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.

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

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Objective 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 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.