

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

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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.

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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.

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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.