

IGCS19-0061

199 SERUM CONCENTRATIONS OF S100-A11 AND AIF-1 ARE ELEVATED IN CERVICAL CANCER PATIENTS WITH LYMPHNODE INVOLVEMENT

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Objectives The aim of this study was to compare TFF3, AIF-1, S100-A11 and DKK1 serum levels in surgically staged patients with cervical cancer, and in healthy female controls.

Methods In total 85 consecutive patients diagnosed with cervical cancer stage undergoing radical hysterectomy or fertility sparing surgery with pelvic lymphadenectomy were included in the study. The control group was comprised of 90 patients who underwent elective total hysterectomy for nonmalignant disorder. In all patients preoperative serum samples were taken, separated and the sera were all stored at -80°C until analysis for TFF3, AIF-1, S100-A11 and DKK1.

Results According to the final histopathologic examination, 32 (37,6%) out of 85 cervical cancer patients were lymphonode positive. S100-A11 ($p < 0.0001$) and AIF-1 ($p < 0.0001$) were higher in cervical cancer patients than in controls. Furthermore, S100-A11 ($p > 0.04$) and AIF-1 ($p > 0.01$) were significantly higher in lymphonode positive as compared to lymphonode negative patients. Levels of TFF3 and DKK1 were higher ($p < 0.0001$) in controls than in cervical cancer patients and were not different in groups with or without nodal involvement.

Conclusions S100-A11 and AIF-1 represent potential biomarkers in patients with cervical cancer. Moreover S100-A11 and AIF-1 levels increase in patients with lymph node involvement.

IGCS19-0535

200 LAPAROSCOPY VERSUS LAPAROTOMY FOR THE MANAGEMENT OF EARLY STAGE CERVICAL CANCER. HOSPITAL DR SOTERO DEL RIO. CHILE

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Objectives The treatment of early stage cervical cancer (IA2 to IIA) is surgical, radical hysterectomy with bilateral pelvic lymphadenectomy is the standard recommendation. Our aim is to compare the feasibility, safety and surgical outcomes between laparoscopic surgery (LHR) and open laparotomy (HR) in early stage cervical cancer.

Methods We performed a retrospective review of patients with early stage cervical cancer treated with radical hysterectomy and pelvic lymphadenectomy between 2013 and 2018 Hospital Dr Sótero del Rio, Santiago de Chile. We analyzed clinical reports and statistical studies was performed.

Results We analyzed 72 patients, 47 (65%) by laparoscopy and 25 (35%) laparotomy. FIGO stage included IA2 (4), IB1 (62), IB2 (3), II A (3) Both groups were similar; age, associated pathology, histology (squamous 70%, adenocarcinoma 29%, adenoescamoso 1%) and surgical stage. Two patients required conversion to laparotomy. There were no statistical differences between body mass index, pelvic lymph nodes removed (17 vs 16), operative time and adjuvant chemoradiation 28 (39%). LHR need less analgesic and the recovery were faster than laparotomy. The mean estimated lost blood was decreased in the laparoscopic group (145 vs 391 ml), ($p = 0,025$) and the length of postoperative hospital stay ($p = 0,009$) were significantly shorter in the LHR. There were two urethral injuries in both groups one rectum injury in LHR, three wounds infections and obturator nerve section in HR

Conclusions Laparoscopic radical surgery has similar therapeutic efficacy compare to HR, however it has more favorable surgical outcomes including less estimated blood loss, faster recovery and shorter hospital stay. Oncologic outcome requires longer follow up.

IGCS19-0680

201 LAPAROSCOPIC EXTRA-PERITONEAL PARA-AORTIC NODE DISSECTIONS IN THE BELFAST TRUST OVER THE LAST 9 YEARS: A SINGLE INSTITUTION EXPERIENCE FOR LOCALLY ADVANCED CERVICAL CARCINOMA

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Objectives Cervical cancer is one of the most commonly occurring female cancers with increasing incidence. The mainstay of treatment for locally advanced disease is primary chemoradiotherapy. Pre-operative imaging in combination with laparoscopic extraperitoneal para-aortic node dissection (LEP-AND) has been used to best target this treatment. This study looked at all women in the Belfast Trust over the last 9 years who had this investigation as part of their pre-treatment workup.

Methods Retrospective data was collected for all those who had LEPAND for locally advanced cervical cancer from January 2010 to December 2018. All women had pre-operative imaging that suggested positive pelvic nodes but negative para-aortic nodes.

Results Sixty women were identified in this group ageing 23–69 with median age 39. 93.3% had stage 2b cervical cancer, the remainder were 1b2 or 3b. 17% had adenocarcinoma of the cervix and 83% had squamous cell carcinoma. The median survival overall is 5 years. 70% of women had primary LEPAND surgery before chemoradiotherapy with the remainder having primary treatment before surgery. 15% of the study population died, 90% of which died within two years of diagnosis. 67% of these women had primary LEP-AND followed by chemoradiotherapy with the others proceeding straight to primary treatment prior to surgery. 5% (3/60) had positive para-aortic nodes on histopathology although 100% appeared node negative on MRI/PET imaging. None with positive nodes had recurrences but 66% died within 2 years.

Conclusions Despite having negative nodes on imaging 5% had positive para-aortic lymph nodes on histopathology. LEP-AND surgery prevented undertreatment in these women.

IGCS19-0348

202 SAFETY AND EFFICACY OF NEOADJUVANT CHEMOTHERAPY FOR CERVIX ADENOCARCINOMA DURING PREGNANCY: CASE REPORT

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Objectives To describe the case of a patient with a diagnosis of cervical adenocarcinoma in the 2nd trimester of gestation, where it was decided to maintain the pregnancy and perform chemotherapy until the end of gestation, where the final surgical treatment was performed.

Methods We present a case of a woman diagnosed with adenocarcinoma of the cervix during pregnancy, with maintenance of chemotherapy during pregnancy and puerperal surgery.

Results 40-year woman, presented at 18 weeks; referred to evaluation of a colposcopist due vaginal bleeding. A cervix lesion, measuring 30 mm, well differentiated invasive endocervical adenocarcinoma. The tumor was classified as stage IB1 (FIGO). The patient received neoadjuvant chemotherapy with 4 cycles of cisplatin every 3 weeks. No obstetric complications during pregnancy; a new MRI at 32 weeks, without significant changes in tumor size. Fetal growth assessment was evaluated every 2 weeks; cesarean section at 34 weeks. After the cesarean section underwent radical hysterectomy with pelvic lymphadenectomy. We need to perform bilateral clamping of the uterine arteries prior to pelvic lymphadenectomy due to excessive bleeding.

Conclusions The use of cisplatin as drug of choice for neoadjuvant chemotherapy for IB1 adenocarcinoma cervical cancer was safe for the fetus, which did not present malformations or intrauterine growth restriction. Regarding postpartum surgery, clamping of the uterine arteries prior to pelvic lymphadenectomy and radical hysterectomy decreased intraoperative blood loss and did not compromise the final outcome with regard to: surgery operation time, surgical margin, and patient recovery. According to literature, breastfeeding should be discouraged in patients undergoing treatment with cisplatin.

IGCS19-0318

203 KNOWLEDGE AND AWARENESS OF HPV AND HPV VACCINE AMONG HIV POSITIVE WOMEN IN LAGOS, NIGERIA

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Objectives Human immunodeficiency virus (HIV) infected individuals are at higher risk of HPV infection and HPV associated cancers. We determined the knowledge and awareness of HPV and HPV vaccine among women living with HIV in Lagos.

Methods A cross-sectional survey was carried out on 220 HIV positive women who attended the HIV clinic of a tertiary healthcare facility in Lagos from 1st February 2018–31st January 2019. Interviewer administered questionnaire was used to extract information regarding the knowledge of HPV and awareness of HPV vaccine. Microsoft Excel 2010 was used to analyze the data.

Results Their mean age was 42.3±7.0years. 157(71.4%) of them had been living with HIV for more than 10 years. 17 (22.3%) had children above 10yrs that were living with HIV. 148 (67.7%) had never heard of HPV infection. Only 37.3% of the respondents knew HPV could cause cancer with cervical cancer being the most (70%) identified. 166 (75.6%) of them didn't know that they were more at risk of having cervical cancer as compared to their HIV negative counterparts. Only 22.3% knew about HPV vaccine. None of the children of the women had been vaccinated against HPV. Only 2.7% of them knew that the vaccine is given to both boys and girls.

Conclusions The awareness and knowledge of HPV infection and HPV vaccine among HIV positive women is very low. This suggests that there is urgent need to put in interventions to increase the knowledge and awareness of this infection among this high risk group.

IGCS19-0677

204 HPV EDUCATION AND VACCINATION IN A PUBLIC HOSPITAL IN BRAZIL

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Objectives Official statistics reports a low HPV vaccination rate in Brazilian teenagers. Education about HPV vaccination is considered an area for improvement and our aim was increase the number of patients educated about the importance of HPV vaccination thus improving the HPV vaccination rate.

Methods Between September 2018 and December 2018, in the Oncology Department at IMIP, we undertook a structured approach to educate the female cancer patient about HPV and its relationship with cervical cancer with support from ASCO's Quality Training Program. Our team used standard plan-do-study-act (PDSA) methodology to achieve our goal of increase by 50% the number of patients educated about the importance of HPV vaccination. We also analyzed rate of HPV vaccination at our institution before and after this intervention.

Results Before October 2018 a mean of 1263 female cancer patients were consulted at IMIP per month and none were educated about HPV vaccination. After our PDSA1 we had a mean of 1087 female cancer patients consulted per month, and we educated about 16% of them. We had no improvement in the HPV vaccination rate. Before October 2018 there was a mean of 39 teenagers vaccinated per month, an after, a mean of 20.