SMALL VOLUME STAGE 1B1 CERVICAL CANCER, IS RADICAL SURGERY STILL NECESSARY? A TEN YEAR FOLLOW UP

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Introduction/Background* Standard surgical treatment of FIGO stage 1B1 cervical cancer is open radical surgery. However, several reports have shown that for small tumours a more conservative approach can be oncologically safe whilst at the same time reducing the morbidity associated with radical hysterectomy. The objective of our study was to report updated survival following extended follow up of a previously reported cohort of patients who underwent conservative management of small-volume stage 1B1 disease.

Methodology All patients with FIGO stage 1B1 cancer and estimated tumour volume of less than 500 mm3 in a loop biopsy specimen treated in Norther Gynaecological Oncology Centre between January 2000 and December 2010, were included in the study, irrespective of other histological characteristics. Clinicopathological data alongside demographics were collated alongside detailed follow-up outcome in conjunction with primary care and death register.

Result(s)* 62 women underwent conservative management for small volume stage 1B1 disease. Median age at diagnosis was 35 years (range 25–67). 35 women (56.4%) underwent fertility sparing conservative management with LLETZ while 27 women (44.6%) underwent simple hysterectomy. Mean age of the LLETZ first group was 32 years (range 26–43) and 51% were nulliparous. Overall, 92% (57 out of 62) patients underwent BPND and one positive node was identified. LVI was positive in 14 patients (22%). Accurate survival data obtained 100% of the patients and no recurrence identified with median follow up of 11years (range 1-20). 2 patients died because of unrelated to cervical CA reasons (bowel CA 4 years post treatment and PE 1year post treatment).

Conclusion* The results of this study were initially published in 2012 with a median FU of 56 months (Biliatis et al. Gynaecologic Oncology 2012). Presenting long term FU data obtained 100% of the patients and no recurrence identified with median follow up of 11years (range 1-20). 2 patients died because of unrelated to cervical CA reasons (bowel CA 4 years post treatment and PE 1year post treatment).

1084 ABSTRACT WITHDRAWN

A REVIEW OF CERVICAL CANCER DIAGNOSED IN WOMEN OVER THE AGE OF 65

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Introduction/Background* The aim of this review was to identify trends in incidence of cervical cancer presentation in women over the age of 65. Of those diagnosed during screening (59.3%) were FIGO IA1 to IB2, however, only 9.5% of the over 65s were early stage. Similarly, 32.2% of those within screening age presented with a grade 1 cancer, with only 4.8% over 65 years being low grade. Histology in the under 65s revealed 44.1% were squamous cell carcinoma and 45.8% were HPV-related adenocarcinoma. In the over 65s this was 76.2% and 14.3% respectively.

Conclusion* Despite adherence to the screening programme, 25% of cervix cancer was diagnosed beyond screening age, approximately 16 years later. These patients were of more advanced stage and higher grade.

1095 RARE CASE OF INTESTINAL TYPE CERVICAL CANCER; CLINICAL PRESENTATION AND MANAGEMENT

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Introduction/Background* Intestinal type cervical cancer is exceptionally rare and this a a case of 54 year presented with abnormal bleeding. The cancer is not normally picked up by the cervical screening system. This is the story of multidisciplinary approach to managing such a case.

Methodology The case presented with abnormal bleeding with normal cervical screening history. She particularly complained of continuous mucus profuse per vaginal discharge. The ultrasound indicated fluid in the endometrium. The cervix looked abnormal and biopsies were taken. The histology indicated intestinal type adenocarcinoma. Her CA19-9 was exceptionally high more than 2000iu, however CT scan did not indicate any pancreas or intestinal malignancy. The imaging including CT PET and MRI also indicated cervical tumor and one 7.5mm left external iliac lymph node giving her stage 2B.

Result(s)* The case was managed through multidisciplinary approach and recommended chemoradiation. She received brachy therapy and carboplatin and achieved radiological and clinical response. Subsequent follow up indicated some residual upper vaginal focus of tumor. She was offered sugery and she had radical hysterectomy and lymphadenopathy followed by full recovery. Two years follow indicated no recurrence clinically and radiologically.