**IGCS19-0417**

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

C. Fitzsimmons*, A. Stephens, J. Kennard, M. Maryam, J. Pepe, K. DeCoff, S. Ahmad, N. McKenzie, J. Kendrick, R. Holloway, AdVanceHealth Cancer Institute, Gynecologic Oncology, Orlando, USA

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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 carcinomatosis with mean 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 carcinomatosis 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 carcinomatosis was less than RFS for local/pulmonary (p=0.014). Six recurrences occurred within the first 10 RRH cases per surgeon.

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

**IGCS19-0616**

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

1. B. França*, 2R. Samantha Martelec David, 3A. Correia Gentil Filho, 4V. Oliveira Rezende Santana, 5M. Souza Cerveira Pereira, 6A. Campaña Correa Leite. 1Universidade Nilton Lins, Medicina, Manaus, Brazil, 2Universidade Federal do Amazonas, Medicine, Manaus, Brazil

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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 was used 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**

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

1D. Cantu, 1L. Gallardo-Alvarado*, 2C. Perez-Flasencia, 1MD. Perez-Montiel, 2O. Millan-Catalan, 1A. Herrera-Montalvo, 2 Instituto Nacional de Cancerologa, Direction of Research, Mexico City, Mexico; 3Instituto Nacional de Cancerologa, Laboratory of Genomics, Mexico City, Mexico; 4Instituto Nacional de Cancerologa, Department of Pathology, Mexico City, Mexico

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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 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%), IIB 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

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

1ME Giavedoni, 2S Lucas, 3‘G Rosa*, 3'B Cintia, 5’S Mabel, 1’M Perrotta. 1Hospital Italiano de Buenos Aires, Ginecología Oncológica, Buenos Aires, Argentina; 2Hospital Italiano de Buenos Aires, Oncología Radiante, Buenos Aires, Argentina

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 three 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 treatment 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.

IGCS19-0234

ONCOLOGY IN A BENIGN GYNECOLOGY DEPARTMENT

K. Glerron*, S. Cleary, G. Von Banau. Tallaght University Hospital, Cervical Check Colposcopy Department, Dublin, Ireland

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 gynaec-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 were 44 years (29 – 84) and endometrial cancer patients was 63 years (41 – 88). Ninety percent of patients had imaging prior to transfer to the gynaec-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.