

## IGCS20\_1194

## 199 A FEASIBILITY STUDY OF ROBOTIC RADICAL HYSTERECTOMY IN PATIENTS WITH T1B1-2/2A1, N0 CERVICAL CANCER

Y Todo\*, R Yamada, K Minowa, H Kurosu. *Hokkaido Cancer Center, Japan*

10.1136/ijgc-2020-IGCS.171

**Objective** The aim of this study was to evaluate the feasibility of robotic radical hysterectomy (RRH) in patients with early stage cervical cancer.

**Methods** This retrospective study was carried out using data for 166 patients with T1b1-2/2a1, N0 cervical cancer who underwent radical hysterectomy at Hokkaido Cancer Center from January 2010 to April 2018. Study outcomes including operation time, estimated blood loss (EBL), number of lymph nodes harvested, hospital stay, surgical morbidity, recurrence, and survival were compared between open radical hysterectomy (O group, n=134) and RRH (R group, n=32).

**Results** There was no difference in age, body mass index, stage, histology, lymph node metastasis, and tumor diameter between the two group. RRH was significantly associated with longer operation time (268 min vs. 415 min,  $P < 00001$ ), less EBL (492 cc vs. 30cc,  $P < 00001$ ), shorter hospital stay (24 days vs. 10 days,  $P < 00001$ ), and fewer number of lymph nodes harvested (42 vs. 18,  $P < 00001$ ). RRH was marginally associated with fewer number of severe neurogenic bladder (49% vs. 31%,  $P = 0078$ ). No severe neurogenic bladder was observed in the last eleven cases of RRH. At the time of this report, with a median follow-up of 22 months, only one patient recurred at her vaginal stump.

**Conclusion** If RRH was strictly applied to cases of T1b1-2/2a1, N0 cervical cancer, it could be feasible in early stage cervical cancer. In addition, RRH might decrease occurrence of severe neurogenic bladder compared to open radical hysterectomy.

## IGCS20\_1195

## 200 DEMOGRAPHIC CHARACTERISTICS AND THE CLINICAL PROFILE OF VULVAR CANCER (VC) PATIENTS TREATED AT TIKUR ANBESSA SPECIALIZED HOSPITAL (TASH)

<sup>1</sup>E Enoro\*, <sup>2</sup>C Johnston. <sup>1</sup>Addis Ababa University, Ethiopia; <sup>2</sup>University of Michigan, USA

10.1136/ijgc-2020-IGCS.172

**Introduction** Little is known about VC in Ethiopia. Our aim was to describe demographic and clinical characteristics of VC patients treated at TASH.

**Methods** This is a retrospective study. A structured questionnaire was used to gather data about patients with histologically-confirmed primary VC seen at TASH from 8/30/2012 to 8/30/2017. Data was analyzed using SPSS software.

**Results** There were a total of 118 patients. The median/mean age was 39/43.17 years. Patients presented with more than one symptom, including mass (76%) and ulcer (48%), with a mean duration of 2 years. In 80% of patients, VC extended to adjacent organs including vagina (47%), anus (30%),

urethra (23%) and inguinal lymph nodes (46%). 66% of women were HIV-positive with a mean infection time of 72 months and all were taking HAART. 64% of HIV-positive patients had locally-advanced disease. Patients were treated with chemo-radiation (32%), surgery (17%), surgery with adjuvant radiation (2%) and radiation alone (14%). Surgery was simple vulvectomy and bilateral inguinal LND (10%), radical vulvectomy and bilateral inguinal LND (8%) and simple vulvectomy (5%). Five of 22 developed complications including wound infection (2), vaginal stenosis (2) and wound breakdown with delayed healing, lymphocyst and altered skin pigmentation (1).

**Conclusion** VC at TASH is a burden of mainly young and HIV-positive patients with late-stage disease despite receiving active HIV health-care and long-standing symptoms. Delivering education about VC to patients, particularly HIV-positive ones, and to HCPs may ameliorate the disease burden in Ethiopia. HPV serotype study and vaccination could also impact the reduction of VC.

## IGCS20\_1196

## 201 INTRA-TUMOURAL ELECTRO-CHEMOTHERAPY (ECT) WITH BLEOMYCIN FOR PALLIATION OF CUTANEOUS RECURRENCE IN GYNAECOLOGICAL MALIGNANCY

<sup>1</sup>S Rundle\*, <sup>1</sup>C Ang, <sup>2</sup>T Fasih, <sup>1</sup>P Korompelis, <sup>1</sup>N Ratnavelu. <sup>1</sup>Northern Gynaecology Centre, UK; <sup>2</sup>Queen Elizabeth Hospital NHS Foundation Trust, UK

10.1136/ijgc-2020-IGCS.173

**Introduction** ECT utilises pulsed electrical current to transiently increase cell membrane permeability to the cytotoxic agent, bleomycin. We present the use of ECT in patients with recurrent gynaecological malignancy previously treated with a combination of surgery or radiotherapy, experiencing symptoms from cutaneous lesions. This report presents evidence of the role for ECT in second and third line treatment.

**Methods** Between July 2017 and August 2019, 6 patients with cutaneous recurrence of gynaecological malignancy (5 vulvar SCC and 1 high grade serous ovarian cancer) were treated with intra-tumoural bleomycin (9000 iu or 15000 iu, dependent on tumour volume) and pulsed-probe electroporation. Response was assessed clinically in routine follow up or following self-referral with return of symptoms. Post procedure pain scores were collated as part the quality of life evaluation.

**Results** Median treated tumour diameter was 6 cm (range 2 – 12 cm). Pain scores peaked between day 2 and day 7 post-procedure. The median progression free interval was 3.6 months (range 0.8 – 6.7 months).

Following ECT treatment 2 patients continued to receive supportive care. Two patients underwent repeat treatment with ECT and reported symptom improvement with each treatment. Due to further progression two patients underwent radical surgery and one patient received palliative chemotherapy.

**Conclusions** ECT should be considered for patients with symptomatic cutaneous recurrence of gynaecological malignancy who have previously had multi-modal treatment. It can achieve symptom control and reduce the need for radical surgery in this palliative setting.