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

173 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

174 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.

IGCS19-0234

175 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.

Conclusions The contribution of a benign gynaecological centre to cancer care in Ireland is significant. Significant resources are availed of prior to referral to the tertiary centre. Currently there is no dedicated oncological nurse for our department. This research highlights that a dedicated integrated referral system and access to an oncology liaison would ensure swift and timely access to gynae-oncology services for the many patients that present to benign centres.

IGCS19-0236

176 COLPOSCOPY IN DEMAND: THE IMPACT ON REFERRALS FOR A CLINICAL SUSPICIOUS CERVIX ON A COLPOSCOPY DEPARTMENT

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Objectives In Ireland, in April 2018, a free smear test was offered to women who wished to avail of this outside the screening programme. Physicians can also refer for colposcopy if concerned regarding a clinically suspicious cervix or a clinical history.This audit investigated the impact this had on referrals for a clinical indication and subsequent cancer diagnosis.
Methods A retrospective review of referrals for a clinical indication from October 2017 – February 2019 was conducted. Referral data and outcomes was recorded from the mediscan system. Data was analysed using Microsoft Excel.
Results Following the introduction of a free smear, the waiting time for non-urgent colposcopy rose from 4 weeks to 12–20 weeks. The referrals for a 'clinical suspicion' rose from 79 in the first six months (10/10/17 – 1/3/18) to 705 in the preceding six months. The number of referrals from GPs rose from 58% (n=46) to 83% (n=590). The total number of cancers diagnosed following a clinical suspicious indication was eight (0.93). Two cases of cancer were diagnosed in the first six months (2.53%), six were diagnosed in the preceding six months (0.85%). Six cases of subsequently diagnosed cancer were referred and seen as urgent (75%). Two cancers were diagnosed following a non-urgent referral. The majority of referrals had a normal colposcopy (n = 29 36.5%, 418 59.29%).
Conclusions Despite extra demand on the colposcopy department, the majority of subsequently diagnosed cancers were referred as urgent and seen promptly. The majority of clinically suspicious cervix resulted in a reassuring colposcopy.

IGCS19-0518

177 A CASE OF CERVICAL EMBRYONAL BOTRYOIDAL RHABDOMYOSARCOMA

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Objectives Embryonal rhadbomyosarcoma (RMS) is a rare, highly malignant tumour, primarily seen in the pediatric and adolescent population. It is rare in patients above 40 years of age. RMS arises from immature cells destined to form striated skeletal muscle. Around 20% of RMS in childhood arise in the genitourinary tract. The infantile vagina is the most common site. The cervix is a rare site of the disease even in children and adolescents. These lesions are usually embryonal. The botryoid types are usually detected in a child under 8 years. Prognosis of RMS was poor until the introduction of neoadjuvant chemotherapy.
Methods Patient had a polypoid mass in cervix 3cm-by-3cm, with normal appearing surrounding ectocervix and vagina. The biopsy was consistent with embryonal RMS. MRI showed a complex polypoidal mass which appeared to be arising from cervix. CT Chest/abdomen and pelvis scan was clear of distal disease. Molecular genetic was sent for germline-DICER1 mutation. Supplementary video of this surgical resection is attached.
Results The Sarcoma Cancer Centre recommended following a risk-adapted strategy for patient: - for her: age (>11 yrs) is unfavourable but histology site is favourable. Size (5 cm) is on the cusp. She had IVA chemotherapy (ifosphamide/vincristine/dactinomycin). She had positive margins after loop excision, so also had a trachelectomy. Embryonal RMS of the cervix must be distinguished pathologically from adenosarcomas with heterologous elements, malignant mixed Müllerian tumours and low-grade stromal sarcomas.
Conclusions Cervical RMSs seems to have a better prognosis than similar tumours arising from other sites of the female genital tract.

IGCS19-0293

178 GYNAECOLOGICAL BRACHYTHERAPY CREDENTIALING FOR RADIATION THERAPISTS: A QUALITY IMPROVEMENT PROGRAM

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Objectives Gynaecological brachytherapy (GynBT) is an important part of gynaecological cancer management. At Olivia Newton-John Cancer Wellness & Research Centre (ONJCWRC), radiation therapists (RTs) are integral to the GynBT workflow. However, there is limited GynBT training available for RTs in Australia, resulting in inconsistent proficiencies. This is a preliminary report on the development and implementation of a credentialing program, providing a structured approach to GynBT training of RTs.
Methods A credentialing program was designed with modules and competency assessments to ensure efficiency and proficiency of RTs in the GynBT workflow. The program includes theoretical modules in anatomy, international GynBT guidelines, radiation safety and local protocols; and practical modules in equipment, ultrasound for GynBT, operating theatre procedures, MRI, contouring, applicator reconstruction, planning, quality assurance and treatment delivery. Learning strategies include self-directed learning, tutorials, practical sessions and third-party courses. The program concludes with an exit examination assessing major competencies. The expected time frame for the completion of the program is 12 weeks to 6 months.