

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

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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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10.1136/ijgc-2019-IGCS.185

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/m² and Paclitaxel 135 mg/m² 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

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

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10.1136/ijgc-2019-IGCS.186

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 was 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.

IGCS19-0471

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CERVICAL DYSPLASIA AND CARCINOMA AFTER QUADRAVALENT VACCINATION AGAINST THE HUMAN PAPILOMAVIRUS

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10.1136/ijgc-2019-IGCS.187

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 27.8 years (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

disease, 2 had persistent HPV infection and 1 had recurrence carcinoma treated with pelvic exenteration.

Conclusions Cervical dysplasia and malignancy after HPV vaccination can occur, and a majority of cases are HPV associated, suggesting incomplete coverage of the vaccine or vaccination after HPV exposure. In our series, all vaccinations occurred after the CDC recommended age of 11–12 years old, which highlights the need to complete vaccination prior to HPV exposure, in addition to continued screening for cervical cancer per guidelines.

IGCS19-0453

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POINT-OF-CARE SURROGATE BIOMARKERS FOR CERVICAL CANCER SCREENING: FEASIBILITY OF E7 ONCOPROTEIN AND P16INK4A DETECTION IN CERVICAL SAMPLES

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10.1136/ijgc-2019-IGCS.188

Objectives As E7 oncoprotein is synthesized in the latter stages of cervical carcinogenesis, it may be a more specific biomarker for dysplasia than Pap and HPV. By sequestering cations, E7 monomers form oligomers detectable by Dynamic Light Scattering (DLS). p16INK4a staining has been used as an adjunct to cytology but not in a point-of-care setting. Our aim is to detect E7 oncoproteins using DLS and p16INK4a using immunodetection in cervical samples.

Methods Protein lysates from HeLa cells, which express E7 and p16INK4a, and third trimester placenta (3TP), which do not express E7 or p16INK4a, were characterized by DLS as well as p16INK4a antibody by Western blot to establish positive and negative reference standards, respectively. Patient samples were profiled by DLS and Western blots and correlated with clinical findings.

Results Addition of 10mM EDTA resulted in a monomorphic peak at ~75nm in diameter for HeLa that is distinct from 3TP (~160nm) by DLS, corresponding to a likely E7 oligomer of ~1100kDa on native Western blot. 60 patient samples have been collected thus far with DLS patterns that roughly correlate to those seen using cell lines. Western blot probed with p16INK4a antibody was positive and negative for patients with dysplasia/cancer and without cervical abnormalities respectively.

Conclusions Preliminary results suggest feasibility of detecting E7 oligomers by DLS and p16INK4a by immunodetection in patient samples and its potential as a point-of-care test. The presence of E7 in patient samples will be confirmed with mass spectrometry and sensitivity and specificity of p16INK4a will be determined with additional patient samples.

IGCS19-0046

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TREATMENT OUTCOME FOR PRIMARY CERVIX LARGE B-CELL LYMPHOMA: A CLINICAL ANALYSIS OF 37 CASES

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10.1136/ijgc-2019-IGCS.189

Objectives Cervical lymphoma is a rare condition and may be difficult to diagnose and treatment. Large B-cell lymphoma is among the most common sub-type of Cervical Lymphoma. No standard treatments for patients with this entity have been introduced currently. Only case reports published in the literature and indicated the R-CHOP regimens in combination with involved field radiation therapy (RT) are effective. We retrospectively analyse the 37 patients with primary cervix large B-cell lymphoma and outcome after R-CHOP in combination with RT.

Methods Thirty-seven untreated primary cervix large B-cell lymphoma patients received R-CHOP like regimens. Fourteen of them underwent subsequent RT. Thirteen of them received subsequent salvage chemotherapy.

Results Of 37 patients underwent R-CHOP chemotherapy, only 3 patients received the radical surgery. An overall response rate (ORR) was 78.3% after completion of chemotherapy. The PFS and OS rate at 5 years were 58% and 69%, respectively. For 14 patients who received RT after R-CHOP, an estimated ORR were 89.2%. For all patients, The PFS reached the platform after 2 years follow up and the OS after 3 years according to the survival curve analysis. The international prognostic index (IPI) score were the only predictor of worse outcome.

Conclusions R-CHOP regimens plus involved field radiation therapy led high response rate in primary cervix large B-cell lymphoma. Patients with high IPI had a trend of less satisfied with R-CHOP regimens plus IFRT. Future prospective and multicenter studies are needed. By the way, we are conducting a gene expression profile between DLBCL-unspecified and primary cervix large B-cell lymphoma by NGS.

IGCS19-0313

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A CASE REPORT: ADVANCED CERVICAL CANCER DIAGNOSED WITH ACUTE PERITONITIS AND EMERGENT SURGERY WITH OMENTUM METASTASIS

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10.1136/ijgc-2019-IGCS.190

Objectives Advanced cervical cancer are often diagnosed with atypical genital bleeding, urological symptoms, distant metastasis. We report a case of stage IV uterine cervical cancer, which was found after acute surgical operations suspected bowel perforation.

Methods A 37-years-old woman(G1-P1) visited the ER department of our hospital because of upper abdominal pain, she had peritoneal irritation sign. Abdominal ultrasound showed swelling appendicitis, para-aortic lymph nodes, and ileocecal nodules. The computed tomographic scanning showed thickening rectal mucosa. Our surgeons suspected carcinomatous peritonitis by appendix tumor and gastrointestinal perforation. And on that day, surgeons did emergent laparoscope, findings suggested cancerous peritonitis with stage IV rectal cancer, but the final pathological diagnosis of appendix and omentum was squamous cell carcinoma. So, we suspected metastasis from uterine cervical squamous cancer.

Results We had confirmed swelling cervical tumor and infiltration to rectal, and she was diagnosed stage IV cervical cancer.