Results There were four studies included in the analysis, enrolling overall 2,982 patients, of which 1,494 in ALND arm and 1,488 in the SLN ± ALND arm. No statistically significant difference was observed in locoregional recurrence, breast cancer-related death and overall death. Locoregional recurrence was observed in 2.8% (ALND) vs. 4.1% (SLND± ALND), (RR: 0.69, 95% CI: 0.20–2.30). Overall death rate was 7.0% vs. 6.8% respectively, (RR:1.00, 95% CI: 0.73–1.39, I2=28.7%). Breast cancer-related death was 3.6% vs.3.5% respectively (SLN ± ALND), (RR: 1.11, 95% CI: 0.70–1.78, I2=0%). No statistically significant difference was observed in any of secondary study outcomes.
Conclusion Systematic axillary lymphadenectomy provides no survival and oncological benefit compared with sentinel lymph node dissection for early-stage clinically node-negative breast cancer patients.
Disclosures Authors report no conflict of interest.

Cervical cancer

40 TRAINING PARAMEDICAL STAFF TO PERFORM CERVICAL CANCER SCREENING WITH AID OF SPECIALLY DESIGNED VIDEO BASED TUTORIALS AND COMPARATIVE EVALUATION OF HPV VERSUS CYTOLOGY AS TRIAGE TEST AMONG VIA POSITIVE WOMEN

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Introduction/Background Visual Inspection after application of 5% acetic acid (VIA) has been recommended for primary cervical cancer screening in India. The objectives were to develop and validate video based training tool for capacity building of paramedical staff in cancer awareness and screening, thereby reducing expert time requirement and duration of training and to comparatively evaluate performance of HPV Hybrid Capture 2 (HC2) and Cytology as triage tests among VIA screen positive women, thus aiming to reduce referral burden.
Methodology Video based tutorials were prepared in 14 modules. These videos included conducting cancer awareness, performing VIA, collecting samples for HPV and Cytology. The paramedical staff were invited for training. The standard training of 12 weeks was reduced to two weeks using new tool. Practical demonstration and micro-teaching was combined with tutorials training on pre-loaded tablets.

Community based cervical cancer screening with VIA was conducted among women aged 30–65, residing in Mumbai, India, by trained Primary Health Workers (PHWs). After obtaining informed consent, delivering cancer awareness, participants were offered VIA screening by trained PHWs. All VIA screen positive women underwent Cytology and HPV HC2 and later diagnostic Colposcopy at nodal hospital. Women with positive Colposcopy underwent cervical biopsies.
Results Fifty trainees were evaluated with theory and practical evaluation. All trainees found training to be informative, easy to understand and felt confident to deliver cancer awareness, perform VIA and collect samples for HPV and Cytology.

231 VIA positive women underwent Cytology and HPV HC2 test, followed by Colposcopy. Cervical biopsies were obtained in 83 cases. The sensitivity and specificity in detecting ≥ CIN 2 were 77.8 and 92.3 for HC2 and 66.7 and 98.2 for cytology. The false positivity and negativity rates were 7.7 and 22.2 for HC2 and 1.8 and 33.3 for cytology.
Conclusion With India now being on roll out mode of cancer control programme, it's outcome will depend on quality of training that will be imparted to health services staff. The preparation and validation of these indigenously prepared video based tutorials has opened new avenue by which vast majority of paramedical staff could be trained in relatively shorter duration and utilizing least expert time.

The study shows that paramedical staff can be trained to collect HPV samples and that HPV HC2 reduces referrals to larger extent and misses fewer cases compared to cytology, thus appearing a better triage test among VIA positive women.
Disclosures TMH-IIT Collaborative projects through Tata Trusts and DAE Grants

73 LESSONS FROM RADIOCHEMOTHERAPY AND MODERN IMAGE-GUIDED ADAPTIVE BRACHYTHERAPY FOLLOWED BY HYSTERECTOMY

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Introduction/Background To analyze the clinical outcomes and the safety of radiochemotherapy (RCT) and image-guided adaptive brachytherapy (IGABT) and to evaluate the impact of hysterectomy (HT) as completion of treatment for cervical cancer.
Methodology 145 patients with locally advanced cervical cancer were treated at our institution. Patients underwent RCT and IGABT, then hysterectomy (HT) as completion of treatment was performed, with the exception of patients with surgical contraindications, para aortic metastatic disease or patients who refused surgery. Clinical outcomes and morbidity were retrospectively reviewed in both groups. Local relapse free survival (LRFS), pelvic relapse free survival (PRFS) and overall survival (OS) were analysed.
Results Completion HT was performed in 90 (62.1%) patients. Complete histological response and microscopic disease were found in 77 patients (85.6%). Local relapse was observed in 14 patients (9.6%) without differences between completion HT group and the definitive RCT and IGABT group (Odds Ratio OR=1.73 [0.57–5.23], p=0.33). The estimated 3-year LRFS and PRFS for the entire population were respectively 90% [84%-94%] and 93% [87%-96%], with no significant differences between them (respectively Hazard Ratio HR=0.57 [0.20–1.64], p=0.30 and HR=0.37 [0.10–1.31], p=0.12). The estimated 3-year OS rate for the whole population was 84% [75%-91%] with no significant differences between groups (HR=0.81 [0.32–2.06], p=0.65). Regarding morbidity, grade ≥2 vaginal toxicity was more frequent in the definitive RCT and IGABT group (43.6% vs 26.7%, p=0.04). All grade 4 toxicity events were reported in the completion HT group.
Conclusion Due to high severe toxicity, RCT and IGABT with dose escalation followed by completion hysterectomy don't seem compatible. No benefit and increased severe late morbidity were observed. Combined intracavitary/interstitial technique is mandatory in large target volume at brachytherapy.
Disclosures All authors declare no conflict of interest.

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