

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.

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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.