

## IGCS20\_1009

48 **A LOCAL STUDY ON SURVIVAL OUTCOME AND PROGNOSTIC SIGNIFICANCE OF LOWER UTERINE SEGMENT INVOLVEMENT IN EARLY STAGE ENDOMETRIOID ENDOMETRIAL CARCINOMA**

J Abrenica\*, J Madera. Jose R. Reyes Memorial Medical Center, Philippines

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Majority of endometrial cancer patients present with early stage disease and generally carries an overall good prognosis. Treatment typically consists of surgery and the need for adjuvant therapy is based primarily on the stage of the disease and other prognostic factors. Lower uterine segment (LUS) involvement though not currently included in the FIGO staging for endometrial cancer and prognostic factors for adjuvant treatment, may play a role in the management of early stage endometrial cancer.

The aim of the study is to investigate the overall survival (OS) and recurrence free survival (RFS) of early stage endometrioid endometrial cancer (EEC) with LUS involvement and to detect its association with other prognostic factors.

This is a retrospective study which included patients diagnosed with stage I EEC who underwent surgical staging at a single institution from January 2004 – December 2014. The 5 year OS and RFS of patients with or without LUS involvement were documented and analyzed. Of the 142 cases, 36 (25.4%) had LUS involvement. The 5 year OS of patients with positive and negative LUS involvement were significantly different at 83.8% and 95.4% respectively (p value = 0.039). There was no significant difference in their RFS at 87.5% and 87.8% respectively (p value = 0.807). LUS involvement was significantly associated with deeper myometrial invasion, presence of lymphovascular space invasion and larger tumor size of equal to or greater than 2 cm. LUS involvement warrants consideration when deciding upon surgical staging and giving adjuvant treatment in patients with stage I EEC.

## IGCS20\_1010

49 **2D ICRU-BASED VS 3D IMAGE-GUIDED PLANNING IN HIGH DOSE RATE BRACHYTHERAPY FOR CERVICAL CANCER – A STUDY ON EFFICACY AND TREATMENT-RELATED TOXICITIES**

<sup>1</sup>M Faye\*, <sup>1</sup>M Araujo, <sup>1</sup>K Alrabiah, <sup>2</sup>MD Wissing, <sup>1</sup>J Alfieri. <sup>1</sup>Department of Radiation Oncology, McGill University Health Centre, Canada; <sup>2</sup>Division of Cancer Epidemiology, Department of Oncology, McGill University, Canada

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**Introduction** Treatment paradigms for locally-advanced cervical cancer have shifted from the use of 2D-brachytherapy (2D-BT) to that of 3D-image-guided-brachytherapy (3D-IGBT), with the goal of delivering doses more precisely to clinical targets while sparing organs-at-risk. In this retrospective study, we aimed to report our institution's experience with 3D-IGBT for the treatment of cervical cancer.

**Methods** Patients with cervical cancer who received chemoradiation between February 2004 and August 2019 were included. Patient data was retrospectively collected until December 2019.

99 patients were treated with 2D-BT and 49 with 3D-IGBT. Treatment-related toxicities (CTCAE v4.0), recurrence-free-survival (RFS) and overall survival (OS) are reported.

**Results** Median follow-up was 30.4 months (3–170 months). There was no difference in the number of acute toxicities (OR 1.23[0.62–2.46]). There was a significant reduction in combined late toxicities for the 3D-IGBT group (OR 0.24 [0.11–0.56]) and specifically for late gastrointestinal toxicities (OR 0.27[0.09–0.86]). Although not significant (NS), acute hematological toxicities were more common in the 3D-IGBT group (OR 2.53[0.94–6.80]) but resolved with time (OR 0.74 [0.07–7.90]). The rate of grade  $\geq 3$  toxicities was very low (2D-BT: 1.5% acute, 2.7% late; 3D-IGBT: 1.0% acute, 0.7% late; NS). RFS (HR 1.41[0.51–3.88], p=0.46), and OS (HR 0.46[0.15–1.39], p=0.63) were not statistically different.

**Conclusion** Our study showed that 3D-IGBT for the treatment of cervical cancer is associated with a decrease in the rate and grade of late toxicities, specifically late gastrointestinal toxicity. The rate of grade  $\geq 3$  toxicity was also low in both groups, making of 3D-IGBT a safe treatment approach for cervical cancer.

## IGCS20\_1011

50 **DISPROPORTIONATE INCIDENCE OF NEUROENDOCRINE CERVICAL CANCER IN MINORITY POPULATIONS – A STUDY OF 2,046 PATIENTS**

<sup>1</sup>C Liao, <sup>2</sup>K Furey\*, <sup>3</sup>C Chan, <sup>2</sup>MT Richardson, <sup>2</sup>K Tran, <sup>4</sup>C Tian, <sup>4</sup>KM Darcy, <sup>5</sup>DS Kapp, <sup>2</sup>JG Cohen, <sup>3</sup>JK Chan. <sup>1</sup>Kaohsiung Veterans General Hospital, Taiwan; <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>Stanford University School of Medicine, USA

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**Objectives** To determine the incidence of Neuroendocrine Cervical Cancer (NEC) in regards to age, race and stage at presentation.

**Methods** From 2001 to 2016, incidence rates of cervical cancer were calculated from United States Cancer Statistics with Surveillance, Epidemiology and End Results (SEER) Program. SEER\*-Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000 women) and average annual percent change (AAPC), adjusted for hysterectomy and pregnancy prevalence data from the Behavioral Risk Factor Surveillance System.

**Results** Between 2001–2016, Neuroendocrine Carcinoma of the cervix (NEC) was identified in 2,046 (1%) patients of 200,000 women with cervical cancer; of which, 1,300 were White (63.5%), 332 Blacks (16.2%), 267 Hispanics (13.0%), and 35 Asians (5.9%) and 26 unidentified (1.3%). For all races, age-adjusted incidence of NEC increased from 0.067 per 100,000 women in 2001 to 0.091 in 2016. Age-adjusted incidence was higher in minority populations compared to Whites (Blacks 0.11; Asians 0.092; Hispanics 0.086; Whites 0.075 per 100,000). The incidence of NEC increased with age in both Hispanics and Blacks. The peaks in incidence for Blacks was significantly older at 80+yo (0.35 per 100,000) compared to 60–64yo for Hispanics (0.2) and 35–39yo (0.14) for Whites. Compared to Squamous Cell Carcinoma, NEC patients were more likely to have distant disease at diagnosis (37.4% vs. 12.5%) and less localized disease (22.3% vs. 43.2%) after adjusting for race and age.

**Conclusion** Compared to Whites, Blacks and Hispanics have a significantly higher incidence of neuroendocrine carcinoma. Moreover, Hispanics have more advanced stage at presentation.

## IGCS20\_1012

### 51 WOULD A MULTI-ETHNIC ASIAN FEMALE POPULATION TAKE UP SELF-SAMPLING HPV TESTING AS A ROUTINE CERVICAL SCREENING METHOD?

<sup>1</sup>S Khoo\*, <sup>1</sup>W Lim, <sup>2</sup>N Nasir, <sup>3</sup>P Gravit, <sup>1</sup>YL Woo. <sup>1</sup>Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Malaya, Malaysia; <sup>2</sup>Department of Medicine, Faculty of Medicine, University of Malaya, Malaysia; <sup>3</sup>Division of Family Health Development, Ministry of Health, Malaysia

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**Introduction** The uptake of the conventional cervical screening method, Pap smear remains suboptimal among Malaysian women. Vaginal self-sampling HPV testing is an alternative to improve the uptake of cervical screening. This study aims to investigate the attitudes and preferences of self-sampling HPV testing compared to Pap smear among a multi-ethnic female population.

**Methods** A total of 823 healthy female volunteers aged 35 to 45 were recruited from primary care clinics in urban and suburban areas in Selangor, Malaysia from June 2019 to June 2020. All participants were instructed to self-collect vaginal sample using a dry flocced swab (Copan 522C). An interview was carried out after sample collection to document sociodemographic information and self-sampling experience.

**Results** Of the 823 participants, 62.7% were Malays followed by 22.0% of Chinese and 12.3% of Indians. A vast majority of participants (83.4%) reported preference towards self-sampling HPV testing over Pap smear and 99.9% indicated willingness to repeat self-sampling HPV testing in 5-year time as a routine cervical screening method. The top 3 reasons for willingness to repeat this test were easy (80.9%), quick/convenient (66.3%) and not embarrassing (59.6%). Divorcees (adjusted OR: 6.08 95% CI: 1.16–31.87), full-time working women (adjusted OR: 4.00 95% CI: 1.15–10.03), housewives (adjusted OR: 4.91 95% CI: 1.57–15.41) and those who have not undergone Pap smear (adjusted OR: 1.80 95% CI: 1.08–3.01) were more likely to express preference for self-sampling HPV testing.

**Conclusions/Implications** Generally, Malaysian women from a relatively conservative, multi-ethnic background are willing to adopt self-sampling HPV testing as an alternative to Pap smear.

## IGCS20\_1013

### 52 THE IMPACT OF THE SURGERY FOR BREAST CANCER IN YOUNG WOMEN ON THEIR COUPLE'S RELATIONSHIP

<sup>1</sup>O Kaabia\*, <sup>1</sup>S Hidar, <sup>2</sup>Y El Kissi, <sup>1</sup>H Khairi. <sup>1</sup>Université de Sousse, Faculté de Médecine de Sousse, Hôpital Farhat Hached, Tunisia; <sup>2</sup>Tunisian Society of Clinical Sexology, Tunisia

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**Objectives** Breast cancer of young women is the most frequent solid cancer among women under 40. The main objective of this study is to evaluate the impact of the surgery for non-metastatic and operable breast cancer in young women on their couple's relationship.

**Methods** This is a prospective cohort-type study of 200 women under the age of 40 operated on for breast carcinoma between 2016 and 2019 in the department of Gynecology and Obstetrics of Farhat Hached Teaching Hospital Sousse, Tunisia. Patients were stratified based on whether they underwent conservative (G1) or radical (G2) breast surgery.

The patient's couple relationships were evaluated by The Locke and Wallace Marital Adjustment Test (MAT): a standardized psychometric assessment scale validated in Arabic.

**Results** The two groups were comparable in terms of age and socio-economical characteristics of the patients and their spouses.

The median tumor size at the time of cancer diagnosis was 3 cm ( $\pm$  1.2) in G1 and 5.7 cm ( $\pm$  1.4).

The median MAT questionnaire score was 112 ( $\pm$  31) in G1 and 124 ( $\pm$  13) in G2 with  $p = 0.064$ .

A couple dysfunction was found in 42% of G1 patients and 47% of G2 patients with a  $p = 0.136$ .

**Conclusion** The breast surgery technique for breast cancer (conservative treatment versus mastectomy without reconstruction) does not influence the marital agreement in young Tunisian married women diagnosed and operated in for breast cancer before the age of 40.

## IGCS20\_1014

### 53 SURVIVAL AND ONCOLOGICAL OUTCOMES IN THE ELDERLY PATIENTS WITH ENDOMETRIAL CARCINOMA

M Shoraka\*, S Kennedy, S Carbajal Mamani, J Cardenas Goicoechea. University of Florida, USA

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**Introduction** Endometrial cancer is the most common gynecological malignancy in developed countries and about 50% of patients are at age 70 or older at the time of diagnosis. Data is limited in the elderly as they are under-represented in clinical trials. The aim of our study is to evaluate the survival and oncological outcomes of elderly with endometrial carcinoma at an academic center.

**Methods** IRB-approved retrospective cohort study. Inclusion criteria consisted of age greater than 70 at the time of diagnosis with endometrial cancer who underwent surgery from January 2013 to November 2019 and with at least 6 months of follow up. Data collection included demographics, peri-operative outcome, and mortality.

**Results** A total of 121 patients met the inclusion criteria. The median age was 75 (range 70–91). The median follow-up was 31 months (range 1–87 month). Median overall survival was 76 months (95% CI 68–84 months). There was a significant difference between median overall survival among different races (79 months for White vs 62 months for Non-Whites). There was a significant difference between median overall survival of those with low grade tumor vs high grade (79