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 CERVIVAL PATIENTS ENROLLED IN THE PROSPECTIVE EUROPEAN BIORAIDS STUDY

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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 mandatary 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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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)						

were given personal electronic tablets consisting of video tutorials for revision during the training period.

Fifty PMPs were given a questionnaire consisting of 50 questions at the start and completion of the new training programme. There were 3 category of questions: multiselect, true/false and knowledge score. The questions were further divided into 5 domains. Domain 1–5 consisted of questions on awareness of cervical cancer, cervical precancer, practical screening methodology, data management and HPV respectively. Responses were Scored by calculating the raw score and using linear transformation to standardize the raw score for all questions.

Results More than 90% PMPs were married, parous and were from primary health care centers with median work experience of 19.5 years, however only 60% had themselves undergone cervical screening. Analysis showed very significant improvement in all domains after introduction of the new training programme ($p < 0.0001$).

Conclusions The new training programme is effective in significantly improving the skills of PMPS despite shorter training duration. The questionnaire survey was found to be effective as it tested knowledge and awareness by multiple methods to improve response accuracy.

IGCS19-0515

207 CERVICAL CANCER IN YOUNG WOMEN TREATED AT A SINGLE INSTITUTION – A RETROSPECTIVE COHORT STUDY

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Objectives The aim of the study was to evaluate demographics and treatment outcome in young women under the age of 40 years with cervical cancer treated at a single institution in South Africa.

Methods Retrospective study of patients younger than 40 years with cervical cancer referred for radiation from January 2015 to December 2018. The MOSAIQ® patient management system was used as the data source of patient names. Data collected included patient demographics; HIV status; stage; treatment and survival outcome.

Results In the time period 96 patients under the age of 40 years were referred for radiotherapy. The median age was 33 years (24–38 years); 15.6% (n=15) were under the age of 30. Overall, 36.5% were HIV-positive. Disease characteristics included 91.7% squamous cell carcinoma on histology; 65.6% (n=63) were Stage IIIB and above. The very young (under 30 years) had a high proportion presenting with advanced stage disease, 73.3% (n=11). Seventy-one patients (74%) received radical CCRT, RT or adjuvant CRT. HIV-negative patients were significantly more likely to be prescribed curative therapy (82% vs 60%; p=0.018). The majority of the cohort, 77 patients (80.2%), received a minimum of 40Gy EBRT. Of the 71 patients who received radical therapy, 17 (23.9%) had a recorded date of death by study end, with no significant difference by HIV-status.

Conclusions The young women presenting with cervical carcinoma at our institution had a high prevalence of HIV and advanced stage. Though HIV status impacted treatment intent, more than 80% of the total cohort received radical radiation or high dose palliation.

IGCS19-0083

208 PROGNOSTIC SIGNIFICANCE OF THE CENTRAL TUMOR SIZE (CTS) IN STAGES IIB AND IIIB BULKY CERVICAL CANCER (CC): PROPOSING A NEW FIGO STAGING SYSTEM

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Objectives The aims of the present study were: 1) to define the prognostic significance of the **CTS** in stages IIB and IIIB cervical cancer and its impact on disease-free survival (DFS) and overall survival (OS) rates; 2) to propose a new FIGO Staging System for CC based on this evidence.

Methods Retrospective study including 450 pts. between 1/2007 to 9/2011 FIGO stages IIB (229 pts.) and IIIB (221 pts.) cervical cancer (cc) . MRI was added to mesure the CTS. It was stratified in **≤-3.99 cm, 4–5.99 cm, 6–7.99 cm & >8 cm.** The disease-free survival (DFS) and overall survival (OS) related to tumor size.were analyzed .

Results The median age were 45 & 49 years old for stages IIB & IIIB groups. Median Follow up: 45 months. The DFS & OS rates were: stage IIb,58.5% & 64%; and 40% and 43% for the IIIb,respectively The DSF and OS rates were 65,1% and 71,5% in CTS between 4- 5.99cm, vs 27,7% and 36.6% for CTS >6 cm ($p<0,001$) in stages IIb. In the stage IIIB ones, DSF and OS rates were 58,3 & 57% in CTS between 4–5.99 cm Vs 25% & 28.5%,, with CTS >6 cm ($p<0.001$). These results were independent of histological type and treatment received.

Conclusions Patients with CTS >6 cm ihad a worse prognosis. These FIGO Stages could be modified into IIb1 & IIb2; and IIIb1 & IIIb2, with a 6m cut off. It is needed a personalized treatment strategy for those cases.

IGCS19-0084

209 SURVIVAL IMPACT OF THE ABDOMINAL RADICAL TRACHELECTOMY (ART) RADICALITY IN PATIENTS WITH EARLY STAGE CERVICAL CANCER (CC)

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Objectives To evaluate the overvall survival (OS)and disease free survival (DFS) rates related to surgical radicality in the ART sparing the uterine arteries and hypogastric plexus in patiens with early stage cervical cancer(CC).

Methods Twenty seven pts. FIGO stages Ia2 & Ib1, were included between 10/04 a 10/15. Stages Ib1 >2 cm and <4cm received neoadjuvant chemotherapy (NCH).