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216 THE DELETERIOUS SURVIVAL IMPACT OF POSITIVE LYMPH NODES IN CERVICAL CANCER: IMPLICATIONS OF THE NEW FIGO STAGING SYSTEM

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Objectives The 2018 FIGO (International Federation of Gynecology and Obstetrics) cervical cancer staging system changed from a clinical system to a clinical/pathologic/radiologic system with stages IIIC1 and IIIC2 indicating positive pelvic and para-aortic lymph nodes, respectively. We evaluated a nationwide hospital database for the impact on survival of lymph node involvement.

Methods The National Cancer Database from 2004–2015 was queried for patients with cervical cancer, yielding 115,819 patients. Patients with metastatic disease (22,569), non-adenosquamous histologies (5,909), unknown nodal status (60,695), or unknown survival time (9,473) were excluded. Survival was compared using Cox proportional hazard model based on nodal status (node-negative [N0], positive pelvic nodes [IIIC1], or positive para-aortic nodes [IIIC2]). Univariate (UVA) and multivariate analyses (MVA) were done for the overall cohort, followed by UVA by T stage.

Results 17,173 patients were eligible. Lymph node involvement negatively affected survival in the overall cohort (UVA IIIC1 Hazard Ratio [HR] 2.0, $p < 0.001$, IIIC2 HR 3.85, $p < 0.001$, MVA IIIC1 HR 1.36, $p < 0.001$, IIIC2 HR 2.14, $p < 0.001$) and in FIGO stages IB–III individually. In FIGO IB, the effect of IIIC2 was most pronounced (HR=5.38, $p < 0.001$ versus HR 1.5 $p = 0.001$ for IIIC1 disease) compared to FIGO III (HR 1.698, $p < 0.001$ for IIIC2 versus HR 1.19 $p = 0.02$ for IIIC1). Within FIGO IB, there was no difference in survival for IIIC1 compared to N0 for FIGO IB1 and IB2.

Conclusions In this study, lymph node involvement negatively affects prognosis in cervical cancer. The impact on survival varies by T stage with the greatest effect seen in stage IB.

IGCS19-0221

217 CLEAR CELL CERVICAL CANCER IN PEDIATRIC PATIENTS: OUR EXPERIENCE

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Objectives To report 5 pediatric clear cell cervical cancer treated at our Unit.

Methods Retrospective study, 5 patients were identified, age range 8–15 years. Referred to our Unit between April 2015 and January 2017, irregular vaginal bleeding was the initial symptom. None of them had DES exposure. All cases underwent pelvic evaluation and multiple biopsies were performed.

Results 4 patients were FIGO IB2; 1 initial stage unknown. Biopsies demonstrated clear-cell carcinoma. Two patients had undergone a radical-hysterectomy; the first one received chemotherapy (6 cycles) and has NED after 2 years follow up. The second patient received chemotherapy 3 cycles+pelvic irradiation, 1 year later she had a supraclavicular node recurrence. Three patients received neoadjuvant chemotherapy +radical hysterectomy with pelvic lymph-node dissection+radiotherapy. Two of them had a pelvic persistence, and died. The third one presented a pulmonary progression+ second line chemotherapy. Patients were followed up with physical exam, pap smear, MIR; in collaboration with pediatric and palliative care departments.

Conclusions The carcinoma of the cervix has a very low incidence in young patients. It must be considered in a young patient who refers irregular vaginal bleeding. Adenocarcinoma represents 10% of pediatric cervical carcinoma, clear cell subtype is the most common, its outcome is reported to be poor, and it presents two incidence peaks: adolescent and postmenopausal women. The association between fetal diethylstilbestrol (DES) exposure and the risk of cervical cancer is strong. Nowadays we also know that vaginal adenosis and genitourinary defects are related with cervical cancer too. These cases emphasizes the importance of multidisciplinary communication.

IGCS19-0160

218 ROLE OF COMPLETION HYSTERECTOMY AFTER CONCOMITANT CHEMORADIATION IN CERVICAL CANCER OUTCOME

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Objectives To compare outcomes of patients with cervical cancer treated by chemoradiation (CRT) versus chemoradiation plus completion hysterectomy (CRT+CH).

Methods This study compares 44 patients treated by the combination of CRT+CH and 130 patients treated by traditional CRT alone, in a single institution, from 2008 to 2018. We analyzed recurrence rate, local control, overall survival and complication. The FIGO (2009) stage were as follow: 30 IB2, 19 IIA, 125 IIB. There were 137 squamous cell carcinomas and 37 adenocarcinomas. Chemoradiation was the same to both groups: combination of external beam radiotherapy (EBRT) to the pelvis and intracavitary brachytherapy and concomitant platin-based chemotherapy. Completion hysterectomy were performed after 6–14 weeks from the end of chemoradiation. All surgeries were laparoscopic (Piver I) hysterectomy without lymph node dissection.

Results Recurrence (local and distant) was higher in the CRT group, although not statistically significant. Mortality was higher in the CRT group (54,6% vs 18,2%, $p > 0.05$). Complications was similar in both groups (10% vs 9,1%). No differences regarding KPS or FIGO stage were identified among groups.

Conclusions CRT+CH seems to improve survival, without adding morbidity for patients with FIGO stages 1B2, IIA and IIB cervical cancer. It also seems that adenocarcinoma treated by CRT+CH had better results concerning relapses and mortality, compared to the CRT group.

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KNOWLEDGE AND ATTITUDE OF SPECIALISTS REGARDING HUMAN PAPILLOMAVIRUS AND VACCINE

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Objectives To evaluate the knowledge and attitude of specialists towards HPV vaccination.

Methods A Cross-sectional study employing a questionnaire was conducted during the West African College of Surgeons Conference in Dakar in January 2019. 400 questionnaires in English and French were distributed. 275 were returned and 10 were excluded. Descriptive statistics was used to analyze the data.

Results Of the 265 participants, 147 (55.5%) had been specialists for over 10 years, 24 (9.1%) for less than 3 years. 204 (77.5%) were Christians, 52 (19.6%) were Moslems. 180 (67.9%) of the participants responded to the number of HPV vaccine types: 48 (26.7%), 102 (56.7%) and 30 (16.7%) knew of three, two and one HPV vaccine types respectively. Of the 265 participants, 58 (21.9%) have had their children vaccinated while 183 (69.1%) had not. Among those whose children were not vaccinated, 4% claimed it was against their religion, 7% said the vaccines are expensive, 7% were unsure of the possible side effects, 17% were unaware of the vaccine while 65% reported other reasons. A third of the participants had recommended or administered HPV vaccine to any child before, and about half had recommended HPV vaccine to patients, friends or families before. There was a significant association between the respondent's specialization and knowledge of HPV vaccine ($P<0.001$) and his willingness to recommend the vaccine to others.

Conclusions There is a need for increased knowledge and awareness among healthcare professionals on HPV vaccination

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NEPHROSTOMY FOR ACUTE OBSTRUCTIVE RENAL FAILURE IN WOMEN WITH CERVICAL CANCER – IS IT WORTH?

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Objectives To evaluate outcomes related to nephrostomy in women before and after cervical cancer treatment for acute obstructive renal failure.

Methods Were included 52 cases of women with cervical cancer IIIB+ and acute obstructive renal failure that have undergone nephrostomy at the University Women's Hospital of Unicamp (Campinas, Brazil), from 2003 to 2017. Two groups were evaluated: before and after radiotherapy treatment (BR and AR). Variables were analyzed by frequencies and survival by Kaplan-Meier curves and log-rank.

Results The mean age was 47.8 years old (ST 13.4), and the mean urea and creatinine before the procedure were respectively 134.8 and 13.2 (ST 76.9 and 29.7). Average days of hospitalization were 25 days. After three years of the procedure, 56% of the women in BR and 100% of the women in AR were dead ($p=0.047$). The six-months overall survival after nephrostomy was 46.4 in BR and 14.8 in AR, while the one-year overall survival was 19.3 in BR and 3.7 in AR (log-rank three-year overall survival $P=0.007$).

Conclusions Nephrostomy for acute renal failure due to cervical cancer is associated with prolonged hospitalization regardless of the stage of the treatment. Overall survival was low in both groups, but higher in women in the BT procedure. Although nephrostomy might be considered useful in treatment-naïve patients with obstructive renal failure, the validity of this type of treatment in the group of women that had already undergone treatment is not yet defined.

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FAMILY WITH SEQUENCE SIMILARITY 83, MEMBER A ATTENUATES AGGRESSIVE PROPERTIES OF CERVICAL CANCER

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Objectives FAM83A is recently found to be overexpressed in cancer and hypothesized to be oncogenic. This study is to illustrate the functional role and mechanism of FAM83A in cervical cancer.

Methods 153 different clinical cervical specimens were used for validation by SYBR Green RT-qPCR and IHC. Cell proliferation, cell migration and invasion were done for functional validation. RNA-seq approach was applied to investigate the altered genes regulated by FAM83A.

Results We found FAM83A is overexpressed in cervical cancer tissues. However, the expression of FAM83A was instead decreased in patients with advanced FIGO stage, deep stromal invasion, poor differentiation and/or lymph node metastasis, and negatively associated with short survival of patients with cervical cancer. We found knockdown of FAM83A increased cervical cancer cell proliferation, promoted cell migration and invasion. We further identified 192 genes that were changed in the context of FAM83A knockdown. KEGG pathway analysis showed ECM-receptor interaction, focal adhesion, PI3K-Akt signaling and TNF signaling were the main activated pathways.

Conclusions We conclude that FAM83A exerts an unexpected tumor suppressive role in cervical cancer progression.