

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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**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.

**Methods** Were selected 80 cases of women with endocervical adenocarcinomas FIGO IB to IIB from 1988–2015, 39 treated with radiotherapy followed by hysterectomy and isolated radiotherapy for 41. Disease-free interval (DFI) and overall survival (OS) were analysed using Kaplan-Meier curves and *log-rank* test.

**Results** There was no difference in OS between the groups ( $P=0.579$ ) or in the DFI ( $p=0.963$ ). It was observed that the DFI in patients with residual disease was lower, however without statistical significance ( $P=0.072$ ). Recurrences were observed in 9/39 patients of the hysterectomy group and 10/41 patients of the isolated radiotherapy group. Residual disease in the hysterectomy group was associated with a higher rate of local and distance recurrence ( $P=0.028$ ).

**Conclusions** There were no differences in recurrence rates, disease-free interval, and overall survival among the groups, although the detection of residual disease in the hysterectomy was associated with a higher occurrence of recurrences. The findings do not support the routine hysterectomy in women previously irradiated in endocervical adenocarcinoma.

## IGCS19-0468

### 213 CERVICAL CANCER SCREENING PROGRAM WITH PRIMARY DNA-HPV TEST STARTED IN 2017 IN BRAZILIAN CITY: RESULTS AFTER 18 MONTHS

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**Objectives** Report preliminary results after 18 months of the new Cervical Cancer Screening Program with primary DNA-HPV test (CCSP-HPV), performed at Indaiatuba city, Sao Paulo State, Brazil.

**Methods** Indaiatuba has 240 thousand people with 50% assisted by Public Health System (SUS). Until 2017, CCSP was performed by conventional cytology (~9,000/year), but with <30% coverage of target women (25–64yo). CCSP-HPV was built based in National guideline replacing cytology by Cobas® HPV Test performed at 5-year intervals. Target population comprehend 28,000 women, and the goals will be to reach 80% of coverage after first round (5y). The CCSP-HPV started in October 2017, and here we present the 18-months results compared with previous years (2011–2016, conventional cytology).

**Results** We considered 9,974 HPV tests in the CCSP-HPV, 95% coverage at 18-months *versus* 50,708 cytology tests from 2011–2016. 99.2% of the HPV tests were performed in age-range 25–64yo against 77.3% by cytology (0.5% vs 16.6% before the age of 25). Only 22.3% of cytology screening followed guideline for interval (3y). In general, unsatisfactory samples were <0.5% for both programs. Tests results were negative in 96.7% ( $n=9,643$ ) for HPV tests *vs.* 98.3% for cytology. HPV-16 and/or -18 were tested positive in 331 (3.3%), and ‘Other 12-HR-HPV’ in 911 (9.1%), with 254 abnormal cytology exams (2.5% colposcopy referral). Total colposcopy referral was 3.4 times more (5.8%/1.7%) than previous opportunistic screening.

**Conclusions** Organized screening program with primary HPV test indicated high coverage and compliance of target age-range after 18-months, with less unsatisfactory samples, and more referral to colposcopy.

## IGCS19-0472

### 214 CERVICAL CANCER UNDER 25 YEARS-OLD IN DEVELOPED REGION FROM BRAZIL: 15-YEARS STUDY

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**Objectives** to evaluate cervical cancer rate, stage, histology and survival in women under 25 years-old (yo).

**Methods** we evaluated the cervical cancer registered in 2001–2015 by age-group, stage and histology based in Hospital Registry of Regional Hospital at developed region from Brazil (Campinas-SP), with 5 million people. The statistical analysis was done by Chi-square test, linear trend test, and survival by Kaplan-Meier and log-rank test.

**Results** 2,041 registries were analyzed: 32 (1.57%) with 15–24yo (only 0.29%, 6 cases up to 20yo), 96 in age-group 25–29yo, 164 in 30–34yo and 1,749 in age >35yo. Cases in age >35yo decreased from 94.6% in 2001–03 to 80.8% in 2013–2015, although not significant ( $p=0.078$ ). There was increased trend in proportion of cancer in younger age-groups (15–24/25–29/30–34yo,  $p=0.04/0.014/<0.001$ ). Glandular histology had bigger proportion in women 15–24yo (6/32, 19%; 1/6 cases at age up to 20yo) than 25–29yo (11.5%), 30–34yo (14.0%) ( $p=0.008$ ) Age-group under 25yo had 59% of the cancer in Stage I, while the age >35yo showed 67.1% of cancer in advanced Stages II–IV ( $p<0.001$ ). Under 25yo the 5y-Survival rate was 76%, better for age 23–24yo (82%) than <22yo (66%), better for SCC (86%) than adenocarcinoma (43%), and for stage I (100% vs 46% for Stage II–IV).

**Conclusions** diagnoses in age-group under 25yo had increasing trend although there were few cases in age up to 20yo. The proportion of glandular histology and disease in Stage I was higher in women under 25yo than age-group >35yo. Worse survival rate was related to younger and adenocarcinoma histology.

## IGCS19-0233

### 215 TREATMENT OUTCOMES OF EARLY CARCINOMA CERVIX BEFORE AND AFTER SUBSPECIALISATION

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**Objectives** This study aims to compare the treatment outcomes in carcinoma cervix before and after gynecologic oncology subspecialisation in a tertiary care hospital, in India.