the different inclusion and exclusion criteria, we obtained 1156 patients, 733 CC patients and 423 non-CC patients. Subsequently, and after analyzing the first results, we decided to homogenize our database by means of a PMS analysis, by this way, we obtained a new balanced population of 374 patients (187 CC patients and 187 non-CC patients).

Results In the general population, patients with CC present a 72% reduction in the risk of relapse compared to non-CC patients (HR: 0.28 95% CI (0.17–0.46) $p = 0.000$) and a 90% reduction in the risk of death (HR: 0.10 95% CI (0.03–0.33) $p = 0.000$), these differences may be due to the fact that both populations present differences.

After homogenizing our population using the PMS, we obtained that the reduction in the risk of relapse was 65% for patients who have CC (HR: 0.35 CI 95% (0.16–0.75) $p = 0.007$) and 75% for the risk of death for the same cohort (HR: 0.25 95% CI (0.07–0.90) $p = 0.033$).

Regarding the secondary objectives, we observed that the CC seems to have a protective effect in tumors between 2–4 cm (HR: 0.33 95% CI (0.11–0.99) $p = 0.049$). This same protective effect is observed in patients operated on by laparoscopy (HR: 0.35 95% CI (0.14–0.89) $p = 0.028$). Finally, the MIS patients who have CC do not present differences compared to those operated by the open approach, whether they are conized or non-conized (Log-Rank $p = 0.439$ and Log-Rank $p = 0.346$).

Conclusion Patients undergoing CC have a significantly lower risk of relapse and death, this effect is more evident in those patients with 2–4 cm tumors or in those who are operated under MIS.

Disclosures I have nothing to disclose.

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DESIGN AND VALIDATION OF A RECURRENCE RISK PREDICTING SCORE IN EARLY STAGE CERVICAL CANCER AFTER RADICAL HYSTERECTOMY

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Introduction/Background After the LACC trial, the scientific evidence has focused on confirming and finding the cause of why the open route presents better results than minimally invasive surgery (MIS). Even though the independent factors involved in relapse has not been studied.

Methodology

Primary objective to know the independent clinical, surgical and anatomopathological factors involved in the relapse of patients with stage IB1 cervical cancer who underwent radical hysterectomy (2013–2014).

Secondary objective To create a risk predictive index (RPI) that allows us to better select and stratify patients with a higher probability of relapse.

Methods Starting from 1272 patients from the European database belonging to the SUCCOR study and after applying the different inclusion and exclusion criteria we obtained 1156 patients. We randomly divided our sample into a test group and a validation group in a proportion of 60% to 40%.

The test group was used to identify the variables independently associated with relapse and to define the relapse RPI. The RPI was applied to calculate a relapse risk score for each participant in the validation group. According to their risk of relapse, participants were classified into 3 risk groups.

Results Women who relapse are more likely to have tumours larger than 2 cm on imaging assessment (OR 2.15, 95% CI 1.33– 3.5) and to undergo MIS (OR 1.61, 95% CI 1.00–2.57). On the other hand, conisation is inversely associated with the risk of relapse (OR 0.31, 95% CI 0.17– 0.60).

The AUC in the validation group for RPI is (0.72; 95% CI 0.65– 0.79).

Depending on their score, patients were classified at low, medium or high risk of relapse. The relapse rate observed in each group was 3.4%, 9.8% and 21.3% respectively.

With a median follow-up of 58 months, the mean DFS in the validation group for low, medium and high risk categories were 75.4 (95% CI 73.8– 76.9), 75.5 (95% CI 72.4– 78.5) and 64.1 (95% CI 59.4– 68.9) months respectively ($P < 0.001$).

Conclusion Our risk predictor index proved to be valid and therefore may help to identify those patients who would benefit from adjuvant therapy and close follow-up after radical hysterectomy.

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SURVIVAL OUTCOMES OF PATIENTS WITH CLEAR CELL CARCINOMA CERVIX: A SINGLE INSTITUTIONAL RETROSPECTIVE ANALYSIS

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Introduction/Background Cervical cancer is the most prevalent cancer and the fifth most common cause of cancer death in Indian women. Clear cell carcinoma of the cervix (CCCC) is rare, accounting for only 4% of all adenocarcinomas. CCCC can occur sporadically or in association with in-utero diethylstilbestrol (DES) exposure. There are no clear-cut treatment recommendations for the management of CCCC. Early-stage disease is usually treated by surgery and more locally advanced stages by chemoradiation followed by brachytherapy.

Methodology

Aim: This study aimed to assess the survival outcomes and patterns of failure of patients with CCCC.

Settings and Design: Retrospective study done at Regional Cancer Centre, Thiruvananthapuram, Kerala, India

Material and Methods: Case records of all the patients with CCCC who were diagnosed and treated between 1995 and 2015 were reviewed for clinical, pathological and treatment characteristics.

Statistical analysis: Disease-free survival (DFS) and overall survival (OS) were estimated using the Kaplan-Meier method.

Results The diagnosis of clear cell carcinoma of the cervix was confirmed in 15 patients. The median age was 53 years. 20% of the patients were in the International Federation of Gynaecology and Obstetrics (FIGO) stage I, 60% in stage II, 7% in Stage III and 13% in stage IVA. Stage IB and IVA patients were managed surgically, and adjuvant therapy decided based on the tumour pathology. Stage IIB and IIIB