

IGCS19-0417

170 PATTERNS OF RECURRENCE AFTER ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC)

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Objectives To evaluate the recurrence patterns of early CC following RRH.

Methods Patients with early-stage CC (4/2007–12/2017) who underwent RRH using a uterine manipulator were evaluated. Inclusion criteria: > one year follow-up, adenocarcinoma or squamous carcinoma, stage IA2 or IB1 using FIGO-2014 guidelines, and pathologic tumor size (TS) of ≥ 4 cm.

Results 144 RRH patients were identified and 90 met inclusion criteria. Baseline characteristics included: TS ≥ 2 cm 42 (47%) and adenocarcinoma 40 (44%). There were 7 (7.8%) recurrences with median time to recurrence of 12 ± 8.3 months. All recurrences had TS ≥ 2 cm (median 2.7 ± 0.7 cm). Of the 42 cases with TS ≥ 2 cm, 14 had adenocarcinoma with 5 (36%) recurrences compared to 28 squamous with 2 (7%) recurrences ($p=0.057$). Three recurrences had carcinosarcoma with mean RFS and OS of 5.3 ± 2.3 and 28.3 ± 30.9 months compared to 17.8 ± 6.3 and 80.6 ± 48.6 months for cases with local/pulmonary metastasis ($n=4$). RFS with carcinosarcoma was less than RFS for local/pulmonary ($p=0.014$). Six recurrences occurred within the first 10 RRH cases per surgeon.

Abstract 170 Table 1

Pt	Tumor Size (cm)	LVSI	Pelvic Node	Vaginal Margin	Grade	Histology	First 10	Carcinosarcoma
N=90	1.7±1.1 cm	44; 50%	16; 18%	4; 4%	2± = 62;69%	Adeno= 40; 44% Squam= 50; 56%	-	-
1	2	Yes	No	Yes	3	Squamous	Yes	No
2	4	No	No	No	2	Adenocarcinoma	Yes	No
3	2.6	Yes	Yes	No	3	Squamous	Yes	No
4	2.5	No	Yes	No	1	Adenocarcinoma	Yes	No
5	2	Yes	No	Yes	3	Adenocarcinoma	Yes	Yes
6	2.6	Yes	No	No	3	Adenocarcinoma	Yes	Yes
7	3	Yes	No	No	3	Adenocarcinoma	No	Yes
Total Recur	Median= 2.7 cm	5; 71%	2; 29%	2; 29%	2± = 6;85%	Adeno= 5; 71% Squam= 2; 29%	Yes= 6 85%	Yes= 3; 43%

Conclusions Early-stage CC treated with RRH appears to have a unique pattern of recurrence in some cases with carcinosarcoma that results in shortened RFS. Recurrences were associated with adenocarcinoma, TS ≥ 2 cm, and first 10 cases of surgeon experience. Carcinosarcoma may be related to negative insufflation following colpotomy, requiring a new strategy that isolates the cervical tumor prior to colpotomy.

IGCS19-0616

171 IDENTIFICATION OF THE FORMS OF USE AND ACCESS TO INFORMATION USED BY PATIENTS IN TREATMENT OF CERVICAL CANCER

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Objectives This study aims to identify the use of the media and access information to women with this type of pathology, in order to bring more information about the subject and knowledge about the forms of prevention to them, in an attempt to reduce the incidence cancer and reduce its mortality. **Methods** The methodology used was the application of a face-to-face questionnaire to patients undergoing treatment of uterine cervix of the Center for Oncology Control (FCECE), who were treated on an outpatient basis, with objective questions regarding their communication habits, information media and networks used.

Results 163 women were interviewed. The media and information most used by them are television and television. The programs most assisted by them are: newspaper, soap opera and religion. Of the 139 mobile phone users, 103 use the WhatsApp[®] communication application. Regarding the Internet, 107 (65.6%) women have easy access in the region where they live and the subjects they are most looking for on the Internet are health (28%), social network (22%) and news (14%). Regarding the use of Facebook[®], 77 of them use it, 79% spend up to one hour on the social network and the content they seek most is entertainment and chat, but 37 of these women also get information and most of them (86%) consider this interesting.

Conclusions It was possible to draw a sociocultural profile of the patients, to evaluate the type and means of information they receive, in order to contribute to the prevention of the disease in the Amazon.

IGCS19-0675

172 GASTRIC-TYPE ENDOCERVICAL ADENOCARCINOMA (GAS): A COMPARATIVE ANALYSIS

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Objectives Compare clinical outcomes of GAS, usual-type endocervical adenocarcinomas (UEA) and squamous cell carcinoma (SCC).

Methods Twenty-two cases of GAS, 44 cases of UEA and 66 cases of SCC matched by age and clinical stage were assessed. Diagnosis of GAS was based on the Kojima's criteria and immunohistochemical results. Clinical parameters (age, clinical stage and clinical outcome after first-line treatment) were recorded. Descriptive and comparative analysis was conducted. Response to treatment was compared between groups. Overall Survival (OS) and Disease-Free survival (DFS) were calculated with Kaplan-Meier method, compared with Log-Rank test.

Results Mean age at diagnosis was 51 years (range 31–76). Five cases were clinical stage IB1 (22.7%), IB2 1 (4.5%), IIB 2 (9.1%), IIIB 4 (18.2%), IVA 2 (9.1%), IVB 8 (36.4%). The median follow-up was 23 months. GAS cases showed complete response to first-line treatment in 31.1% ($n=7$), partial response 18.2% ($n=4$), 40.9% ($n=9$) had persistence/progression of the disease, no statistical difference was observed when compared to other histologies ($p=0.2$). Progression-free survival was 85.7% without significant difference ($p=0.9$). The overall survival was 75% at 24 months, and comparable to SCC and UEA ($p=0.6$).

Conclusions GAS has clinical features that makes difficult to diagnose, most of the times being diagnosed at advance stages. Despite the review of the literature showing that this neoplasm has an aggressive clinical course and poorer response to conventional treatment, our study was not able to demonstrate this association, larger number of cases must be evaluated.

IGCS19-0503

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EXPERIENCE WITH CONCURRENT CHEMORADIOTHERAPY TREATMENT IN ADVANCED CERVICAL CANCER: RESULTS OF A HOSPITAL IN ARGENTINA

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Objectives Describe our experience with concurrent chemoradiotherapy (CCRT) using three-dimensional conformal pelvic radiotherapy (3D-CRT) and high dose rate intracavitary brachytherapy (HDR-ICBT) with weekly cisplatin in the treatment of patients with local advanced uterine cervical cancer.

Methods Forty tree patients were identified between January 2009 and December 2015. We retrospectively reviewed their medical records and data on patients' characteristics, tumor, treatment and toxicities were collected and analyzed.

Results The median age was 45 years old (IR: 26). The median tumor size was 45 mm (IR: 20). Thirty-eight patients (88%) had cervical tumor size ≥ 40 mm. The median cervical tumor size assessed by MRI was 52 mm (IR: 17). Twenty-two patients (51%) had enlarge nodes on MRI (≥ 10 mm). The MRI showed involvement of the parametrium in twenty-nine patients (67%). Fifteen patients had positives paraaortic nodes (36%). The median overall treatment time was 58 days (RI: 20). Seventeen patients (39%) received extended field radiotherapy. Cisplatin was concurrent administered for a median of 5 courses. The median follow up period was 32 months (IR: 28 months). Acute gastrointestinal grade 3 toxicity was observed in seven patients (16%). Late grade 3/4 toxicity was observed in fourteen patients (33%). Seven patients (16%) persisted with disease and five of them died. The local relapse rate was 9%. Eleven patients underwent hysterectomy after treatment. The disease free interval was 24,2 months. The actuarial 2-year overall rate was 82,9%.

Conclusions Concurrent chemoradiotherapy appears to be effective regimen for patients with local advanced cervical cancer with acceptable toxicity.

IGCS19-0230

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LOW-DOSE DAILY ORAL METRONIDAZOLE IS ASSOCIATED WITH A REDUCTION IN MALIGNANT FISTULAE IN LOCALLY RECURRENT CERVICAL CANCER: RESULTS FROM A TEN-YEAR HISTORIC COHORT

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Objectives We wished to assess if low-dose daily oral metronidazole reduced the risk of malignant vesico-vaginal (VVF) and recto-vaginal fistulae (RVF) in recurrent cervical cancer.

Methods From a ten-year historic cohort in our teaching hospital, we identified 208 patients with pelvic recurrence of cervical cancer. Seventy six patients had been prescribed oral metronidazole 200 mg once daily for malodor control. We compared fistula-free survival and post-recurrence survival in patients who had received, or not received, low dose (metronomic) metronidazole.

Results Seventy two patients developed malignant fistulae (49 VVFs; 10 RVFs and 13 with both VVF and RVF). Metronomic metronidazole was associated with fewer fistulae (22.4% versus 41.7%); a longer fistula-free survival [42.9 months (95% CI, 10.2 m to 75.6 m); versus 14.1 months (95% CI, 7.7 m to 20.4 m); $P < 0.001$]; and a trend to improved post-recurrence survival.

In the subset (n=146) followed until death, on multivariate analysis, metronomic metronidazole remained significantly associated with a longer post-recurrence survival [hazard ratio 0.56; 95%CI, 0.39–0.81; $P = 0.002$] and a longer fistula-free survival [hazard ratio 0.34; 95%CI, 0.17–0.69; $P = 0.003$].

Conclusions Daily low-dose oral (metronomic) metronidazole is a simple and inexpensive intervention. Reduction in inflammation, malodor and necrotic discharge, and decreased liquefactive destruction of visceral tissue planes probably led to better fistula and survival outcomes in this retrospective study.

Our findings suggest that it would be worthwhile to conduct a randomized trial comparing fistula, malodor, radiotherapy completion, local control and survival outcomes in recurrent or locally advanced cervical cancer with or without metronomic metronidazole.

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ONCOLOGY IN A BENIGN GYNECOLOGY DEPARTMENT

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Objectives To assess the extent the contribution of a gynaecological service in a non-designated hospital makes to the investigation of cancer. Assessment of the imaging and histopathology work up of cancer patients prior to referral or transfer to a dedicated gynae-oncology centre.

Methods This was a retrospective cohort study concentrating on all cancer diagnoses in a benign gynaecological unit from 2012–2018. Patients were identified from the department archive of referrals to the gynae-oncology department, the histopathology SNOWMED system and radiological database. The patient data was analysed using Microsoft excel

Results Since 2012 – December 2018, 239 cases of endometrial or cervical cancer were diagnosed (endometrial=125 cervical=113). The mean age of cervical cancer patients was 44 years (29 – 84) and endometrial cancer patients was 63 years (41 – 88). Ninety percent of patients had imaging prior to transfer to the gynae-oncology department (MRI=105, CT-TAP=112). Suspicious complex ovarian masses diagnosed on CT or MRI also required MDT discussion (2018 n=33). The patients were referred to the gynaeoncology MDT in the tertiary system following complete work up.