

Results The program was implemented in April 2018 with 2 RTs completing the program and passing the exit examination on first attempt. On post-program survey, the RTs felt the program was comprehensive, helping to build their confidence and proficiency in GynBT.

Conclusions A GynBT RT credentialing program was successfully developed and implemented to improve the quality of training at ONJCWRC. This program is mandatory for RTs joining the GynBT team. This program can provide a framework for implementation of GynBT training in other centres.

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PRESERVATION OF FERTILITY WITH TRACHELECTOMY WITH PRESERVATION OF UTERINE ARTERY

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Objectives To present our experience of 13 cases of abdominal trachelectomy with preservation of the uterine artery and pelvic lymphadenectomy and its obstetric results.

Material and methods From January 2012 to June 2016, eight FIGO IB1 clinical stage women underwent treatment with radical trachelectomy plus pelvic lymphadenectomy.

Results There were no positive nodes and the margins were always negative. The follow-up of them has shown us nine pregnancies with preterm products in four and two at term. The hospitalization was 4 days (average 3–6 days). The estimated average blood loss of 220 mL (range 50–600 mL). The complication presented was a bruise.

Conclusions The results have shown the gynecologists-oncologists towards the preservation of fertility in this group of patients with preservation of the uterine artery. This arises because of the coexistence of these neoplasms with the increasingly delayed onset of maternity, this forces us to know the anatomy in order to provide better treatment options.

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MODIFIED RADICAL HYSTERECTOMY FOR CERVICAL CANCER IB1

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Objectives Background: The aim of this study is to show the equal results that class II radical hysterectomy with pelvic lymphadenectomy, in Ib1 cervical cancer. We present an institutional experience with this procedure employing Ligasure® in some cases.

Material and methods 116 patients with cervical cancer FIGO stage Ib1 less than 2 cm in diameter, were subjected to modified radical hysterectomies in an Oncology Service at the Hospital General de México UNAM. Variables

included age, size of tumor, surgical margins, number of lymph nodes removed, mean postoperative length of stay, morbidity and mortality; and follow up without evidence of recurrence.

Results Mean age was 44 years old (range 22 to 74 years old); 82 were squamous cell carcinomas; 34 had not clinical disease; in 18 diameter of tumor was less than 1 cm, and in 38 it was from 1 to 2 cm. The average operation time was 130 minutes; the mean blood loss during surgical procedures was 360 cc. In 59 patients Ligasure® was employed. Permanence of bladder catheter and time to hospital discharge were three days in average. The mean of lymph nodes removed was 14 (range 6 to 31). Thirteen cases, had morbidity related with surgical procedures: two intraoperative ureter injuries; four infections wound; two reoperation because of bleeding; and eight bladder dysfunction.

Conclusions Modified radical hysterectomy is an adequate alternative for Ib1 cervical cancer less than 2 cm in diameter. Ligasure® is a useful tool, in order to diminish surgical time and intraoperative bleeding.

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CLINICAL-PATHOLOGICAL FEATURES AND SURVIVAL IN YOUNG WOMEN WITH CERVICAL CANCER: A RETROSPECTIVE ANALYSIS

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Objectives To determine the clinical and histological characteristics and prognostic factors of cervical cancer in young Mexican patients.

Methods Retrospective analysis of patients younger than 55 years old diagnosed with cervical cancer between 2008 and 2012 in the Oncology Service at the Hospital General de México.

Results 450 patients had epithelial neoplasms. The main histological types were: squamous cell carcinoma (84.9%), adenocarcinoma (11.0%) and adenosquamous carcinoma (2.4%). The average tumor size was 4.98 cm. Anemia (55.7%), elevated creatinine (21.2%) and hydronephrosis (13.8%) were also identified. 82.3% of the patients presented locally advanced disease. Stages IIB (47.4%) and IIIB (25.8%) were the most common. Overall 5-year survival was 59.5% (I, 90.9%; II, 57.5%; III, 42.7% and IV, 13.3%). Elevated creatinine, anemia, tumor size, parametrial involvement and hydronephrosis were factors that affected survival. No significant relation was found between histological type and survival. The presence of anemia (adjusted hazard ratio [aHR]: 2.5; 95% confidence interval [CI 95%]: 1.6–4.0) and hydronephrosis (aHR: 1.6; CI 95%: 1.0–4.0) were independently associated with survival; likewise, the parametrial commitment with (aHR: 3.3; CI 95%: 1.5–7.2) or without (aHR: 2.6; CI 95%: 1.3–5.3) extension to the pelvic bone.

Conclusions Cervical cancer in young Mexicans is diagnosed in advanced stages. Overall survival in each stage is similar to the reported in older patients. The importance of conventional prognosis-related factors was confirmed.