

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