HDR brachytherapy 4x7Gy (GEC-ESTRO recommendation), weekly Cisplatin 40 mg/m² 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 emitting radio waves (915MHz), was used for this operation. Elevated local temperature up to 41°C was maintained for one hour and the associated brachytherapy 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

TUMOR HISTOLOGY AS PROGNOSTIC IN LOCALLY ADVANCED CERVICAL CANCER

D.Cantu*, 1L.Gallardo-Alvarado, 2C.Perez-Plasencia, 3IA.Herrera-Montalvo, 2O.Millan-Catalan, 2MD.Perez-Montiel. 1Instituto Nacional de Cancerología, Direction of Research, Mexico City, Mexico; 2Instituto Nacional de Cancerología, Laboratory of Genomics, Mexico City, Mexico; 3Instituto Nacional de Cancerología, Department of Pathology, Mexico City, Mexico

10.1136/ijgc-2019-IGCS.155

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 21 (2%), IIB 597 (56.1%), IIA 27 (2.5%), IIB 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

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

V.Artuso, C.Pinelli, B.Gione, C.Borgh, M.Dri, J.Casarini*, F.Ghezzi. University of Insurbia – Women’s and Children Hospital, Obstetrics and Gynecology, Varese, Italy

10.1136/ijgc-2019-IGCS.156

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

Abstract 156 Figure 1