

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

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

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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

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

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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

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

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10.1136/ijgc-2019-IGCS.196

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