

Abstract 495 Table 2

≥ CIN2 Colposcopic Biopsy Results (According to HPV Genotypes and Cytology Results)					
HPV Genotypes	Cytology Results				
	NILM n - (%)	ASCUS n - (%)	LSIL n - (%)	HSIL n - (%)	TOTAL n - (%)
HPV 16	24 (40)	6 (10)	2 (3,3)	28 (46,7)	60 (100) - (36,3)
HPV 18	20 (55,6)	5 (13,9)	1 (2,8)	10 (27,8)	36 (100) - (21,8)
non HPV 16/18	17 (42,5)	6 (15)	7 (17,5)	10 (25)	40 (100) - (24,2)
non 16/18+16/18	12 (41,4)	4 (13,8)	2 (6,9)	11 (37,9)	29 (100) - (17,7)
TOTAL n - (%)	73 (44,2)	21 (12,7)	12 (7,3)	59 (35,8)	165 (100)

had a statistically significant effect on CIN2+ results (OR= 1,155, 95% CI=1,006–1,326, OR= 1,964, 95% CI= 1,531–2,519). nonHPV16/18 had taken as a reference the other HPV groups had a statistically significant effect on CIN2+ results, HPV 16 (OR = 3,099, 95% CI = 1,933–4,968), HPV 18 (OR= 4,834, 95% CI=2,715–8,608), nonHPV16/18 +HPV16/18 (OR=3,324, 95% CI= 1,851–5,969). The most effective variable on CIN2+ results is endocervical curettage (OR= 28,571, 95% CI=17,355–47,037). The effect of cytology results ASCUS had taken as reference value, NILM and LSIL had no significant effect (p=0,759 and p= 0,553 respectively). HSIL had a statistically significant effect on results (OR= 17,325, 95% CI=7,883–38,077). Table 2 shows HPV genotypes and association of <CIN2 and CIN2+ results. **Conclusion** Almost fifty percent of HPV 18 and nonHPV16/18+HPV16/18 types are associated with CIN2+ lesions. Non16/18 HPV types are associated with a 17% percent of CIN2+ lesions. According to cytology results 44,2% of patients have negative cytology and non16/18 HPV types have 42,5% percent of negative cytology. So non16/18 HPV types are not mostly associated with high grade lesions but detected high lesions are mostly associated with negative cytology.

Disclosures

Table 1 :Demographic data of the patients

Table 2 : HPV genotypes and association of <CIN2 and CIN2+ results.

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UROLOGICAL COMPLICATIONS OF CERVICAL CANCER TREATMENT : A RETROSPECTIVE ANALYSIS OF 420 PATIENTS

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Introduction/Background Cervical cancer is oftentimes plagued by several urological complications during or post treatment. Early disease is mainly managed with radical hysterectomy, while more advanced disease is usually treated by chemoradiation. Although urological complications of cervical cancer

treatment have declined during the past decades, owing to improvements in various therapeutic modalities, the incidence of those complications has not yet precisely defined.

Methodology Cervical cancer patients between 2009 and 2020 were retrospectively reviewed from the cancer database of our tertiary institution.

Results 420 women were diagnosed with cervical cancer of any stage in our cancer hospital. 122 (29%) of those women had early stage disease and thus were managed with radical hysterectomy (RH); the remaining 294 (71%) underwent chemoradiation, chemotherapy, or palliative therapy. 5 out of 122 RH patients (4%) experienced urological adverse events, and namely intraoperative ureteric injury, intraoperative and urinary bladder injury and postoperative ureteral necrosis. One patient (0.8%) was managed with primary end to end ureteral anastomosis, another (0.8%) with intraoperative bladder repair, one patient (0.8%) had Boari flap formation, and two (1.6%) underwent ureteral reimplantation (reoperation on the 10th and 14th postoperative day respectively). In 24 RH patients (19.6%) prophylactic cystoscopic ureteral stenting had taken place before the operation. As for the non RH group (294 patients) 10 (3.4%) had prophylactic cystoscopic stenting, while 3 patients (1%) underwent nephrostomy placement.

Conclusion Cervical cancer management –either surgical or conservative –is often accompanied by various urological complications. Prophylactic ureteral stenting, meticulous surgical technique, prompt diagnosis and management of urological adverse events are of paramount importance when dealing with cervical cancer.

Disclosures The authors declare no conflicts of interest.

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CONCURRENT CHEMORADIOTHERAPY FOLLOWED BY SURGERY FOR CERVICAL CANCER: A MULTICENTER RETROSPECTIVE STUDY OF 126 CASES

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Introduction/Background Cervical cancer is the third leading cause of cancer death in women worldwide. Radio-