

Conclusions After one cycle of PDSA, we have increased our patient education, however there was no improvement in the vaccination rate at IMIP. Maybe, as IMIP is a tertiary center, we could not observe such changes, but primary health services rates of vaccination may reflect better the impact of this intervention.

IGCS19-0352

205

PI3K-EPIGENETIC 'METAGENE' ALTERATIONS WERE ASSOCIATED WITH PFS BUT APPEAR INDEPENDENT OF FIGO-2018 STAGE IN CERVICAL PATIENTS ENROLLED IN THE PROSPECTIVE EUROPEAN BIORAIDS STUDY

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10.1136/ijgc-2019-IGCS.205

Objectives The RAIDs consortium (www.raids-fp7.eu), conducted a prospective cervical cancer study, [BioRAIDs (NCT02428842)]. The clinical and biological dataset included 419 patients from 18 centers in 7 EU countries (Ngo et al, 2015; Samuels et al, 2016 and Scholl et al, in press). Objectives were to stratify patient populations and identify molecular patterns associated with poor outcome.

Methods Magnetic resonance imaging (MRI) was a mandatory inclusion criterium. We compare treatment sequences administered according to FIGO stage *at inclusion* in comparison to ideal treatment sequences according to the more recent FIGO 2018 staging, if lymph node (LN) positive patients are upstaged to stage IIIC. Furthermore, the molecular alterations of a 'metagene' associated with outcome are analyzed as a function of FIGO stage.

Results Sequence of treatments received up to 6 months are reported according to FIGO-2018 stage. At a median follow up of 24 months, progression-free survival (PFS) rates of the BioRAIDs population, treated by chemoradiation (87%) *as first or follow on* treatment, were 67% [CI95%: 61.9–72.5]. We show evidence that a selection of frequent deleterious variants regrouped in a 'metagene' were associated with outcome (PFS) yet appeared *independent* of FIGO-2018 stage.

Conclusions In 2013, treatment guidelines allowed radical surgery or chemoradiation for clinical stage IB2 disease. In case of pretreatment suspicion of tumour spread to pelvic lymph nodes (FIGO-2018 staging: IIIC1) many centers now perform primary chemoradiation. We were not able to show the set of molecular markers previously associated with poor outcome to be also associated with FIGO stage.

IGCS19-0311

206

NEW EDUCATIONAL INTERVENTION WITH A SHORTER DURATION OF TRAINING PARAMEDICAL PROFESSIONALS FOR UNDERTAKING CERVICAL SCREENING PROGRAMME

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10.1136/ijgc-2019-IGCS.206

Objectives To assess the effectiveness of a new training programme with a shorter duration of training for cervical cancer prevention among professional Medical Practitioners (PMPs).

Methods The new training method consisted of video based tutorials, lectures and hands on training for 2 weeks. PMPs

Abstract 206 Table 1

Domain name	Type of questions	Pre-test		Post-test		P-value
		Mean	Std. Deviation	Mean	Std. Deviation	
Domain 1	Multiselect	45.00	11.85	62.75	10.86	<0.0001*
	True/False	71.17	13.39	90.50	6.30	<0.0001*
Domain 2	Multiselect	49.71	11.68	67.41	15.71	<0.0001*
Domain 3	Multiselect	58.00	14.41	76.60	8.43	<0.0001*
	True/False	82.11	5.32	92.46	3.02	<0.0001*
	Knowledge score	65.00	19.85	83.70	14.56	<0.0001*
Domain 4	Multiselect	49.25	27.71	64.00	25.46	0.001*
	True/False	26.00	27.18	5.00	20.82	<0.0001*
Domain 5	Multiselect	44.89	29.22	77.28	11.45	<0.0001*
	True/False	37.00	27.83	89.00	17.69	<0.0001*
	Knowledge score	23.625	21.99004	84.25	6.82788	<0.0001*

*Statistically significant(p<0.05)