Conclusions Programs that involve the community members and local social or religious structures are effective tools for sensitizing women on the need for cervical cancer screening. Provision of method of screening that avoids repeat visits to the health facility work well in hard to reach rural areas.

IGCS19-0151

185 STAGE 1B2 INVASIVE CERVICAL CANCER DIAGNOSED AT 20 WEEKS GESTATION: NEOADJUVANT CHEMOTHERAPY FOLLOWED BY CAESAREAN RADICAL HYSTERECTOMY AT TERM AND CHEMORADIATION: REPORT OF A CASE

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Objectives The diagnosis and treatment of cervical cancer during pregnancy is a challenge that requires a multi-disciplinary approach. The management depends on the gestational age at diagnosis, the stage of disease, the woman's desire to continue the pregnancy and desire to preserve fertility. Neoadjuvant chemotherapy (NACT) is a treatment option for women diagnosed before 24 weeks gestation who wish to continue the pregnancy. Our objective was to present the first such case in West Africa.

Methods We present a 40-year old G3P2 with stage IB2 poorly differentiated squamous cell carcinoma of the cervix diagnosed at 20-weeks' gestation. She received 3 cycles of NACT with Cisplatin 75 mg/m^2 and Paclitaxel 135 mg/m^2 followed by caesarean radical hysterectomy and pelvic lymphadenectomy at 37 weeks and 4 days. We reviewed the relevant literature for similar cases.

Results The tumour size shrank by 50% by the third cycle and bleeding ceased by the start of the second cycle. The baby weighed 2.2kg with good Apgar scores. Histopathology showed resection margins to be free of disease, positive for lymphovascular space invasion, tumour size of 4cm and residual tumour in bilateral pelvic lymph nodes. The patient completed whole pelvic radiation and brachytherapy. Both mother and infant are doing well at 10 months post-treatment and are in surveillance.

Conclusions We demonstrate that NACT followed by caesarean radical hysterectomy is a safe option to delay delivery of the baby in the management of locally invasive cervical cancer first diagnosed in pregnancy. NACT led to cessation of vaginal bleeding and tumour shrinkage.

IGCS19-0019

186 CLINICAL OUTCOMES OF PATIENTS AFTER RADICAL SURGERY FOR LOCALLY ADVANCED CERVICAL CANCER TREATED WITH NEOADJUVANT CHEMOTHERAPY

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Objectives The aim of this study is to investigate therapeutic benefits of neoadjuvant chemotherapy and survival outcomes in patients with locally advanced cervical cancer (LACC) after neoadjuvant chemotherapy (NACT) followed by radical surgery with or without postoperative adjuvant treatment.

Methods This study was retrospectively analyzed forty-seven patients who had LACC IB2-IIB were eligible for radical surgery NACT, between June 2005 and October 2015. The regimen of neoadjuvant chemotherapy was divided into three groups. Group 1 was Taxen with platinum, Group 2 was mitomycin, vincristine and platinum, and Group 3 wass other regimens. Radical operability and response rate of NACT was analyzed and a survival outcome in patients with LACC with neoadjuvant chemotherapy followed by radical operation was analyzed according to regimen of NACT.

Results Group 1 was eleven, Group 2 was twenty-one, and Group 3 was fifteen patients.The maximal diameter of tumor on MRI before neoadjuvant chemotherapy was 4.78 cm (2.8–8.0, SD=1.19). The response rate of NACT is high in Group 2, 50.52% compared with 25.61% in group 3. All patients received radical operation via laparoscopy (76.4%) or laparotomy (23.4%) after neoadjuvant chemotherapy. The mean follow-up period was 49.6 months, SD=2.69. The recurrence rate was 38.3% (18/47). Five-year survival rate was 72.1% and overall survival in Group 2 was 84.9 months (Log-rank p value= 0.003).

Conclusions Despite of limitation of small number and retrospective study, our study suggests that NACT with MVP regimen in patients with LACC could be a good therapeutic option for radical operation and better survival outcome.

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187 CERVICAL DYSPLASIA AND CARCINOMA AFTER QUADRAVALENT VACCINATION AGAINST THE HUMAN PAPILLOMAVIRUS

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Objectives Though highly effective, the vaccine against the human papillomavirus (HPV) does not completely eradicate the risk of cervical dysplasia and subsequent malignancy.

Methods We present a case series of patients treated between 2007- 2017 for cervical dysplasia or invasive carcinoma after immunization with at least 2 doses of the quadrivalent HPV vaccine. Demographic and clinicopathologic data were collected and descriptive statistics were used.

Results Thirty-five patients were identified. Median age was 21.0 years(range, 13–30)at diagnosis and 27.8years (range, 18.2–36.1)at completion of HPV vaccination. Median follow-up was 17.1 months. Three doses were administered in 22 patients (62.9%). Fifteen patients (42.9%) had cervical dysplasia and 20 (57.1%) had invasive carcinoma. Squamous histology was present in 18 cases (51.4%) and adenocarcinoma in 17 cases (48.6%). All patients with invasive carcinoma had stage I disease while 10 (50%) had lymphovascular space invasion. Thirty patients (85.7%) had fertility-sparing surgery and 32 (91.4%) were treated with surgery alone. At the time of last follow-up, 32 patients (91.4%) had no evidence of