

EPV047/#243

### OUTCOMES OF CERVICAL CANCER IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) POSITIVE WOMEN TREATED WITH RADIOTHERAPY

<sup>1</sup>S Mohanty\*, <sup>1</sup>L Gurram, <sup>2</sup>U Mahantshetty, <sup>1</sup>S Chopra, <sup>1</sup>R Engineer, <sup>3</sup>S Gupta, <sup>3</sup>J Ghosh, <sup>3</sup>S Gulia, <sup>4</sup>S Sawant, <sup>4</sup>A Daddi, <sup>5</sup>K Deodhar, <sup>5</sup>S Menon, <sup>5</sup>B Rekhi, <sup>6</sup>A Maheshwari, <sup>6</sup>TS Shylasree, <sup>7</sup>S Grover. <sup>1</sup>TATA Memorial Hospital, Radiation Oncology, Mumbai, India; <sup>2</sup>HOMI Bhabha Cancer Hospital and Research Centre, Radiation Oncology, Visakhapatnam, India; <sup>3</sup>TATA Memorial Hospital, Medical Oncology, Mumbai, India; <sup>4</sup>TATA Memorial Hospital, Internal Medicine, Mumbai, India; <sup>5</sup>TATA Memorial Hospital, Pathology, Mumbai, India; <sup>6</sup>TATA Memorial Hospital, Gynecologic Oncology, Mumbai, India; <sup>7</sup>Hospital of University of Pennsylvania, Radiation Oncology, Philadelphia, USA

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**Objectives** There has been limited data on management of cervical cancer in women living with HIV (WLWH) in modern antiretroviral therapy (ART) era in India. The study aimed to evaluate outcomes and toxicities of these patients treated with radiotherapy.

**Methods** A retrospective analysis of HIV-positive cervical cancer patients treated with radiotherapy between 2011 to 2018 was conducted.

**Results** Eighty-one HIV positive cervical cancer patients treated with radiotherapy were identified. Median age was 45 years of which seventy-three (90%) received radiotherapy with curative intent and eight patients received palliative radiotherapy. Median CD4 count at the start of treatment was 342 cells/mm<sup>3</sup> (IQR 241- 531). of 73 patients planned for definitive radiotherapy, concurrent cisplatin was planned in 52 (71%) patients with median of four chemotherapy cycles and 81% (n=59) patients received brachytherapy. Among the patients who received brachytherapy, the median dose prescribed was 80Gy. 77% patients completed their prescribed treatment. At a median follow-up of 37 months, 3-year DFS of patients planned with curative intent was 54%. On multivariate analysis, treatment completion was associated with favorable DFS. Grade III/IV acute gastrointestinal toxicity was seen in five (6.8%) patients while 30% patients had grade III/IV acute hematological toxicity. However, all these patients completed their planned radiotherapy with good supportive care.

**Conclusions** Standard treatment of chemoradiation should be planned in WLWH with well managed HIV presenting with locally advanced cervical cancer. Our study highlights need for optimal management of these patients by multidisciplinary team with intensive supportive care to ensure completion of planned treatment to achieve better outcomes.

EPV048/#252

### TRANSITION FROM FIGO-2009 TO FIGO-2018 IN WOMEN WITH EARLY-STAGE CERVICAL CANCER; DOES THE REVISED STAGING CORRECTLY REFLECT RISK GROUPS?

<sup>1,2</sup>S Sponholtz, <sup>3,4</sup>O Mogensen, <sup>2,5,6</sup>M Hildebrandt, <sup>2,7</sup>D Schledermann, <sup>8</sup>E Parner, <sup>1</sup>A Markauskas, <sup>9</sup>L Frøding, <sup>3</sup>K Fuglsang, <sup>5</sup>J Holm, <sup>3,4,5</sup>Bjørnholt, <sup>2,3,4</sup>P Jensen. <sup>1</sup>Odense University Hospital, Department of Gynecology and Obstetrics, Odense C, Denmark; <sup>2</sup>University of Southern Denmark, Department of Clinical Research, Odense C, Denmark; <sup>3</sup>Aarhus University Hospital, Department of Gynecology and Obstetrics, Aarhus N, Denmark; <sup>4</sup>Aarhus University, Institute of Clinical Medicine, Aarhus, Denmark; <sup>5</sup>Odense University Hospital, Department of Nuclear Medicine, Odense C, Denmark; <sup>6</sup>Odense University Hospital and University of Southern Denmark, Center For Innovative Medical Technology, Odense C, Denmark; <sup>7</sup>Odense University Hospital, Department of Pathology, Odense C, Denmark; <sup>8</sup>Aarhus University, Department of Public Health, Aarhus, Denmark; <sup>9</sup>Copenhagen University Hospital, Department of Gynecology, Copenhagen, Denmark

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**Objectives** We aimed to evaluate risk factors associated with lymph node macro- and micrometastases in women with early-stage cervical cancer, focusing on the revised FIGO-2018 staging system.

**Methods** Using data from a national prospective cohort study on sentinel lymph node (SLN) mapping in 245 women with early-stage cervical cancer, we reallocated women from FIGO-2009 to FIGO-2018 stages. We used binary and multiple regression models to investigate the risk ratio of FIGO-2018 stages and tumor characteristics associated with nodal metastases.

**Results** Stage migration occurred in 80.4% (197/245), due to tumor size or depth of invasion in 75.1% (148/197), nodal metastases in 19.3% (38/197), and imaging in 4.5% (11/245). Downstaging to FIGO-2018 IA stages occurred in 36.7% (90/245). Six (5.7%) women with stage IA tumor characteristics were upstaged to IIC1 due to the findings of nodal metastases. The depth of invasion ranged from 4–5 mm and the tumor size from 9–22 mm; all six metastases were SLNs. For the whole population, risk factors significantly associated with nodal metastases were FIGO-2018  $\geq$  IB2 ( $p < 0.001$ ), parametrial invasion ( $p < 0.001$ ), and lymphovascular space invasion (LVSI) ( $p < 0.001$ ). All three remained significantly associated with nodal metastases in a multivariate analysis.

**Conclusions** The FIGO-2018 revised staging system causes stage migration for a large proportion of women with early-stage cervical cancer. The attention on depth of invasion rather than horizontal dimension seems to reflect the risk of nodal metastases correctly. The use of sentinel node mapping in stage IA FIGO-2018 appears to be justified.

EPV049/#254

### PATIENT-REPORTED LOWER LIMB LYMPHEDEMA AND QUALITY OF LIFE AFTER RADICAL SURGERY WITH SENTINEL NODE MAPPING FOR EARLY-STAGE CERVICAL CANCER

<sup>1,2</sup>S Sponholtz, <sup>3,4</sup>O Mogensen, <sup>2,5,6</sup>M Hildebrandt, <sup>2,7</sup>D Schledermann, <sup>8</sup>E Parner, <sup>9</sup>N Ezendam, <sup>1</sup>A Markauskas, <sup>10</sup>L Frøding, <sup>3</sup>K Fuglsang, <sup>3,4,5</sup>Bjørnholt, <sup>2,3,4</sup>P Jensen. <sup>1</sup>Odense University Hospital, Department of Gynecology and Obstetrics, Odense C, Denmark; <sup>2</sup>University of Southern Denmark, Department of Clinical Research, Odense C, Denmark; <sup>3</sup>Aarhus University Hospital, Department of Gynecology and Obstetrics, Aarhus N, Denmark; <sup>4</sup>Aarhus University, Institute of Clinical Medicine, Aarhus, Denmark; <sup>5</sup>Odense University Hospital, Department of Nuclear Medicine, Odense C, Denmark; <sup>6</sup>Odense University Hospital and University of Southern Denmark, Center For Innovative Medical Technology, Odense C, Denmark; <sup>7</sup>Odense University Hospital, Department of Pathology, Odense C, Denmark; <sup>8</sup>Aarhus University, Department of Public Health, Aarhus, Denmark; <sup>9</sup>The Netherlands Comprehensive Cancer Organization, (IKNL), Amsterdam, Netherlands; <sup>10</sup>Copenhagen University Hospital, Department of Gynecology, Copenhagen, Denmark

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**Objectives** We prospectively evaluated patient-reported lower limb lymphedema and quality of life (QoL) in women with early-stage cervical cancer undergoing radical surgery with sentinel lymph node (SLN) mapping.

**Methods** In a national multi-institutional study, we included women with early-stage cervical cancer from March 2017-January 2021 to undergo radical surgery including SLN mapping. Women with tumors  $>20$  mm underwent completion pelvic lymphadenectomy (PL). The incidence and severity of lymphedema and QoL were evaluated using validated patient-reported outcome measures before surgery and three months postoperative. Changes over time were investigated using linear regression.

**Results** Two hundred of 245 (81.6%) included women completed the baseline and three-month questionnaires. The incidence of lymphedema was 7.2% versus 31.5% in women who underwent SLN mapping alone and completion PL, respectively ( $p < 0.001$ ). Lymphedema scores in the leg, genital, and groin were affected in both groups, but significantly more after PL. The differences between groups remained significant in a multivariate analysis adjusting for, e.g., adjuvant therapy and age. PL significantly affected the severity of lymphedema regarding physical performance ( $p = 0.001$ ), appearance ( $p = 0.008$ ), besides heaviness, weakness, and pain in the legs ( $p < 0.001$ ). Lymphedema was negatively associated with impaired body image, physical, role, and social functioning and a higher level of fatigue.

**Conclusions** SLN mapping combined with PL is associated with a significantly higher incidence and more severe lymphedema three months postoperatively than SLN mapping alone. Lymphedema was associated with lower QoL in several domains.

EPV050/#255

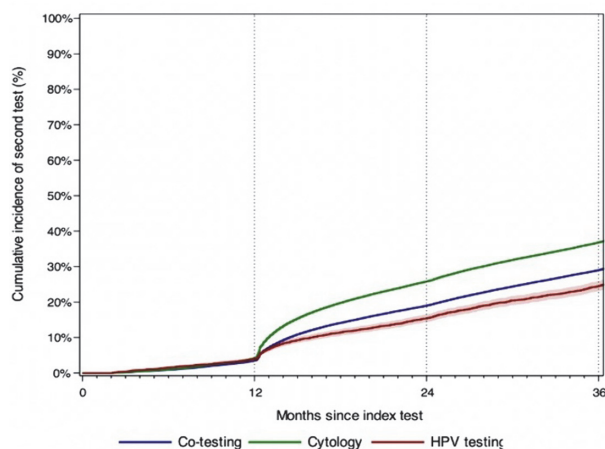
### OVERUSE OF CERVICAL CANCER SCREENING TESTS AMONG AVERAGE-RISK MEDICAID BENEFICIARIES

<sup>1</sup>J Dillon, <sup>2,3,4</sup>J Wright, <sup>2</sup>L Chen, <sup>3</sup>M Accordino, <sup>2</sup>A Melamed, <sup>3</sup>D Hershman. <sup>1</sup>Duke University School of Medicine, School of Medicine, Durham, USA; <sup>2</sup>Columbia University College of Physicians and Surgeons, Gynecologic Oncology, New York City, USA; <sup>3</sup>Herbert Irving Comprehensive Cancer Center, Oncology, New York City, USA; <sup>4</sup>New York Presbyterian Hospital, Oncology, New York City, USA

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**Objectives** In 2012, the American Cancer Society updated cervical cancer screening guidelines to recommend cytologic screening every 3 years or HPV testing with cytology (co-testing) every 5 years in women age 30–65. We aim to examine the use of cervical cancer screening among average-risk Medicaid beneficiaries.

**Methods** The MarketScan database was used to identify average-risk women age 30–64 with Medicaid coverage who underwent index cervical cancer screening in 2013–2016. Subsequent screening rates within 3 years of the index test were examined. Demographic factors associated with early re-screening and rates of annual gynecologic examinations were also



Abstract EPV050/#255 Figure 1 Cervical cancer screening by month

examined. Patients with cervical dysplasia, HPV, or unsatisfactory results were excluded.

**Results** Overall, 265,083 patients were included. 43.1% (N=114,312) had index co-testing, 55.2% (N=146,309) had cytology, and 1.7% (N=4,462) had primary HPV testing. The cumulative incidence of early, repeat cervical cancer screening was 3.9% at 12mo, 22.7% at 24mo, and 33.3% at 36mo. During the period from 12–24 months after follow-up, 20.9% of women underwent repeat screening, while 19.4% underwent screening 24–36 months after the index test. Early re-testing was more common in younger patients and non-White patients ( $p < 0.001$ ). Of patients who did not undergo repeat cervical cancer screening, a yearly gynecologic examination was performed in only 16,627 (10.7%) during year 2 and in 11,116 (8.8%) patients during year 3.

**Conclusions** Among average-risk Medicaid beneficiaries, cervical cancer screening is frequently overutilized. Women who do not undergo cervical cancer screening are unlikely to receive routine gynecologic care.

EPV051/#264

### SMALL CELL NEUROENDOCRINE CARCINOMA OF THE CERVIX IN A YOUNG PATIENT WITH UTERINE PROCIDENTIA: A CASE REPORT

M Garcia\*, I Tagayuna. Tondo Medical Center, Obstetrics and Gynecology, Manila, Philippines

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**Objectives** Small cell neuroendocrine carcinoma of the cervix (SCNC) is an aggressive and rare histologic subtype, accounting for less than 2% of all cervical tumors. Moreover, cervical cancer complicated with uterine prolapse is even rarer with an estimated incidence of 0.14–1.0%.

**Methods** A 32-year-old multipara presented with a 13-month history of intermittent vaginal spotting and postcoital bleeding, associated with gradually increasing introital mass. Pelvic examination revealed procidentia uteri. A foul-smelling fungating, necrotic mass at the anterior lip of the cervix measuring 9 x 9 x 4.5 cm was also noted. Biopsy of the mass and



Abstract EPV051/#264 Figure 1