Methods Retrospective study, study population are all cervical cancer patient who received ifosfamide chemotherapy from 2015–2017. There are five patients, we observed the onset of encephalopathy, diagnosed is enforced by neurologists using Meanwell criteria.

Results Five patients received ifosfamide - cisplatin chemotherapy, with differences initial condition, so that patient outcomes are different. Chemotherapy was given in one to six series, depending on the patient’s response. Side effects such as encephalopathy appeared in four patients, while one patient managed to ‘recover’ and proven by pap smear test (no evidence of malignancy cell).

Conclusions Ifosfamid encephalopathy is a side effect that needs to be watched with symptoms that are diverse, but generally mild and in some cases can be progressive and fatal. Analysis of patient risk factors, patient education, and preparation for management of encephalopathy should be carried out in all cases who will receive ifosfamid. Methylene blue and thiamine can be a prophylactic and therapeutic choice in this condition.

Conclusions Recurrence of disease following RRH clustered in the first 10 cases per surgeon in our center and was associated with (+) vaginal margins and TS 2 cm. This data suggests an inter-surgeon variability and a possible learning curve effect.

Abstracts

IGCS19-0413

**168** RECURRENCE AND SURVIVAL AFTER ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC): EXPERIENCE MAY MATTER

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Objectives In light of the LACC Trial results, we evaluated RFS and OS following RRH before and after 10 cases per surgeon.

Methods Patients with early-stage CC (4/2007–12/2017) who underwent RRH were evaluated and first 10 learning curve cases per surgeon (Group A) were compared to all subsequent cases (Group B). Inclusion criteria mirrored the LACC trial: > one-year follow-up, adenocarcinoma or squamous carcinoma, FIGO-2014 stage IA2 or IB1, and pathologic tumor size of ≤4 cm.

Results 144 RRH patients were identified and 90 met inclusion criteria from 6 attending surgeons. 40 patients met Group A and 50 Group B criteria. Median follow-up was 61 ± 34.3 months (A=71.5, B=52.5). The 5-year RFS was 92% (95 CI±4%) and the DSDR 5.5% (n=5). There were 7(7.8%) ± 34.3 months (A=71.5, B=52.5). The 5-year RFS was 92% (95 CI±3%) in Group B. There were no differences in risk factors for recurrence between groups A and B. (TS >2, LN (+), adjuvant therapy (AT), and LVSI p>0.05), except (+) vaginal margin status (A=10% vs B=0%, p=0.034). All recurrent cases had TS >2 cm.

Conclusions Despite having higher risk factors including para-aortic metastasis, patients with IB2 CC treated with CRT/BT/RH had similar RFS/OS to RRH, and with less fistula and cuff dehiscence.

Abstract 169 Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>TS (cm)</th>
<th>LVSI</th>
<th>Para-aortic Nodes</th>
<th>Para-aortic Nodes sampled</th>
<th>Vaginal Margins</th>
<th>Parametria</th>
<th>Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>331.3</td>
<td>20%</td>
<td>30%</td>
<td>10%</td>
<td>20%</td>
<td>2; 14.3%</td>
<td>7, 22.5%</td>
</tr>
<tr>
<td>B</td>
<td>331.0</td>
<td>14%</td>
<td>16%</td>
<td>100%</td>
<td>0</td>
<td>3; 20%</td>
<td>7, 22.5%</td>
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</tbody>
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