive and comparative analysis was conducted. DFS and OS were calculated for each histology with the Kaplan-Meier method and compared with Log-rank test, results were considered statistically significant if $p<0.05$.

Results From 2005 to 2014 a total of 1065 records were retrieved, clinical stages were IB2 76 (7.1%), IIA1 23 (2.2%), IIA1 21 (2%), IIB 597 (56.1%), IIIA 27 (2.5%), IIIB 273 (25.6%), IVA 48 (4.5%) of which 917 (86.1%) had Squamous Cell Carcinoma(SCC), 105 (9.9%) Adeno Carcinoma(AC), 7 (0.7%) Adeno Squamous Carcinoma (ASC), and 36 (3.4%) other histologies. Twenty-four (2.3%) were well differentiated, 778 (73.1%) moderately, and 263 (24.6%) poorly differentiated tumors. Mean Disease-free survival for SCC was 10 years, 9 for AC, and 6.9 for ASC, without a statistically difference (p=0. 365), same findings occurred for OS, mean survival was 11 years, not finding impact of histology (p=0.89). Well differentiated tumors had OS of 100% at 5.8 years which was statistically better when compared with other grades (p=0.032).

Conclusions DFS and OS were comparable among different tumor histologies and was considerably better in well differentiated tumors, other factors should be considered.

IGCS19-0647

156 FACTORS INFLUENCING RECURRENCE IN PATIENTS UNDERGOING LAPAROSCOPIC TREATMENT FOR APPARENT EARLY STAGE CERVICAL CANCER

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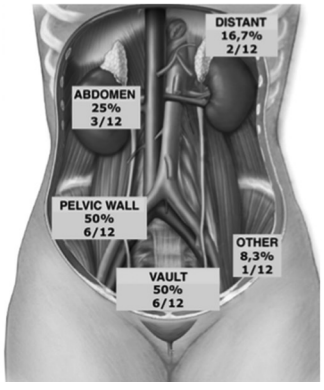
Objectives To evaluate oncological outcomes and predictors of recurrence in patients undergoing laparoscopic treatment for apparent early stage cervical cancer (CC).

Methods A single-centre retrospective study was conducted among patients who had radical surgery for FIGO stage (2009) IA (positive LVSI) – IB1 at Women's and Children Hospital of Varese (Italy) between January 2006 and December 2018. Radical hysterectomy (Querleu and Morrow B-C1 Classification) with or without lymph node dissection according with tumour characteristics. Surgical and oncological outcomes were analysed.

Results Among 90 patients who met the inclusion criteria, 12 (13.3%) had recurrent disease (6 vault, 6 pelvis, 3 abdominal, 2 distant, 1 other), and 6 (6.7%) died of disease over the follow-up period (median follow-up 38.2 months). Surgical-related outcomes did not influence survival. Stage of disease



Predictors of relapse in CC.

	EARLY STAGE CC			STAGE Ib1 CC		
	Relapse	No relapse	p value	Relapse	No relapse	p value
Age	50 (32 – 67)	42 (24 – 77)	0,19	50 (32 – 67)	42,5 (24 – 77)	0,28
Body mass index	28,0 (19,9 – 39,8)	23,4 (16,9 – 33,4)	0,08	28,0 (19,9 – 39,8)	23,42 (17,4 – 33,4)	0,07
Conisation	2 (16,67%)	43 (55,13%)	0,01	2 (16,67 %)	21 (38,89 %)	0,14
Cervical biopsy	10 (83,33%)	35 (44,87)		10 (83.33%)	33 (61,11%)	
Positive lymph nodes	1 (8,33%)	9 (11,54%)	0,74	1 (8,33%)	8 (14,81 %)	0,55
Adjuvant therapy	8 (66,67%)	15 (19,23%)	0,0005	8 (66,67%)	14 (25,93%)	0,007

Abstract 156 Figure 1