

period between 2008-2018. Multiple variables were analyzed related with histopathological study, surgical complications, adjuvant treatments, follow-up and current status of the patients.

Result(s)* 109 radical hysterectomies were performed for cervical cancer during the study period. Average age is 46.5 years (range 25-76 years). Most of the patients (n = 101) had stage IB1. The mean tumor size is 1.8 cm (0.4-5 cm). In the first 30 days after surgery, 3 fistulas were detected. In 99.1% the margins were free of disease, only one patient presented margin involvement. Two patients had a tumor stage greater than IB1 (1 IB2 and 1 IIA2). The mean number of lymph nodes extracted was 19.8, of those being affected 11.9% (n = 12). 18.3% (n = 20) received adjuvant treatment with radiotherapy + concomitant chemotherapy, of these 13 were for positive lymph nodes. Therefore, the rate of patients who received adjuvant treatment with N0 was 8.3%. We have only had one recurrence in less than two years of follow up (1/93).

Conclusion* HUMIC is a reference in gynecological oncology for the province of Las Palmas with trained personnel with exclusive dedication (QI2) and participating in multicenter studies (QI 3). It has a multidisciplinary tumor board where all patients are presented according to recommendations of scientific societies (QI4-5) before and after surgery (QI6-7). We present a 2.7% urological fistula (QI8 and QI9 <3%) all of them during learning curve and a patient with BMI of 38. We reached a 99.1% rate of free margins of disease (QI10 > 97%). In 2% we found a staging greater than IB1 (QI11 <10%). Pelvic lymphadenectomy or SLN (Sentix) was performed at 100% the patients (QI13 > 98%). 8.3% received adjuvant treatment with N0 (QI15 <15%). If there is indication, fertility sparing treatment is offered and currently it is performed in our center (QI14 100%). We had a 2-year recurrence rate of 1% (QI12 <10%).

The only indicator we do not reach is the number of cases (minimum QI1 of 15), since our mean is 10 radical hysterectomies per year. Nevertheless, last year we performed 15 surgeries, which, given our geographical location, we think it allows us to continue as a Reference Center

691 FERTILITY-SPARING RADICAL TRACHELECTOMY FOR EARLY STAGE CERVICAL CANCER: 12 CASES SERIES AND LITERATURE REVIEW

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Introduction/Background* Radical trachelectomy is an alternative treatment for preserving fertility in selected patients with early stage cervical cancer. The purpose of this report is to describe our technique of abdominal radical trachelectomy and review the current literature on this procedure

Methodology We reported 12 cases of radical trachelectomy with pelvic lymphadenectomy in The Oncology Hospital of Ho Chi Minh city between 7/2018 and 9/2020.

Result(s)* The characteristics of the 12 adult patients who underwent radical trachelectomy included stage IB1 disease in all cases, a mean age of 31 years (range, 29-41), and a median estimated blood loss of 100 ml (range, 70-150). Among of them, one case was performed by laparoscopic approach. No one need adjuvant treatment after surgery and all patients resumed normal menstruation postoperatively. All patients

remain disease-free at the time of this report. The only remaining uterine blood supply in these patients are the utero-ovarian vessels. There were one postoperative complication. It was one case of cervical stenosis. Transurethral Foley catheters were removed in all cases at postoperative days 02 - 04.

Conclusion* Radical trachelectomy with pelvic lymphadenectomy is a feasible operation for selected women with early stage cervical cancer who desire to preserve reproductive function. Menstruation and reproductive function may be preserved after bilateral uterine vessel ligation.

694 CERVICAL CANCER APPLICATION (CER-CAP): A NEW APP FOR ESTIMATION OF THE LYMPH NODAL RISK INVASION IN PATIENTS WITH EARLY-STAGE CERVICAL CANCER

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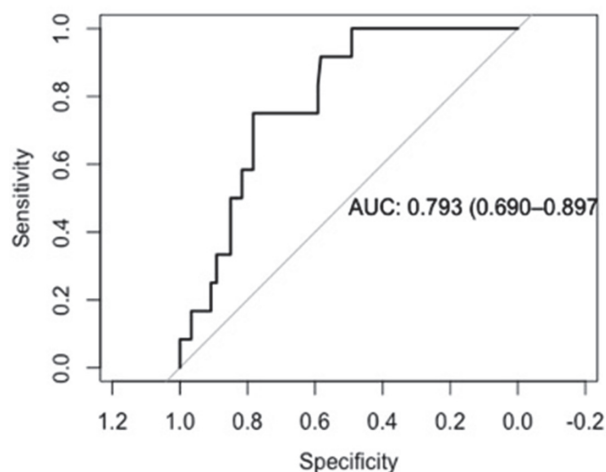
Introduction/Background* Lymph node status is a major prognostic factor in early-stage cervical cancer. According to the International Federation of Gynecology and Obstetrics (FIGO) 2018 classification, the presence of metastatic lymph node involvement, including the presence of macrometastasis (MAC) or micrometastasis (MIC), is classified as stage IIIC. The recommended treatment is a combination of chemoradiation without complete surgery. Assigning initial staging of patients is therefore essential for the therapeutic management.

Methodology We performed a secondary analysis of data from two prospective multicenter trials assessing the role of the sentinel node in the surgical management of cervical cancer (SENTICOL 1 and 2 pooled together in the training dataset). The histological risk factors were included in a multivariate logistic regression model in order to determine the most suitable prediction model. An internal validation of the chosen prediction model was then carried out by a cross validation of the 'leave one out cross validation' type. The prediction model implemented into an interactive online application of the 'Shinyapp' type. Finally, an external validation was performed with a retrospective cohort of L'Hôtel-Dieu de Québec in Canada.

Result(s)* Three hundred twenty-one patients participating in Senticol 1 and 2 were included in our training analysis. Among these patients, 280 did not present lymph node invasion (87.2%), 13 presented ITC (4%), 11 presented MIC (3.4%) and 17 MAC (5.3%). Tumor size, presence of lymphovascular space invasion and stromal invasion were included in the prediction model. The Receiver Operating Characteristic (ROC) Curve from this model had an area under the curve (AUC) of 0.79 (95% CI [0.69 - 0.90]). The AUC ROC curve from the cross validation was 0.63. The external validation on the Canadian cohort confirmed a good discrimination of the model with AUC ROC of 0.83.

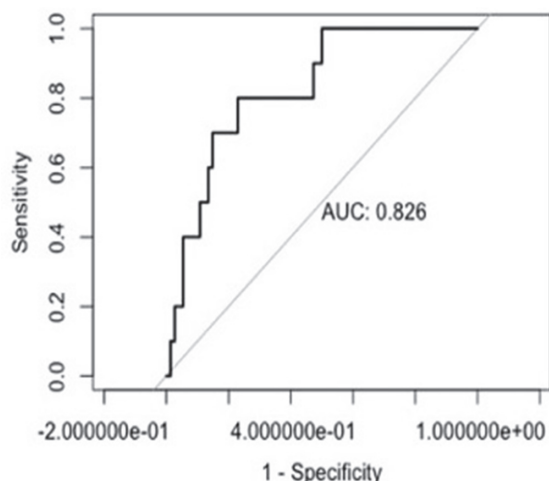
Conclusion* This study is the first study of a prediction score for lymph node involvement in early-stage cervical cancer that includes internal and external validation of a prediction score for lymph node involvement in early-stage cervical cancer. The web application is a simple, practical, and modern method of using this prediction score in clinical management.

SENTICOL ROC CURVE



Abstract 694 Figure 1 Senticol ROC curve

EXTERNAL VALIDATION



Abstract 694 Figure 2 External validation

Link of the CER-CAP: https://thomas-gaillard.shinyapps.io/senticol_n_pred/?_ga=2.9061948.842752796.1621805282-1130361826.1585828032

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FINDINGS AND OUTCOMES IN A POST-VACCINATION COHORT OF YOUNG WOMEN UNDER 25 YEARS ATTENDING A TERTIARY COLPOSCOPY SERVICE

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Introduction/Background* In 2007, human papillomavirus (HPV) vaccination was rolled out in Australia, with a high uptake of 73% and a consequent reduction in the prevalence of high-grade dysplasia, external genital warts, and HPV 16

and 18 infection in young women. In 2017, the new National Cervical Screening Program (NCSP) was introduced in Australia, which included a later age of entry into screening of 25 years as opposed to 18. This was in light of an improved understanding of the natural history of HPV infection in young women and in line with international guidelines.

This study aims to provide descriptive data on post-vaccination young women aged below 25 years, prior to the change in cervical screening guidelines.

Methodology A retrospective cohort analysis of women under 25 attending our colposcopy service was conducted. Data was extracted from On-Dysplay, a computerised data entry program used for prospective record keeping in our service. Information regarding patient characteristics, HPV vaccination status, referral cytology, colposcopic findings, histological results and treatment outcomes was obtained. Odds ratios (OR) were calculated using MedCalc.

Result(s)* 3128 women with a median age of 22 (range 14-24) years were identified. When comparing overall worst histology result, vaccinated women were less likely to have a high grade abnormality than unvaccinated women (RR 0.78, 95%CI 0.67-0.90, $p=0.0006$). Amongst those with high grade abnormalities, there was no significant difference in rates of CIN2 or CIN3 between vaccinated and unvaccinated women (RR 0.81, 95%CI 0.62-1.05, $p=0.1086$).

Conclusion* This study provides baseline data on young women under the previous cervical screening program, following the introduction of the HPV vaccine.

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PREVALENCE AND PATTERN OF MULTIPLE HPV INFECTIONS IN CERVICAL CANCER PATIENTS FROM BANGLADESH

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Introduction/Background* Cervical cancer is the fourth most common cancer, worldwide. Persistent infection with high-risk (HR) human papillomavirus (HPV) types is necessary for cervical cancer development. However, little is known about the influence of multiple HPV infections on cervical lesion risk. The aim of this study was to see the prevalence and pattern of multiple HPV infections in cervical cancer patients from Bangladesh.

Methodology Histopathologically diagnosed 100 cervical cancer patients were enrolled in this study. HPV DNA testing was done by polymerase chain reaction (PCR) using SPF-10 broad-spectrum primers followed by genotyping by reverse hybridization using the INNO-LIPA genotyping Extra (Fujirebio, Belgium) at the Department of Virology, Bangabandhu Sheikh Mujib Medical University.

Result(s)* 22.0% of cervical cancer patients were associated with multiple HPV infections whereas overall prevalence of single HPV infections was 78%. Overall, 11 different HPV types [9 HR, 2 intermediate risk (IR) and 1 low risk (LR)] were detected in this study. Among them, the most prevalent genotype was HPV 16, followed by HPV 18,45,56,58,39,31,73,53,66,62. Among the single infection HPV 16 was more prevalent (69%) followed by HPV 18 (6%) and HPV 45 (3%), later eight genotypes were found