

Patients undergoing conization before radical hysterectomy, received less adjuvant treatment ($p < 0.001$) and had a better 5-year disease-free survival (DFS) than patients who did not receive conization (89.8% versus 80.0%, respectively; $p = 0.010$) (figure 1). No difference in 5-year overall survival (OS) (97.1% versus 91.4%, respectively; $p = 0.114$) and in recurrence pattern ($p = 0.115$) was reported between the two groups. Factors significantly independently related to higher risk of recurrence were pathologic tumor diameter > 20 mm and no conization before radical hysterectomy ($p = 0.011$ and $p = 0.018$, respectively). The only independent variable influencing OS was pathologic tumor diameter > 20 mm ($p = 0.020$).

Conclusions Conization before radical hysterectomy was associated with improved DFS and lower probability of receiving adjuvant treatment in patients with FIGO-stage IB1 cervical cancer. No difference in peri-operative complications and OS was noted in these groups of patients.

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374 COMPARISON OF STAGE DISTRIBUTION AND OUTCOMES OF RADIOTHERAPY-TREATED CERVICAL CANCER BETWEEN THE INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS 2009 AND 2018 STAGING SYSTEMS

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Introduction Three-dimensional image-guided brachytherapy (3D-IGBT) has become widespread, improving the outcomes of cervical cancers dramatically. In 2018, the International Federation of Gynecology and Obstetrics (FIGO) staging system for cervical cancer was revised. However, the influence of the revisions on the stage distribution and outcomes of cervical cancers treated with 3D-IGBT remains unclear. To address this issue, we assembled a study cohort that comprised solely of cases treated with definitive radiotherapy using 3D-IGBT and compared the stage distribution and outcomes between the FIGO 2009 and FIGO 2018 staging systems.

Methods Patients with cervical squamous cell carcinoma treated with definitive radiotherapy using 3D-IGBT from 2009 through 2017 were retrospectively collected. The patients were stratified using the FIGO 2009 or 2018 criteria, and survival was analyzed by Kaplan-Meier methods.

Results In 221 patients (median follow-up, 60 months), stage migration occurred in 52.9% of the patients. Patients classified with the 2018 criteria as stage IIICr had the highest proportion (43.8%) of migration, and were mainly from the 2009 stages IIB and IIIB. The 2009 and 2018 schemas showed comparable performance at stratifying 5-year overall survival (OS) and 5-year progression-free survival (PFS) for patients in stages IB–IVA. The 2018 criteria effectively stratified 5-year OS and PFS in the stage III substages. The 5-year OS and PFS for stage IIIC1r patients varied according to tumor T stage.

Conclusion These results provide evidence for the utility of the revised 2018 FIGO staging system in the clinical management of cervical cancers in the 3D-IGBT era.

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375 THE CHANGING NATURE OF REFERRAL PATHWAYS FOR RISK REDUCING SALPINGO-OOPHORECTOMY IN A UK CANCER CENTRE

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Introduction In 2013 the National Institute of Clinical Excellence (NICE) released guidance changing the threshold for BRCA testing from a lifetime risk of 20% to 10%. In 2015 NHS England brought this change into practice. Previously the majority of women were referred based on family history alone. This study will demonstrate how this evidence has changed when and how women are referred for risk management in our hospital.

Methods A retrospective study of 274 patients referred to the family history clinic for consideration of risk reducing surgery between January 2009 and December 2018 at the Royal Derby Hospital.

Results The number of referrals made in 2013 and 2014 were double those made in 2012 however this trend did not continue. Prior to 2015 69% of referrals were based on family history alone, compared to 34% after 2015. In 2018 all women undergoing risk reducing surgery had a genetic diagnosis, compared to 30% in 2009. Median age at surgery has reduced from 50 in 2009, to 43 in 2018.

Conclusion There has been no significant increase in referrals despite a lower threshold for BRCA testing. Women not previously eligible for testing were still offered surgery based on family history alone. Genetic diagnosis has allowed more accurate risk assessment and enables us to counsel women appropriately. Salpingo-oophorectomy reduces ovarian cancer risk from up to 50% to around 1%. Women are now being diagnosed with the BRCA gene at a younger age which is reflected in the fall in median age at surgery.

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377 SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER: LAPAROSCOPIC VERSUS ROBOTIC APPROACH

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Introduction Sentinel lymph node (SLN) mapping with indocyanine green (ICG) is widely utilized in the staging process for apparent uterine-confined endometrial cancer. The aims of the present study were to assess bilateral SLN mapping with laparoscopic versus robotic approach, to assess variables affecting bilateral detection rate and to assess survival difference in patients with no/unilateral, compared to bilateral SLN detection.

Methods All patients diagnosed with endometrial cancer FIGO stage IA-IVB, treated with minimally-invasive primary surgery