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 measure 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 DFS and OS rates were 65.1% and 71.5% in CTS between 4–5.99 cm, vs 27.7% and 36.6% for CTS > 6 cm ($p < 0.001$) in stages IIB. In the stage IIIB ones, DFS 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 had a worse prognosis. These FIGO Stages could be modified into IIB1 & IIB2; and IIIB1 & IIIB2, with a 6 cm 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 overall survival (OS) and disease free survival (DFS) rates related to surgical radicality in the ART sparing the uterine arteries and hypogastric plexus in patients 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 < 4 cm received neoadjuvant chemotherapy (NCH).

An ART sparing the uterine arteries and hypogastric plexus was performed.

Surgical radicality was compared with an historical control group of C1 radical hysterectomies.

The OS& DFS rates, complications, pregnancies, recurrences, and follow-up, were analyzed.

Results The ART was performed in 25/27 patients (95,2%). Age: 27,5 years (25–35). Five patients received NCH. In 2 cases the procedure had to be completed with a C1RH because of positive margins in the surgical specimen. Radicality (surgical specimen): tumor size 2,36 (1,-4,1) cm; Vaginal length 2,62 (0,8–3,1) cm; Right parametrium 3,2 (1,8–3,9) cm; left parametrium 3,04 (2,3–3,5) cm; cervix length 2,8 (2,3–3,3) cm; Lymph nodes 13,5 (2–22). No statistically differences were observed in surgical radicality between ART vs C1RH. Complications: 1 case of dyspareunia + cervical polypsis. 1 case of dysmenorrhea. Four pregnancies were observed. Three healthy newborns and 1 abortion were registered, all in NCH cases). Recurrences: 2/27 (8,4%). Deaths: 2/27 (7,3%) . DFS & OS: 92,5%. Follow-up: 127 months (85–180).

Conclusions The ART sparing the uterine arteries and hypogastric plexus (C1 ART), showed to be feasible and oncologically safe. This variant of ART, could be considered as an alternative to C1RH for these initial FIGO stages.

IGCS19-0486

210 RECURRENCE AFTER RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER PATIENTS

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Objectives The objective of this study is to estimate the recurrence rate in women with early-stage cervical cancer (stages IA1 with LVSI, IA2 and IB1) underwent radical hysterectomy and pelvic lymphadenectomy and evaluate the recurrence by the surgical approach (laparoscopy - conventional or robotic vs laparotomy).

Methods A retrospective study was conducted in patients who underwent radical hysterectomy and pelvic lymphadenectomy for early stage cervical cancer at Barretos Cancer Hospital from January 2009 to March 2017. We evaluate the recurrence rate, surgical approach and the pathologic risk factors for recurrence. The statistical analyses were performed using Chi-square and Fisher tests.

Results An evaluation was conducted of 139 patients. The rate of tumor recurrence was 10.8% (15). The surgical approach was laparoscopy (conventional or robotic) in 107 (77%) patients and laparotomy in 32 (23%) patients. About the patients with recurrence, 13 patients underwent a laparoscopy approach, and 2 patients underwent a laparotomy approach.

Conclusions In conclusion, it can be suggested that patients underwent radical hysterectomy with pelvic lymphadenectomy by laparoscopic approach have more risk of recurrence than laparotomy approach, according to the results of LAAC trial. This study has some limitations like to be a retrospective study. However, it has satisfactory number of patients

included, performed in a single center, where the conduct in the cases of early stage cervical cancer and the surgical technique of radical hysterectomy are standardized and do not suffer major changes among surgeons.

IGCS19-0190

211 INTERSTITIAL BRACHYTHERAPY IN PELVIC RECURRENT CARCINOMA OF THE UTERINE CERVIX: CLINICAL RESPONSE, SURVIVAL AND TOXICITY

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Objectives To evaluate clinical response (CR), post-recurrence survival, disease-free survival (DFS) and toxicity caused by reirradiation in pelvic recurrence of CC.

Methods A retrospective cohort study of 45 women undergoing high-dose rate interstitial brachytherapy (HDR-IB) was conducted from 1998 to 2014. Clinical information, as well as data on the malignancy, primary treatment, HDR-IB technique and toxicity were collected. Statistical analysis used Chi-square or Fisher's test, Kaplan-Meier survival curves and log-rank test, and Cox regression, with $p < 0.05$ for significance.

Results There were 30 cases (67%) of complete CR, with a follow-up period of 9 to 129 months (20 alive, 10 died). The 5-year post-recurrence survival rate was 52%. Among 15 women without complete CR, the survival rate was low (<8 months). In the 30 women with complete CR, the 5-year DFS was 42%. Only a larger number of needles used in HDR-IB was associated with a worse survival (Hazard Ratio=3.67, $p=0.006$). Ultrasonography-guided needle insertion was not associated with disease control or toxicity. Toxicity was reported in 23 women (51%) with 14 fistulas, unrelated to CR. However, there was a higher occurrence of fistula when chemotherapy or more than 12 needles were used.

Conclusions Reirradiation using HDR-IB for pelvic recurrence of CC yielded a good complete CR rate. Post-recurrence survival and DFS rates were higher than expected, equivalent to salvage surgery. Despite its significant toxicity, this technique can be an alternative for selected cases.

IGCS19-0466

212 ROUTINE HYSTERECTOMY SHOULD NOT BE PERFORMED AFTER RADIOTHERAPY END IN WOMEN WITH ENDOCERVICAL ADENOCARCINOMA

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Objectives To evaluate the prognosis of hysterectomy post-radiotherapy in women with endocervical adenocarcinoma from a university hospital (Unicamp/Brazil), compared to those undergoing exclusive radiotherapy.