

Conclusions ART is a reliable option as fertility sparing procedure. In selected cases, ART could be performed during pregnancy or after caesarean section with encouraging results.

EPV054/#283

DOES SURGICAL APPROACH INFLUENCE RECURRENCE IN EARLY STAGE CERVICAL CANCER WITH NO GROSS VISIBLE DISEASE AT PRESENTATION?

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Objectives Published results from the LACC trial reported inferior survivals after minimal invasive surgical (MIS) approach in the treatment of early cervical cancer. Spillage of gross tumours and peritoneal contamination had been proposed as possible explanations. We studied oncologic outcomes specifically in patients presenting with no clinical gross cervical cancer treated with minimal invasive versus open radical hysterectomy as this has not been reported.

Methods Retrospective chart reviews of all patients treated with radical surgery for cervical cancer from 2005 to 2018 were performed. Only patients with no gross visible tumour who were diagnosed after a LEEP/cone biopsies were included. Relevant demographics, pathologies and survival outcomes were abstracted. Descriptive and Chi Square statistics were used to summarize clinical variables. Kaplan Meier and Cox regression were used to study survival outcomes. All $p < 0.05$ were considered to be statistically significant.

Results 98 patients were included. Median age was 42. Median tumour size was 10 mm. Most was diagnosed after a cone biopsy (66%). Stage 1B1 was documented in 66% pre-operatively. MIS used in 20 patients. Uterine manipulator used in 14 cases. Median follow up was 42 months. One recurrence in MIS group (5%) vs six recurrence in laparotomy group (7.7%), $p = 0.67$. Three death in laparotomy and no death in MIS cohort. MIS is not significant in Cox model for PFS, adjusted for use of adjuvant radiation, and tumour size, $p = 0.43$.

Conclusions MIS radical hysterectomy might be safe in patients with no gross visible tumour at presentation.

EPV055/#292

THE HIGHER INCIDENCE OF CERVICAL CANCER AMONG HISPANICS IN THE US: WHAT FACTORS ARE RESPONSIBLE?

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Objectives To evaluate differences in cervical cancer incidence, screening, and HPV vaccination between Hispanics and Whites in the United States.

Methods Data were obtained from the United States Cancer Statistics (USCS) from 2001 to 2017 and the Behavioral Risk Factor Surveillance System (BRFSS). SEER*Stat and Joinpoint regression program were used for statistical analyses.

Results Based on USCS data, in 2017 the overall incidence of cervical cancer was 7.5/100,000 in Hispanic women compared to 6.2/100,000 in White women. Hispanics aged 35 to 39 years had the highest incidence at 15.9/100,000. We then used BRFSS data to identify potential deficiencies in screening and prevention, and found that 11.6% of all Hispanics were never screened compared to only 5.1% of Whites. When stratified by age, Hispanics 25 to 29 years old had the highest rate of absent screening at 11.2%, compared to 6.4% of Whites of the same age. In examining adherence to screening guidelines, we found that 11.4% of Hispanics and 26.6% of Whites were non-adherent (no screening in the last five or more years). Furthermore, of those eligible for HPV vaccination in 2006, only 37.3% of Hispanics had received the vaccine by 2017, compared to 50.0% of Whites.

Conclusions Cervical cancer incidence is 20% higher in Hispanics compared to Whites in the United States. Poor compliance with cervical cancer screening and lower vaccination rates may explain this disparity.

EPV056/#293

HIGH INCIDENCES OF CERVICAL CANCER IN US BLACK WOMEN OVER AGE 65 – SHOULD INDIVIDUALIZED SCREENING GUIDELINES BE CONSIDERED?

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Objectives In 2003 the USPSTF recommended discontinuing cervical cancer screening at age 65 in low risk adequately screened women. We aim to evaluate trends in cervical cancer incidence and screening in United States Black and White women over age 65.

Methods Data were obtained from United States Cancer Statistics (USCS) from 2001 to 2017 and from the Behavioral Risk Factor Surveillance System (BRFSS). SEER*Stat and Joinpoint regression program were used for statistical analyses.

Results Using USCS data, we evaluated differences in cervical cancer incidence by race and age. We found the highest incidence in Blacks aged 65 to 69 years at 17.6/100,000, compared to 15.0/100,000 in Whites aged 40–44 years. of note, the incidence among Blacks over age 69 remained high at 13.9–17.5/100,000 whereas the incidence in Whites decreased steadily after peaking in 40–44 year-olds. Using BRFSS data, we evaluated patterns in screening, and demonstrated that 34.7% of Blacks aged 65 and older had never been screened compared to 21.5% of Whites. of those screened, 19.8% of Blacks aged 65–69 years were non-adherent to guidelines (no Pap in five or more years) and the rate of non-compliance increased 5.2% per year over our study period ($p < 0.001$).