

## IGCS20\_1418

## 391 POSITIVE SURGICAL MARGIN IS AN INDEPENDENT PREDICTOR OF OVERALL SURVIVAL OF PATIENTS WITH VULVAR SQUAMOUS CARCINOMA

H Nomura\*, M Nishimura, Y Shimizu, M Omi, S Netsu, Y Aoki, T Tanigawa, T Kurita, M Matoda, S Okamoto, K Omatsu, H Kanao. *Department of Gynecology, Japan*

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**Background** It is uncertain whether curative surgical treatment or a less radical surgery with adjuvant treatment should be provided to preserve function in patients with vulvar squamous cell carcinoma (SCC) that is adjacent to the urethra, anus, and vagina. The aim of this study was to investigate the surgical margin in patients with vulvar SCC with regard to local recurrence and overall survival.

**Methods** Thirty-four patients were identified as having a diagnosis of vulvar SCC without distant metastasis. They had been treated surgically with curative intent at the Cancer Institute Hospital between May 1992 and January 2019. Clinical data were analyzed retrospectively.

**Results** Rates of 5-year local recurrence-free survival among patients with positive, <3-mm, <5-mm, <8-mm, and ≥8-mm surgical margins were 32%, 30.3%, 42.5%, 55.5%, and 73%, respectively. Rates of 5-year overall survival of patients with positive, <3-mm, <5-mm, <8-mm, and ≥8-mm surgical margins were 15.5%, 53.8%, 58.8%, 67.6%, and 83.3%, respectively. In the multivariable analysis, a tumor size of more than 2-cm (hazard ratio [HR] = 9.42, 95% confidence interval [CI] = 1.11–80.0) and a surgical margin of <3-mm (HR = 0.17, 95% CI = 0.042–0.70) were risk factors for local recurrence, and a tumor size of more than 2-cm (HR = 21.1, 95% CI = 2.00–222) and a positive surgical margin (HR = 0.084, 95% CI = 0.017–0.41) were significant risk factors for overall mortality.

**Conclusion** To improve the prognosis, thorough resection with an adequate surgical margin is needed.

## IGCS20\_1419

## 392 THE UPTAKE AND IMPACT OF HPV VACCINATION ON CERVICAL CANCER INCIDENCE 10 YEARS AFTER FDA APPROVAL IN UNITED STATES

<sup>1</sup>C Liao, <sup>2</sup>K Furey\*, <sup>2</sup>M Richardson, <sup>2</sup>K Tran, <sup>3</sup>AK Mann, <sup>4</sup>L Maxwell, <sup>5</sup>CA Hamilton, <sup>4</sup>C Tian, <sup>4</sup>KM Darcy, <sup>6</sup>DS Kapp, <sup>3</sup>JK Chan. <sup>1</sup>Kaohsiung Veterans General Hospital, USA; <sup>2</sup>University of California, Los Angeles, USA; <sup>3</sup>Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; <sup>4</sup>Walter Reed National Military Medical Center, USA; <sup>5</sup>Inova Schar Cancer Institute, USA; <sup>6</sup>Stanford University School of Medicine, USA

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**Objective** To determine incidence of cervical cancer following FDA approval of HPV vaccine in the United States.

**Methods** HPV vaccination coverage was derived from the National Immunization Survey-Teen (NIS-Teen). Cervical cancer data were derived from the United States Cancer Statistics database for those aged <35 (those eligible for vaccination at 2006 FDA approval, ages 9–26), adjusting for hysterectomy and pregnancy prevalence from the Behavioral Risk Factor Surveillance System. SEER\*Stat and Joinpoint regression were

used to calculate the incidence (age-standardized rate/100,000) and average annual percent change (AAPC).

**Results** As of 2016, 65.1% teens (13–17) initiated HPV vaccination and only 43.3% completed the series. We evaluated those (age 9–26yo) who were age eligible for vaccination in 2006 and followed this group to 2014, 8 years later, to determine the potential decrease in cervical cancer incidence. The 35–39yo who were ineligible for vaccination in 2006 had an incidence of 8.88/100,000 compared to 7.21/100,000 in those (30–34yo) who were eligible. Over the study period, the incidence of cervical cancer for those aged 30–34 decreased by 0.9% per year (p<0.001). By race, incidence decreased per year most for Hispanic women (1.4%), followed by White (1.3%) and Black (1.0%, all p<0.001).

**Conclusion** Although 65.1% initiated the human papillomavirus vaccination, only 43.3% completed the series. Due to low overall vaccination rates, larger studies with longer follow up of vaccinated individuals are warranted to determine the contribution of vaccination on the decrease in cervical cancer incidence.

## IGCS20\_1422

## 393 LONG-TERM NEUROLOGICAL SIDE EFFECTS IN LONG-TERM SURVIVORS WITH OVARIAN CANCER

<sup>1</sup>N El Ouardi\*, <sup>1</sup>H Wooten, <sup>2</sup>P Huehnchen, <sup>2</sup>W Boehmerle, <sup>2</sup>C Leithner, <sup>1</sup>E Braicu, <sup>2</sup>M Endres, <sup>1</sup>J Sehouli. <sup>1</sup>Department of Gynecology with Center for Oncological Surgery, Charité – University Medicine Berlin, Campus Virchow Klinikum, Germany; <sup>2</sup>Department of Neurology with Experimental Neurology, Charité University Medicine Berlin, Campus Charite Mitte, Germany

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**Introduction** Long-term survivors (LTS) with ovarian cancer may be cured but frequently face long-term side effects. Among the most common long-term side effects are chemotherapy induced polyneuropathy (CIPN) and post-chemotherapy cognitive impairment (PCCI) which are not routinely assessed during follow-up despite their high impact on quality of life. Aim of this study was to analyze CIPN and PCCI in long-term survivors with ovarian cancer.

**Methods** Long-term survival was defined as survival ≥ 8 years. Time to last chemotherapy had to be at least four weeks ago. Neurological examinations, measurement of nerve conduction velocity and standardized sniffing tests were performed. PCCI was assessed using neuropsychological testing and correlated to age-matched controls.

**Results** 44 LTS with a median age of 62 years were recruited. Most LTS (68.2%) had been initially diagnosed with ovarian cancer in advanced stages (FIGO III–VI) and 64% developed recurrent disease with a median of 2.0 recurrences. Median time after chemotherapy was 95.0 months (range: 3–264 months). Polyneuropathy symptoms were reported by 45.5% and CIPN could be confirmed in 41%. Hyposmia was diagnosed in 68% (n=28) while 42.9% recognized a decrease of olfactory function themselves. Regarding PCCI, long-term memory was impaired in 23%, short-term memory in 18% and working memory in 26%.

**Conclusion** PCCI and CIPN are frequently diagnosed in LTS and should be regularly addressed during follow-up. Prevention strategies and treatment options should be evaluated in future trials to improve quality of life.