

HDR brachytherapy 4x7Gy (GEC-ESTRO recommendation), weekly Cisplatin 40 mg/m<sup>2</sup> 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 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

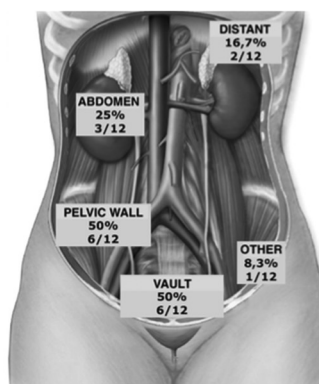
### 155 TUMOR HISTOLOGY AS PROGNOSTIC IN LOCALLY ADVANCED CERVICAL CANCER

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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  $p < 0.05$ .



Abstract 156 Figure 1

**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 Ibi 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

has been found to be the main predictor of recurrence ( $p=0.03$ ), while no association between positive lymph node and relapse was detected. Patients who had preoperative biopsy had a significant higher rate of recurrence in comparison to those undergoing conization (83.33% vs 16.67%,  $p=0.01$ ). After stratification by tumour size, patients with stage IB1 CC undergoing preoperative conization had 0.37 relative risk of recurrence compared to those undergoing cervical biopsy (16.67% vs 38.89%,  $p=0.14$ ).

**Conclusions** Preoperative conization might play a crucial role for patients undergoing laparoscopic treatment for early stage CC. Further studies are warranted to confirm our finding.

## IGCS19-0614

### 157 PROGNOSIS AFTER TREATMENT OF CERVICAL CANCER IB1: COMPARISON BETWEEN RADICAL TYPE B AND TYPE B RADICAL HYSTERECTOMY

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**Objectives** The study compared the postoperative prognosis in patients with cervical cancer Ib1 (FIGO 1988) with more than 2 cm, operated by the Piver II and Piver III techniques in a hospital sample in Rio de Janeiro.

**Methods** The method used consists of a historical analysis of a group of women with cervical cancer in the mentioned stage submitted to the two surgical techniques analyzed. The work seeks to compare them to find an outcome of interests, considering data related to the disease, treatment and post-treatment follow-up obtained in the medical records.

**Results** Patients submitted to both surgical techniques did not have a significant difference in overall disease-free survival. Prognostic factors, such as lymphatic, parametrial impairment, surgical margins, deep invasion of miocervix and lymphovascular space were shown to be related to worse global and disease-free survival. Tables:

**Abstract 157 Table 1** Characteristics of the tumor and the surgical part resulting from the treatment (INCA, 2009–2014)

	Piver II	Piver III	Total	p-valor
Número de pacientes (%)	70 (47,3)	78 (52,7)	148 (100)	-
Idade média em anos (DP)	45,99 (12,2)	46,40 (12,11)	46,2 (12,07)	0,7424*
Número médio de parceiros (DP)	2,47 (0,847)	2,9 (1,392)	2,69 (1,17)	0,003*
Tabagismo a época do diagnóstico (%)	28 (47,5)	31 (52,5)	59 (39,8)	0,975†

\*Teste t de Student

† Teste do Exato de Fisher

**Conclusions** Although there was no difference in overall survival and disease free, the group submitted to type C showed more severe tumors, so it would not be possible through the study to suggest a change in technique.

## IGCS19-0022

### 158 ASSESSING THE IMPACT OF DIABETES MELLITUS AND END STAGE RENAL DISEASE ON CERVICAL CANCER PROGNOSIS IN AN URBAN POPULATION

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**Objectives** Diabetes mellitus (DM) and end stage renal disease (ESRD) are medical co-morbidities causing immunosuppression. The role of DM in cervical cancer prognosis is controversial; the role of ESRD has not been studied. We examined the prognostic effect of these immunosuppressive conditions on cervical cancer survival in an urban population. The effect of tobacco use on prognosis in these groups was also analyzed.

**Methods** A retrospective analysis of women diagnosed with cervical cancer between 2005–2016 was performed. Patients were identified using the institution's tumor registry. Demographic information, disease stage, treatment, and co-morbidities (BMI, smoking status, presence of DM, and ESRD) were abstracted from the charts. DM and ESRD were defined as immunosuppressive states. Baseline characteristics between immunosuppressed (IS) and nonimmunosuppressed (NI) patients were compared using Chi-square. Cox proportional hazards model was used to compare progression-free and overall survival.

**Results** 337 women were identified; 264 women were eligible for analysis. 9.2% ( $n=24$ ) of patients were diabetic, 2% ( $n=5$ ) had ESRD. Baseline characteristics were similar between the IS and NI groups with the exception that IS patients had significantly higher BMI levels ( $>30$ ) ( $p<0.001$ ). Progression-free survival (PFS) was significantly worse amongst IS patients (HR 1.92, 95% CI 1.05–3.48). Overall survival (OS) approached statistical significance for IS patients (HR=1.76, 95% CI 0.97–3.2). In patients with DM or ESRD, smoking tobacco did not affect PFS or OS.

**Conclusions** PFS in cervical cancer patients is affected by DM and ESRD. The effect on OS approached statistical significance. Smoking tobacco did not affect survival.

## IGCS19-0644

### 159 PREDICTION REDICTION OF BENEFIT FROM CONSOLIDATION CHEMOTHERAPY FOR CERVICAL CANCER PATIENTS USING A CLINICAL PROGNOSTIC SCORE

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**Objectives** The use of consolidation chemotherapy (CCT) after chemoradiation (CRT) in cervical cancer remains debatable.