

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 polypoid. 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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10.1136/ijgc-2019-IGCS.210

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. Were 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 that 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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10.1136/ijgc-2019-IGCS.211

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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10.1136/ijgc-2019-IGCS.212

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.