

increased mortality. The use of hormonal contraceptives seems to favor progression of the disease.

Methods The study retrospectively analyzed 11 patients diagnosed with VGA, who underwent treatment between June 2012 and June 2017, in an oncology service in Minas Gerais/Brazil.

Results The mean age of the patients was 47.91 ± 13.13 years. LVI was observed in 63.6% and lymph nodes were affected in 9.1% of the cases (table 1). There was no disease recurrence during the study period. Five patients (45.5%) were taking hormonal contraceptives (HC).

The surgical stages were IA1: 1 (9.1%), IB1: 8 (72.7%), IIB: 1 (1.9%) and IVa: 1 (9.1%), all <2 cm, and well-differentiated VGA. The patient with stage IVa had two affected iliac lymph nodes, and the one with stage IIB had an affected parametrium, both with LVI. None of these two patients reported using HC.

Abstract 191 Table 1 Clinical findings

	Characteristics	Meanstandard	Deviation
Age(years)	28-66	47.91	13.13
Lymphovascularinvasion	7 (63.6%)	7 (63.6%)	-
Affected lymph nodes	1 (9.1%)	-	-
Contraceptive use	5 (45.5%)	-	-
Follow-up time (years)	2-5	3.73	1.19

Conclusion Although we identified LVI and the use of HC in most patients, none had recurred, corroborating the good prognosis of this disease. A better understanding of immunohistochemical markers and investigation of HPV infection can help in more accurate diagnosis and appropriate treatment. Long follow-up is necessary to properly characterize the disease's behavior.

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HYDRONEPHROSIS IN CERVICAL CANCER PATIENTS IN ANTANANARIVO, MADAGASCAR

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Introduction Cervical cancer is diagnosed 60–70% at an advanced stage in low countries. Hydronephrosis is a common occurrence in patients with advanced cervical cancer (14 to 44%). We aimed to describe the survival in those patients and comfort after urinary diversion.

Methods This is a cross-sectional study during 25-month that included 82 patients with stage IIIB cervical cancer in a public hospital Joseph Ravoahangy Andrianavalona oncology and radiotherapy Department.

Results Thirty-one patients (37%) underwent diversion. Twelve patients (38.7%) had improvement of renal function. Half the patients had improvement in lumbar pain hydronephrosis-related. Complications after diversion was mainly surgical site infection (19%). Median overall survival was for those patients underwent or no urinary diversion was 90 days. The median survival in patients who underwent diversion was 90 days and 60 days whom required diversion but elected not to receive it. The survival with unilateral and bilateral hydronephrosis was 195 days and 75 days. Median survival was 90 days and 60 days for patients with and without chemotherapy after diversion. No patients received radiation because a public centre was not available during the study period due to costs.

Conclusion Hydronephrosis is a predictor of poor survival in patients with advanced stage cervical cancer. Urinary diversion improves the lumbar pain hydronephrosis-related, improve renal function, confers a short-time survival benefit. It could provide conditions for patients receiving treatment for advanced cervical cancer.

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DID THE CERVICAL CYTOLOGY SCREENING DURING PREGNANCY IMPROVE THEIR OBSTETRIC AND ONCOLOGIC OUTCOMES OF CERVICAL CANCER?: A RETROSPECTIVE STUDY

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Background Most Japanese pregnant women undergo a first-trimester cervical cytological screening because of both the low rates of HPV vaccination and routine cytological screening. We aimed to investigate obstetric and oncologic outcomes of perinatally diagnosed invasive cervical cancer (ICC), and whether cytological screening during pregnancy was useful.

Methods We retrospectively reviewed the clinical data on ICC diagnosed during pregnancy or within one year after delivery from 2010 to 2019.

Results Of the 18 ICC patients, we diagnosed eight during pregnancy and ten in postpartum periods, and the median follow-up period was 46.5 months. In terms of pregnant patients, three had a preterm delivery, and four terminated their pregnancy, and we performed conization in one and hysterectomy in seven patients. In terms of screening results, among eight patients with NILM, the mean duration for ICC diagnosis was 10.7 months, seven had stage IB1 or worse disease, and one was dead. On the other hand, among ten women with abnormal cytological findings, the mean duration for ICC diagnosis was 1.4 months, and six had stage IB1 or worse disease, and one was dead.

Conclusions These outcomes suggest that temporary cytological screening during the first trimester of pregnancy is not useful, and clinicians should recommend HPV vaccination and routine cancer screening.