

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

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

10.1136/ijgc-2019-IGCS.213

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

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

10.1136/ijgc-2019-IGCS.214

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

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

10.1136/ijgc-2019-IGCS.215

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.

Abstract 215 Table 1 Clinical characteristics

Clinical characteristics	2001-2010 (59)	2011-2015 (74)
Median age	46 (26-81)	48.5 (28-76)
Median number of pregnancies	3 (1-10)	3 (0-7)
Clinical stage (FIGO 2009)		
Ia2	6(10.2%)	5(6.7%)
Ib1	45(76.3%)	63(84%)
Ib2	4 (6.8%)	4 (5.3%)
IIa1	4(6.8%)	2(2.7%)
Pre op imaging*		
MRI	8 (14%)	41 (55%)
CT	14 (24%)	8 (11%)
USG	25 (42%)	9 (12%)
none	12 (20%)	16(22%)

*statistically significant, p-value=0.000892

Methods A retrospective cohort study comparing women with operable cervical cancer who underwent radical hysterectomy before and after gynaecologic oncology subspecialization.

Electronic medical records of women operated for early carcinoma cervix between 2001- 2010 (59) and 2011- 2015 (74) were reviewed and compared for outcomes.

Results Seventy four patients were operated over 5 years after subspecialisation as against 59 over 10 years, with similar clinical characteristics (table1) but with significant usage of three dimensional imaging (66% versus 38%). After surgical-pathological examination, both cohorts were comparable with regard to mean tumour size, lymph nodes retrieved, lymph nodal, parametrial ,vaginal margin and lymphovascular space involvement, and deep stromal invasion (table 2). However, lymphovascular space involvement was not reported in 66% (39/59) in the 2001–2010 cohort. After subspecialisation, the rate of intraoperative (3% versus 14%, p=0.018) and postoperative complications (15% versus 46%, p=0.0004) were lower. Adjuvant radiation was used more after subspecialisation (50% versus 24%, p=0.00). Concurrent chemoradiation was not used in the 2001–2010 group. The follow up rates were similar in both groups with comparable 3-year recurrence-free survival and overall survival rates (table 3).

Conclusions Gynaecological oncologic subspecialisation decreased intraoperative and postoperative complications and improved pathological reporting with appropriate tailoring of adjuvant therapy. However, increased rates of adjuvant treatment did not translate into better survival.

Abstract 215 Table 2 Surgical pathological characteristics and adjuvant treatment

Characteristic	2001-2010 (59)	2011-2015 (74)
Mean size of tumour	3.063 (0.5-9 cm)	2.98 cm (0.2-10 cm)
Histology		
Squamous	43 (73%)	57 (77%)
Adenocarcinoma	12 (20%)	15 (20.3%)
Adenosquamous	1 (2%)	1 (1.4%)
Carcinosarcoma	0	1 (1.4%)
Neuro-endocrine	2(3.4%)	-
Rhabdomyosarcoma	1(2%)	-
Median number of pelvic nodes removed	10 (2-26)	13(4-26)
Median number of common iliac nodes removed	1 (0-9)	2 (0-8)
LN involvement	10 (17%)	17 (23%)
Vaginal margin		
Involved	1 (1.7%)	3(4.1%)
close	5 (8.5%)	3 (4.1%)
Parametrial involvement	5 (8.5%)	5 (6.8%)
LVS1	Present (13: 22%) Not reported (39: 66%)	24 (32.4%)
Deep stromal invasion	37(63%)	44 (59.5%)
Adjuvant treatment*	14/59 (24%)	37/74 (50%)
Radiation	14(24%)	18 (24%)
Chemoradiation	-	16 (22 %)
Radiation +chemo	-	3 (4%)
Defaulted	10 (17%)	6 (8%)
None	35(60%)	31 (42%)

*statistically significant: p-value=0.000967.

Abstract 215 Table 3 Follow up

Characteristic	2001-2010 (59)	2011-2015 (74)
Recurrence	14%	(15%)
Local	6 (10%)	7 (10%)
Distant	1 (2%)	3 (4%)
Local and distant	1 (2%)	1 (1%)
Progressive disease	5 (9%)	2 (3%)
No recurrence	39 (66%)	55 (74%)
No follow up	7 (12%)	6(8%)
Overall survival rate at 3 years	36 (61%)	48 (65%)
Died	8 (14%)	6 (8%)
Don't know	15 (25%)	20 (27%)
Recurrence free survival at 3 years	35(60%)	45(61%)
Recurred within 3 years	11(19%)	12(16%)
No follow up for 3 years	13(22%)	17(23%)