

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.

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

J Teixeira*, MG Discacciati, DDRPL Moraes, DB Vale, TT Couto, LC Zeferino. *University of Campinas, Department of Gynecology and Obstetrics, Campinas, Brazil*

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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.

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

DZ Santos, ECA Souza, MCS Toledo, DB Vale, JF Braganca, J Teixeira*. *University of Campinas, Department of Gynecology and Obstetrics, Campinas, Brazil*

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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.

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215 TREATMENT OUTCOMES OF EARLY CARCINOMA CERVIX BEFORE AND AFTER SUBSPECIALISATION

¹V Thomas*, ¹D Thomas, ¹A Sebastian, ¹A Thomas, ¹R Chandy, ¹A Peedicayil, ²TR Samuel, ³RM Kumar. ¹Christian Medical College and Hospital, Department of Gynecologic Oncology, Vellore- Tamilnadu, India; ²Christian Medical College and Hospital, Department of Radiation Oncology, Vellore- Tamilnadu, India; ³Christian Medical College and Hospital, Department of Pathology, Vellore- Tamilnadu, India

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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.