

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

<sup>1</sup>O Matylevich\*, <sup>2</sup>V Akinfeev, <sup>3</sup>L Mirilenko, <sup>4</sup>O Sukonko. <sup>1</sup>NN Alexandrov National Cancer Center of Belarus, Gynecologic Oncology Department, Minsk, Belarus; <sup>2</sup>NN Alexandrov National Cancer Center of Belarus, Interventional Radiology Department, Minsk, Belarus; <sup>3</sup>NN Alexandrov National Cancer Center of Belarus, Statistical Department, Minsk, Belarus; <sup>4</sup>NN Alexandrov National Cancer Center of Belarus, Urologic Oncology Department, Minsk, Belarus

10.1136/ijgc-2019-IGCS.191

**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

<sup>1</sup>O Matylevich\*, <sup>2</sup>L Mirilenko, <sup>3</sup>O Sukonko. <sup>1</sup>NN Alexandrov National Cancer Center of Belarus, Gynecologic Oncology Department, Minsk, Belarus; <sup>2</sup>NN Alexandrov National Cancer Center of Belarus, Statistical Department, Minsk, Belarus; <sup>3</sup>NN Alexandrov National Cancer Center of Belarus, Urologic Oncology Department, Minsk, Belarus

10.1136/ijgc-2019-IGCS.192

**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

<sup>1</sup>G Mauro\*, <sup>2</sup>R Kleine Truffa, <sup>3</sup>S Silva Cabral Severino, <sup>4</sup>H Carvalho de Andrade. <sup>1</sup>Sao Paulo Cancer Institute, Radiation Oncology, Sao Paulo, Brazil; <sup>2</sup>Sao Paulo Cancer Institute, Gynecology, Sao Paulo, Brazil; <sup>3</sup>Sao Paulo Cancer Institute, Clinical Oncology, Sao Paulo, Brazil; <sup>4</sup>University of Sao Paulo – School of Medicine, Radiation Oncology, Sao Paulo, Brazil

10.1136/ijgc-2019-IGCS.193

**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

adjuvant radiotherapy with or without chemotherapy. Vaginal cuff brachytherapy (VCB) was indicated according to the radiation oncologist discretion.

**Results** Seventy-nine patients were selected, with a median age at diagnosis of 47.5 years (26–77). Brachytherapy was delivered in 59 (74.7%). There were no significant differences between the VCB and the no-VCB groups. A total of 13 (16.5%) patients presented one or more events, 5 (25%) and 8 (13.5%) events in the no-VCB and VCB group, respectively. Most recurrences were pelvic and/or vaginal: 7/20 (35%) in the no-VCB group and 9/59 (10.2%) in the VCB group. There were 8 systemic relapses with 8 deaths. With a median follow-up of 45 months, median overall and disease-free survival were, respectively, 85.1 and 83.8 months. No variables were correlated with overall survival. The only factor positively correlated to disease-free survival was VCB, with a mean of 86.9 and 68.4 months for patients that did and did not receive it, respectively ( $p=0.043$ ). Vaginal recurrence was lower in the brachytherapy group, but with no significance ( $p=0.065$ ).

**Conclusions** VCB was associated with a reduced recurrence rate in the post-operative setting of high-risk early stage cervical cancer patients.

## IGCS19-0547

194

### SMALL ADENOCARCINOMA OF THE CERVIX WITH SINGLE GIANT OVARIAN METASTASIS: CASE REPORT

L Micelli\*, F Souza Nobrega, JP Mancusi de Carvalho, ML Nogueira Dias Genta, D Sampaio AM Piato, G Miglino Suárez, J Paula Carvalho. *Cancer Institute of the State of São Paulo, Gynecologic Oncology, São Paulo, Brazil*

10.1136/ijgc-2019-IGCS.194

**Objectives** To demonstrate the importance of ovarian evaluation in cases of adenocarcinoma of the cervix, since the ovaries may be the only site of metastasis.

**Methods** Analysis of patient medical record.

**Results** A 56-year-old female presented to the outpatient clinic with increased abdominal volume. Gynecological examination revealed a small exophytic lesion of 2cm in the endocervical canal, without vaginal or parametrial involvement. Biopsy of the lesion resulted in adenocarcinoma with papillary and glandular components and immunohistochemistry proving primary tumor of the uterine cervix. The patient underwent a pelvic computed tomography. Bilateral ovarian masses with solid components and ascites with no signs of carcinomatosis were observed. The patient was submitted to radical hysterectomy with bilateral salpingo-oophorectomy, pelvic lymphadenectomy, omentectomy, appendectomy and multiple peritoneal biopsies. Anatomopathological analysis resulted in usual endocervical adenocarcinoma with intestinal pattern in the cervix and cervical metastasis in both ovaries. All surgical margins were free of disease.

**Conclusions** This case was an unusual presentation of cervical cancer that showed the possibility of single ovarian metastasis without any other tumor involvement. The importance of adequate preoperative ovarian evaluation is highlighted, raising

the question whether there is a role for bilateral oophorectomy in all cases of adenocarcinoma of the cervix.

## IGCS19-0580

195

### CAN AGE BE CONSIDERED AS PROGNOSTIC FACTOR OF SURVIVAL IN PATIENTS WITH UTERINE CERVICAL CANCER?

<sup>1</sup>H Moschen\*, <sup>1</sup>M Mendez, <sup>2</sup>A Soderini, <sup>2</sup>A Aragona, <sup>1</sup>J Bustos, <sup>1</sup>G Amestica, <sup>1</sup>J Retamozo. <sup>1</sup>D.F. Santojanni Hospital, Gynecology, Buenos Aires Autonomous City, Argentina; <sup>2</sup>Oncologic Hospital Marie Curie, Gynecology Oncologic, Buenos Aires Autonomous City, Argentina

10.1136/ijgc-2019-IGCS.195

**Objectives** To assess the impact of age as a determining prognostic factor in the survival of women with uterine cervical cancer (UCC).

**Methods** A retrospective observational study was carried out in which patients who consulted in Oncological Hospital of Buenos Aires, in the period between January 2007 and December 2011. The variables were studied: age and tumor stage. Three age groups were established: patients <35, 35 - 59, and >60. For the analysis of disease-free survival (DFS) and overall survival (OS), the Kaplan-Meier method was used and for the comparison between the different groups, the Log Rank test method using the statistical package IBM Statics Version 21. A statistically significant P value of  $\leq 0.05$  was considered.

**Results** 748 patients were included, of which 145 (19.4%) <35 years, 484 (64.7%) to the group of 35 to 59 years and 119 (15.9%) to >60 years. The median general age was 46 years. The general OS was 59.3% ( $P=0.04$ ), 48.3%, 63.3% and 57.4% respectively in the groups. The general DFS was 55.5% ( $P=0.04$ ), in the groups: 45.8%, 59% and 53.6% respectively. The distribution by stages was predominantly locally advanced: IIB 30.6% (229), IIIB 29.5% (221), being statistically significant for OS stages IB2, IIA2, IIB, IIIA and IVA.

**Conclusions** In addition to the widely known prognostic factors, age also seems to be an important factor, although probably underestimated by current treatment guidelines. There is a population of patients with UCC whose diagnosis at an early age implies an alarming prognosis.

## IGCS19-0668

196

### LOCALLY ADVANCED CANCER OF THE CERVIX IN PREGNANCY: PECULIARITIES OF PRESENTATION AND CHALLENGES OF MANAGEMENT IN A RESOURCE-POOR SETTING

A Mustapha\*, A Yahya, A Oguntayo Olanrewaju, A Kolawole O. Ahmadu Bello University/ Teaching Hospital- Zaria, Obstetrics and Gynaecology, Zaria, Nigeria

10.1136/ijgc-2019-IGCS.196

**Objectives** Cancer of the cervix is the commonest female malignancy in north-western Nigeria. In resource poor settings