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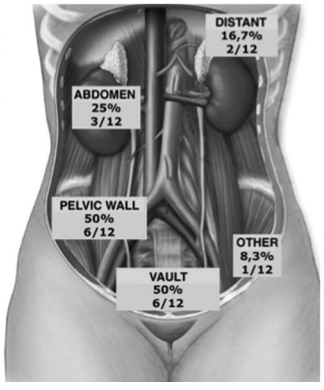
Objectives To evaluate oncological outcomes and predictors of recurrence in patients undergoing laparoscopic treatment for apparent early stage cervical cancer (CC).

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