

with substantial LVSI were more likely to receive adjuvant treatment (6.6% vs 52.6%, $p < 0.001$). The 5-year OS was 99.5% in patients with absent LVSI and 70.6% in those with substantial LVSI ($p < 0.001$). The 5-year recurrence free survival was 93.6% in patients with absent LVSI and 56.5% in those with substantial LVSI ($p < 0.001$). The rate of distant failures increased from 1.8% for absent LVSI to 22.7% for substantial LVSI ($p = 0.002$). In univariate analysis substantial LVSI was the strongest predictor of poor overall survival (HR = 11.9, $p = 0.001$). Multivariate analysis showed that substantial LVSI was an independent predictive factor of both recurrence (HR = 5.88, $p = 0.001$) and distant failure (HR = 10.6, $p = 0.006$).

Conclusions Substantial LVSI represents the strongest independent risk factor for decreased survival and distant relapse, indicating a role for potential hematogenous dissemination.

IGCS20_1376

352 INTRA-OPERATIVE FROZEN SECTION EXAMINATION OF PELVIC LYMPH NODES IN EARLY CERVICAL CANCER

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Introduction Frozen section examination (FSE) of pelvic lymph nodes in early stage cervical cancer is designed to avoid the morbidity of dual therapy. It is however timely and expensive. **Method** All patients undergoing surgery for early stage cervical cancer between 2010–2019 in a UK tertiary centre were identified ($n = 180$). All patients had pre-operative MRI scans performed and all patients underwent planned intra-operative FSE. Nodes retrieved by FSE were examined by expert pathologists. Patient MRI and histology findings were analysed to suggest an optimal approach to employing FSE.

Results 4913 lymph nodes in total were retrieved. 22/180 patients had positive nodes on FSE. 18 of these had intermediate/high grade tumours; and 13 had no suspicious lymph nodes identified on pre-operative MRI. The sensitivity of MRI

to detect positive nodes was 40% (95% CI 20% to 63%); specificity 83% (95% CI 76% to 88%); NPV 91% (95% CI 88% to 94%); and PPV 25% (95% CI 16% to 39%).

Conclusions Pre-operative MRI did not reliably predict the presence of lymph node involvement in women with intermediate/high grade cervical cancer. Perhaps FSE could be targeted to this group, employing this timely and expensive technique in those at greatest risk having nodal disease.

IGCS20_1379

354 BEVACIZUMAB WITH METRONOMIC ORAL CYCLOPHOSPHAMIDE FOR PATIENTS WITH RECURRENT CERVICAL CANCER

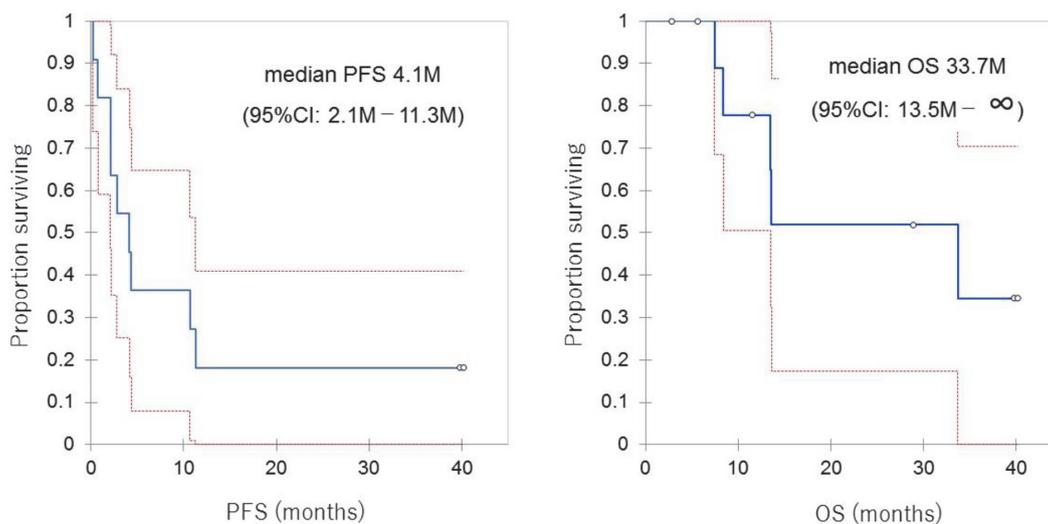
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No standard treatment is available for 2nd line, especially for patients who experience anaphylaxis to platinum, or develop early recurrence. Previously, we reported 4 cases treated with 50 mg of oral cyclophosphamide daily and 15 mg/kg of intravenous bevacizumab every 3 weeks (mCPA-BEV). Here, we report follow up of the 4 cases and the additional cases.

Methods Patients with cervical cancer who had anaphylaxis to platinum or who recurred less than 6 months after the last administration of cisplatin, and treated with mCPA-BEV were retrospectively reviewed. Adverse events and response rate were recorded according to CTCAE ver 5.0 and RECIST ver 1.1, respectively.

Results During 2016 and 2020, 11 patients were enrolled. Histology of the tumor were SCC in 6, adeno in 3, adeno-SCC in 1, and LCNEC in 1. Two patients had platinum anaphylaxis, 7 patients had progressive disease during previous chemotherapy, and 2 patients recurred within 6 months. One patient suffered from grade 3 neutropenia; however, no grade 2 or higher non-hematological toxicities were observed. Median duration of chemotherapy was 4.1M (range 0.2–30.6 M). One patient had CR in RECIST criteria, and none had



Abstract 354 Figure 1

PR. Median PFS was 4.1 months (95%CI: 2.1–11.3M), and median OS was 33.7M (95%CI: 13.5–33.7M, figure 1).

Conclusion The tumor dormancy was probably maintained by long administration with mild toxicities. These cases demonstrate the use of mCPA-BEV with minimal toxicity and expected anti-cancer activity and indicate that this regimen could be considered for the second-line chemotherapy in advanced recurrent cervical cancer.

IGCS20_1380

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RADICAL VS. SIMPLE HYSTERECTOMY: A RETROSPECTIVE STUDY ON THE SURVIVAL OUTCOMES OF CERVICAL CANCER PATIENTS

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Cervical cancer remains to be the most common gynecologic malignancy among Filipino women despite being a preventable disease. Radical hysterectomy with pelvic lymphadenectomy is considered the standard surgical treatment of choice for patients with cervical cancer confined to the cervix up to the upper vagina. However, recent studies show that a less radical approach can be offered to these patients with comparable outcomes to radical hysterectomy, but with lesser perioperative and post-operative morbidity. The purpose of this study was to compare the outcomes in terms of recurrence and survival

among cervical cancer patients who underwent simple hysterectomy and radical hysterectomy seen in a tertiary government hospital. Records of all cervical cancer patients who underwent radical hysterectomy and simple hysterectomy for the past ten years were reviewed. The incidence of cervical cancer patients who underwent simple hysterectomy from 2009–2018 is 0.37 per 100 person years or 0.592:16, lower than 1:16 ratio from 1964–1974, as reported by Manalo and Soto. Only 9 out of 42 patients who underwent simple hysterectomy had cervical cancer screening within 1 year prior to surgery. The most common indication for surgery was myoma uteri. Those who underwent radical hysterectomy had better recurrence free survival and overall survival than those who had simple hysterectomy, but among low risk patients, those with 2 cm or less tumor size with no other risk factors, there was no significant difference in survival outcomes between the two groups.

IGCS20_1381

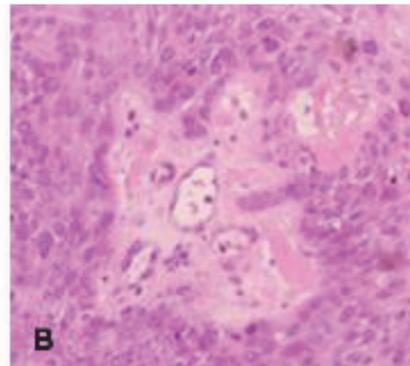
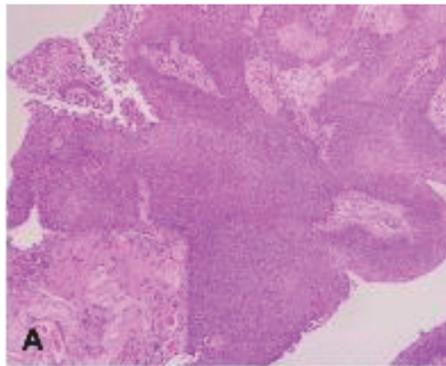
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PAPILLARY SQUAMOUS CARCINOMA OF THE CERVIX WITH METACHRONOUS CLEAR CELL RENAL CELL CARCINOMA

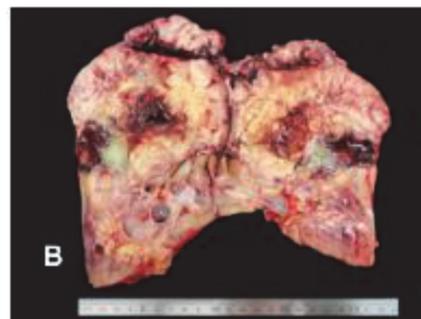
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Multiple primary tumors can be classified as synchronous or metachronous. Cases have been reported, with a prevalence,



Abstract 356 Figure 1 A. Low Power Objective (100x magnification) of Papillary Squamous Cell Carcinoma with tumor cells arranged in nests and papillary configuration. B. High Power Objective (400x). These tumor cells exhibit moderate pleomorphism, with enlarged, round to oval, nuclei, some with prominent nucleoli, and abundant eosinophilic cytoplasm and distinct cell borders



Abstract 356 Figure 2 Intraoperative pictures. A. The left kidney was converted to a solid, necrotic mass measuring 12.0 × 10.0 × 5.0 cm. B. Cut section of the resected left kidney