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 CHEMORADIO THERAPY TREATMENT IN ADVANCED CERVICAL CANCER: RESULTS OF A HOSPITAL IN ARGENTINA

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10.1136/ijgc-2019-IGCS.173

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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10.1136/ijgc-2019-IGCS.174

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.

IGCS19-0234

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ONCOLOGY IN A BENIGN GYNECOLOGY DEPARTMENT

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10.1136/ijgc-2019-IGCS.175

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.