

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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219

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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220

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-naive 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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221

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.