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222 ANALYSIS THE CHARACTERS OF CLINICAL PATHOLOGY OF LOCALLY ADVANCED CERVICAL CANCER AFTER NEOADJUVANT CHEMOTHERAPY

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Objectives To analyze the characters of clinical pathology of locally advanced cervical cancer after arterial interventional neoadjuvant chemotherapy, and to provide evidence for the curative efficacy of neoadjuvant chemotherapy for locally advanced cervical cancer.

Methods 132 cases of IB2 or IIA2 stage cervical cancer patients' materials were retrospectively collected. 62 cases were in study group (who received paclitaxel carboplatin regimen of neoadjuvant chemotherapy before operation), and 70 cases were in control group (who received operation directly). The clinical characters and postoperative pathologies were analyzed.

Results Between two groups, there were no significant differences in patients' ages, FIGO stages, histology, and cell differentiations. As for the postoperative pathology, the rate of muscular invasive $\geq 1/2$ was 50% in study group, and 75.0% in control group. The difference was significant ($p=0.038002$). The vascular invasive rate was 11.1% in study group, and 68.6% in control group. The difference was significant ($p=0.001$). The lymphatic invasive rate was 5.6% in study group, and 18.8% in control group. The difference was significant ($p=0.0126$). The rate of Ki67 $\geq 70\%$ was 27.8% in study group, and 68.8% in control group. The difference was significant ($p=0.002$).

Conclusions The curative efficiency of neoadjuvant chemotherapy for locally advanced cervical cancer is extremely good for short stage and local lesions. Neoadjuvant chemotherapy could significant decrease vascular invasive rate, lymphatic invasive rate and Ki67 positive rate. The long term curative efficiency of neoadjuvant chemotherapy for locally advanced cervical cancer is still need further study.

IGCS19-0014

223 CLINICOPATHOLOGICAL FEATURES AND PROGNOSTIC FACTORS FOR PATIENTS WITH RECURRENT CERVICAL CANCER TREATED WITH SECONDARY SURGICAL RESECTION PLUS RADIOTHERAPY

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Objectives Standard treatment for recurrent cervical cancer has not been established. To help improve management of the disease, this study presented clinicopathological features and identified prognostic factors in patients treated with secondary surgical resection and radiotherapy.

Methods We retrospectively reviewed medical records of patients with recurrent cervical cancer confined to the pelvis during 2012 to 2017. This study only selected patients whose

primary tumors were diagnosed at stage IIA2 or earlier, and received surgical resection for both primary and recurrent tumors. Their clinicopathological data were collected and analyzed. Cox regression models were applied to identify risk factors associated with post-recurrence survival.

Results A total of 54 patients with recurrent cervical cancer were included. Thirty seven (68.5%) of recurrences occurred with 2 years after the initial treatment and 17 (31.5%) of them had tumor size >4 cm. Recurrences were treated with radical surgery plus pelvic radiotherapy. In addition, part of patients received vaginal radiotherapy (31.5%), concurrent chemotherapy (76.0%) and consolidated chemotherapy (37.0%). Chemoradiotherapy were administered to 44.4% patients < 4 weeks after secondary surgery. The 1-, 3- and 5- year post-recurrence survival rates were 88.5%, 72.0% and 62.3%, respectively. Interval between secondary surgery and chemoradiotherapy and size of recurrent tumors were significantly associated with post-recurrence survival.

Conclusions After surgical resection plus radiotherapy, patients with recurrent cervical cancer confined to the pelvis have relatively high post-recurrence survival. Earlier start of chemoradiotherapy after secondary surgery and smaller recurrent tumors are associated with better post-recurrence survival.

IGCS19-0570

224 METASTATIC CERVICAL CANCER TREATED WITH PACLITAXEL, IFOSFAMIDE AND CISPLATIN (TIP), FOLLOWED BY LOCAL TREATMENT AND LONG-TERM FOLLOW UP: CASE SERIES

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Objectives Cervical cancer is a major cause of death by gynecological tumors worldwide. Therapeutic options for cervical cancer are limited in patients with recurrent or metastatic disease after platinum-based chemoradiotherapy or local therapy.

Methods To report five cases of patients with metastatic cervical cancer treated with TIP followed by local treatment associated with long-term complete remission.

Results Patients age range from to 26 to 53 years old and had no comorbidities. Regarding histology, two of them were diagnosed with adenocarcinoma, one with squamous carcinoma and two with adenosquamous. Regarding staging, two patients were IB1, one IB2 and two IV. The main sites of metastasis were pelvic, paraortic and cervical lymph nodes, lung and ovarian bilaterally. No women underwent radiotherapy previously and three patients had surgery at diagnosis. Four patients completed six cycles and one finished four cycles of TIP. All patients had good tolerance to chemotherapy, without grade 3 or 4 toxicities. As local treatment, three patients underwent chemoradiotherapy, one was submitted to isolated radiotherapy and one to surgery. They are in complete remission between 24 and 120 months.

Conclusions Systemic chemotherapy with TIP followed by salvage focal treatment is a promising therapeutic approach in selected patients, particularly in younger patients, without comorbidities, good performance status, low metastatic tumor burden, and with an objective response to chemotherapy.

Genetics and Epidemiology

IGCS19-0519

225 PREVALENCE, SPECTRUM AND FOUNDER EFFECT OF BRCA1 AND BRCA2 MUTATIONS IN EPITHELIAL OVARIAN CANCER FROM MIDDLE EAST

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Objectives To characterize the prevalence and effect of BRCA1 and BRCA2 mutations in Middle Eastern EOC patients.

Methods BRCA mutation screening was performed in 407 unselected ovarian cancer patients using targeted capture and/or Sanger sequencing.

Results A total of 19 different pathogenic variants (PVs) were identified in 50 (12.3%) women. Nine PVs were recurrent accounting for 80% of cases with PVs (40/50) in the entire cohort. Founder mutation analysis revealed only two mutations (c.4136_4137 delCT and c.1140 dupG) sharing the same haplotypes thus representing founder mutations in the Middle Eastern population.

Conclusions Identification of the mutation spectrum, prevalence and founder effect in Middle Eastern population facilitates genetic counseling, risk assessment and development of a cost-effective screening strategy.

IGCS19-0167

226 TELOMERASE ENDOMETRIAL CELLS ACTIVITY IN HYPERPLASTIC PROCESSES

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Objectives Endometrial hyperplastic processes (EHP) like a combination of stromal and glandular tissue components changes has properties both for self-healing, recurrence and for malignancy, depending on morphological changes degree with markers and predictors conducted research at cellular, molecular-genetic, immune-histochemical levels.

Telomerase activity estimation in endometrial cells at EHP.

Methods According to WHO classification (1994) following groups were formed: I - simple hyperplasia -7 samples; II -

complex hyperplasia -8; III - simple atypical hyperplasia -8; IV - complex atypical hyperplasia -7 specimens. The control groups with morphologically unchanged endometrium -11 samples: V group - proliferation phase - 6 specimens; VI group - secretion phase-5 samples. Relative telomerase activity was determined using real-time PCR with SYBR Green dye (RQ-TRAP) according to Wege et al. methodic. To improve the study accuracy we used from 4 to 6 cells samples and calculated their average value in each experiment.

Results Women age was 45.38 ± 1.66 years. In simple hyperplasia endometrial specimens, telomerase activity was 1.22 ± 0.10 a.u. (pI-IV<0,05), complex hyperplasia - 1.35 ± 0.07 a.u. (pII-pIV<0,05), simple atypical hyperplasia - 1.23 ± 0.08 a.u. (pIII-pIV<0,05). The complex atypical hyperplasia telomerase activity increase reaching 1.54 ± 0.05 a.u. (pIV-pV<0,05; pIV-pVI<0,05) was statistically significant. Therefore, telomerase reactivation in atypical complex hyperplasia can confirm the proliferative stage telomeres lengthening, increasing the ability for cell division, on the other hand, telomerase ability to control cell division in endometrial tissue.

Conclusions The parallelism presence between telomerase activity in approximately 85% of human tumors and telomerase reactivation in endometrial cells with complex atypical hyperplasia makes it possible to determine its activity fact like early malignancy marker.

IGCS19-0248

227 STUDY ON EPIDEMIOLOGY AND SCREENING OF CERVICAL CANCER IN NE INDIA

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Objectives As per the GLOBOCON 2018 data India had 96920 new cases of cervical cancer with an AAR of 14.7 per lakh population. Northeast part of India has an interesting feature of having the highest AAR of 30.2/100,000 in Papum-pare district at the same time Dibrugarh district which is less than 100 miles apart has the lowest AAR of 4.9/100,000. So the epidemiological characteristics of cervical cancer is varied in this part of the country. With this background we intend to find out the appropriate screening tests which may be suitable for the region.

Methods Various screening camps were conducted and detail socio demographic records were obtained and after counselling VIA, PAP smear and Care HPV assay (Quagen) were performed on both symptomatic and asymptomatic sexually active women from 20yrs to 65 yrs of age.

Results A total of 479 patients were evaluated of which 75.3% of women were between 20 years to 49yrs, 34.2% of the women had 3 or more children. 38.2% had history of abortion, 43.5% had formal education of 10th grade or more. On screening 5.6% of women had positive VIA, 7.5% had abnormal PAP and 3.7% had positive care HPV test with normal PAP whereas 12.1% had positive Care HPV assay with abnormal PAP.

Conclusions Considering the difficult terrain of the region and looking at the final analysis of the screening tests, Care HPV triaged with VIA seemed to be a good alternative to PAP.