

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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**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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**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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**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.

She has had a concurrent chemoradiotherapy (CDDP), hyperthermia, and hyperbaric oxygen therapy. Now her abdominal pain is improved. She had no grade 4 toxicity rectal perforation, her PS is 0 and she had been continuing carboplatin, paclitaxel and Bevacizumab once a month.

**Conclusions** Even she had checked up of uterine cervical cancer during the second pregnancy, and it was normal. It is rare a cervical cancer causes omental metastasis, but we should suspect cervical cancer even if there is no genital bleeding. And we find it may be important to check up the cervical cancer for one month from the delivery. In Japan, the percent of the cervical cancer screening is low and no political vaccination system. Therefore we should consider a new system that can check regularly for mothers they should be very busy for child care.

## IGCS19-0620

### 191 RADIOLOGICAL ENDOVASCULAR EMBOLIZATION OF SMALL PELVIC ARTERIES IN PATIENTS WITH COMPLICATED UTERINE CERVIX CANCER: SINGLE-CENTER EXPERIENCE IN BELARUS

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**Objectives** To conduct the efficacy of radiological endovascular embolization of small pelvis arteries in patients with locally advanced and recurrent uterine cervix cancer (UCC) complicated with hemorrhage.

**Methods** 81 patients were included: 68 (84%) primary patients with locally advanced UCC and 13 (16%) – with UCC recurrences, who underwent radiological endovascular occlusion of small pelvis arteries regarding bleeding from tumor.

**Results** Distribution of primary patients according to FIGO stages: IIB stage – in 4 (6%), IIIB – in 44 (65%), IV – in 20 (29%). In the result of the procedure hemorrhage was stopped in 76 (94%) patients. After successful conduction of radiological endovascular hemostasis in 68% (46 of 68) of primary UCC patients' antineoplastic treatment was performed, according to the radical program in full – in 43% (29 of 68) of cases. Survival of 22 (32%) patients who was not treated further, and 46 (68%) patients who continued the treatment was significantly differed. 1-year adjusted survival (AS) was 15.2% (SE 8.1%) and 53.5% (SE 7.4%), respectively. No patient survived to 5 years in the first subgroup, in the second subgroup a 5-year AS was 24.0% (SE 6.8%), median AS for the first subgroup was 5.4 months, for the second – 12.8 months (p < 0.001).

**Conclusions** Arterial embolization of pelvic vessels is an effective method of arrest of hemorrhage in patients with locally advanced and recurrent UCC in 94% of cases. Conduction of this procedure in primary patients in case of complicated locally advanced UCC allows to perform special antitumor treatment in 68% of cases.

## IGCS19-0626

### 192 EVALUATION OF THE EFFECT OF LOW MOLECULAR WEIGHT HEPARINS ON THE OUTCOMES OF CONCURRENT CHEMORADIO THERAPY FOR LOCALLY ADVANCED CERVICAL CANCER PATIENTS

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**Objectives** To investigate the efficacy of low molecular weight heparins (LMWH) on the outcomes of concurrent chemoradiotherapy for locally advanced cervical cancer patients.

**Methods** 85 stage IIB-IVB locally advanced cervical cancer patients were treated at the Gynecologic Oncology Department in 2011–2013 years. Patients were randomized into two arms. The control patient arm received the conventional chemoradiotherapy course, in the study arm it was supplemented with LMWH.

**Results** Hemorrhagic complications associated with the using of LMWH were not detected. The immediate results of chemoradiotherapy in the study and control groups were the same (p=1.0): according to RECIST criteria 47% in each group were recorded in complete regressions, 42% in partial regressions, 11% in the stabilization of the disease, and the progression of the disease to the end treatment was not recorded in any of the studied groups. The 5-year cancer-specific survival of patients in the study arm was 68.2% (SE 7.9%), in the control arm it was 66.4% (SE 7.1%), p=0.80. The 5-year overall survival was 63.3% (SE 8.1%) and 64.4% (SE 7.2%) respectively, p=0.94. The 5-year progression-free survival was 63.3% (SE 8.1%) and 64.4% (SE 7.2%), respectively, p=0.93.

**Conclusions** Thus, despite the theoretical data, as a result of a clinical study, the effect of using LMWH on the primary cure of a tumor has not been established. The analysis of long-term treatment outcomes found no effect of LMWH on the cancer-specific survival, overall survival and progression-free survival in locally advanced cervical cancer patients treated by concomitant chemoradiotherapy.

## IGCS19-0202

### 193 IMPACT OF VAGINAL CUFF BRACHYTHERAPY IN OPERATED PATIENTS WITH HIGH RISK EARLY STAGE CERVICAL CANCER

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**Objectives** To evaluate local control and survival of high risk cervical cancer patients submitted or not to vaginal cuff brachytherapy in the post-operative setting.

**Methods** Retrospective cohort of patients treated from 2010 to 2017. Patients were eligible if they had confirmed histological diagnosis of cervical cancer treated with surgery and