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.

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191 RADIOPELVIC ENDOVASCULAR EMBOLIZATION OF SMALL PELVIS ARTERIES IN PATIENTS WITH COMPLICATED UTERINE CERVIX CANCER: SINGLE-CENTER EXPERIENCE IN BELARUS

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Objective: To conduct the efficacy of radiological endovascular embolization of small pelvis arteries in patients with locally advanced UCC and 13 (16%) patients with locally advanced UCC and 13 (16%) patients with locally advanced UCC and 13 (16%) patients with locally advanced UCC.

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%), IIb – 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.