

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.

We evaluated the impact of CCT added to up-to-date CRT (CRT) and sought to identify predictive factors of CCT benefit.

Methods This retrospective study reviewed 216 patients with 2014 FIGO stage IB2-IIA2, and IIB-IVB (para-aortic nodes only) cervical cancer treated with CRT alone or CRTT followed by CCT (CCT group). Firstly, we assessed the prognostic role of CCT. Moreover, we developed a prognostic score for distant metastasis free survival (DMFS).

Results After 42.8 months of median follow up 174 patients were treated with standard CRT and 72 with CCT. Clinical characteristics were comparable between groups, except CCT patients were younger ($p < 0.001$) and less frequently treated with 3D radiation techniques (81.4% vs 93.1%, $p = 0.023$). Median survivals were not reached in both groups. In multivariate analyses, CCT was related to longer overall survival (OS) (HR 0.35, $p = 0.023$), progression free survival (HR 0.41, $p = 0.005$) and DMFS (HR 0.40, $p = 0.010$) but not locoregional control. Potential negative factors for DMFS included lymph node status, adenocarcinoma histology, and stage III or IV and formed a four-tier score (0 to 3 points) with good discrimination ($p < 0.001$) ($p = 0.001$). CCT was associated with longer OS ($p = 0.014$) and DMFS ($p = 0.023$) among patients with a score > 1 but not for patients with score ≤ 1 (OS: $p = 0.310$; DMFS: $p = 0.179$).

Conclusions A clinical score may predict CCT benefit. If this score withstands external validation, it may contribute to better selection for CCT.

IGCS19-0507

160

INVOLVING MEN IN CERVICAL CANCER PREVENTION: A QUALITATIVE ENQUIRY INTO MALE PERSPECTIVES ON SCREENING AND HPV VACCINATION IN MID-WESTERN UGANDA

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Objectives Evidence-based preventive strategies for cervical cancer in low-resource setting have been developed, but implementation is challenged and uptake remains low. Women and girls experience barriers to attend screening and human papilloma virus (HPV) vaccination programs. Male support has been proven successful in uptake of other reproductive healthcare services. This qualitative study aimed to understand the perspectives of males on cervical cancer screening and HPV vaccination in Uganda.

Methods Focus group discussions were conducted with men aged 25 to 60 years, who were married and/or had daughters, in Kagadi district, Mid-Western Uganda. All interviews were transcribed verbatim and thematically analyzed using an inductive approach.

Results Men were willing to support their wives for screening and their daughters for HPV-vaccination. Misperceptions, such as family planning and poor personal hygiene

thought to cause cervical cancer, and misperception of the preventative aspect of screening and vaccination were common. Women with cervical cancer suffer from stigmatization and family problems due to loss of fertility, less marital sexual activity, domestic violence and decreased economic productivity.

Conclusions Ugandan men were willing to support cervical cancer prevention for their wives and daughters. Limited knowledge among men about the causes of cervical cancer, the preventative aspect and target groups for HPV-vaccination and screening can limit uptake of both services. Screening and vaccination programs should actively involve men in awareness to increase uptake and acceptance of the programs.

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161

PARA AORTIC LYMPH NODES INVOLVEMENT IN CERVICAL CANCER PATIENTS: RECURRENCE, SURVIVAL, TREATMENT AND ADVERSE EVENTS

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Objectives Cervical cancer (CC) with exclusive para-aortic lymph node involvement (PALN) treatment is controversial. We analyzed long-term results and adverse events (AE) of chemoradiotherapy with extended field to PALN+brachytherapy (BCT).

Methods This was a single center, retrospective study. Patients diagnosed between 2008–2015 with IIC2 FIGO stage squamous (SCC), adeno or adenosquamous CCPALN, confirmed by CT scans or MRI. All had chemotherapy+pelvic conformational radiotherapy (CRT)±brachytherapy (BCT)±extended PALNRT. Overall survival (OS) and progression free survival (PFS) were analyzed by Kaplan-Meier and log-rank test.

Results 38 pts were analyzed, median age 53.5 yo, 42.2% poor education, 68.4% white, 42.1% pre-menopausal, 28.9% smokers, 34 (89.5%) SCC. Tumor size: 11 (28.9%) IIB, 11 (39.5%) III, 15 (39.5%) IV; 31 ECOG 0–1. 34 pts received CRT, 29 parametrial boost (9–14,4Gy), 28 extend PALN RT. OS 18.7m (± 2.978), PFS 12.0m (± 1.7). Comorbidities and tumor size had no impact in OS or PFS. There was significant longer OS in pts that received ≥ 45 Gy (28.9 m vs 18.7 m, $p = 0.031$) and pts that had BCT (36.8 m vs 13.6 m, $p = 0.009$). LNPA extended field had a trend to detrimental effect (OS 17.7 m vs 29.9 m, $p = 0.456$). AE: 12 leukopenia, 8 asthenia, 4 neuropathy, 3 cystitis/enteritis, 7 fistula.

Conclusions In this retrospective study, effective localized RDT (at least 45Gy in pelvis+BCT) was associated with better OS. Extended field to PALN+brachytherapy (BCT) had no benefit and was associated with a trend to worst outcome and higher incidence of serious adverse events, even with conformational technics. Prospective randomized studies are necessary to confirm this data.