

87% strongly agreed that the intervention improved their knowledge.

Conclusions While nurses are willing to recommend the vaccine, there are knowledge gaps in HPV-associated cancers, dosing schedules, and adverse events. An interactive flashcard educational intervention is effective in improving HPV vaccine knowledge among nurses.

EPV060/#330 UTERINE TRANSPOSITION IN TREATMENT PATIENTS WITH INVASIVE CERVICAL CANCER

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Objectives Radical trachelectomy is the main surgical procedure in the treatment of invasive cervical cancer for patients who want to preserve fertility. Radical trachelectomy is not possible for some patients due to a large size of tumor which spreads onto the vagina or parametric, regional lymph nodes metastasis. These patients require radiation therapy, which excludes the possibility of independent pregnancy.

Methods We report 5 patients having stage Ib2-IIb cervical cancer. The average age is 29 years. At the first step of treatment, 2–3 courses of chemotherapy were carried out. The second step included a radical trachelectomy (Piver type III) with uterus transposition. The uterus blood supply was ensured by IP-ligaments, which are protruded approximately 15cm on each side. Due to this method, the uterus and ovary mobility was achieved. It made possible to paraumbilically transposition the uterus so that the conditions for performing radiotherapy were created. The third step marked a combined radiotherapy which was carried out according to the prescribed standards. In three months a uterine reposition with utero-vaginal anastomosis was conducted.

Results The patients have been under the median observation for 16,2 months so far. No one has any signs of recurrence. All our patients' menses circles saved.

Conclusions The uterine transposition in treatment patients with stage Ib2-IIb cervical cancer ensures preservation of the uterus and ovarian function. This operation makes it feasible to provide a combined radiotherapy according to the prescribed standards and, thus, ensures, fertility preservation. Undoubtedly, that is very seminal to continue carrying out research in this field.

EPV061/#345 THE USE OF ROUTINE CYTOLOGY FOLLOWING CERVICAL CANCER TREATMENT: A CALL TO DISCONTINUE THE SURVEILLANCE PAP SMEAR

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Objectives Despite limited evidence of benefit in using pap smears for surveillance of asymptomatic cervical cancer recurrence, gynecologic oncologists continue to perform this test annually. The objective of the study was to examine the utility of routine cervical cytology following cervical cancer treatment.

Methods An IRB-approved retrospective study was performed at a tertiary care center between 2004–2020. A total of 581 cervical cancer patients were identified, of which 211 were excluded due to loss of follow up or treatment at an outside facility. Manual data abstraction was performed.

Results of 370 patients in the cohort, 237/370 were identified in the surveillance period. 82/237 (34.5%) had at least one abnormal pap smear. 25/82(30.5%) underwent biopsy with 88% of biopsies negative for malignancy. 177/237 (74.7%) women underwent radiation therapy: 67/177 (39.8%) had abnormal surveillance pap smears, with 8/177 (4.5%) subsequently diagnosed with local recurrence. Local recurrence was identified in 18/237 (7.6%) patients: 16/18 (88.9%) were symptomatic. of the symptomatic patients, 6/18 (33.3%) had normal surveillance cytology. Only one case of local, asymptomatic cervical cancer recurrence was detected on pap smear alone.

Conclusions Routine pap smears in surveillance of cervical cancer recurrence has limited clinical value. Consideration should be given to removing routine cytology from the surveillance recommendations.

EPV062/#354 COMPARISON OF OUTCOMES BETWEEN ABDOMINAL, MINIMALLY INVASIVE AND COMBINED VAGINAL- LAPAROSCOPIC HYSTERECTOMY IN PATIENTS WITH STAGE IA1/ IA2 CERVICAL CANCER: 4C (CANADIAN CERVICAL CANCER COLLABORATIVE) STUDY

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Objectives Although minimally invasive(MIS) radical hysterectomy has been associated with worse survival compared to abdominal hysterectomy(AH), only 8% of patients in the LACC trial had microinvasive disease(Stage IA1/IA2). We sought to determine differences in outcome among patients undergoing MIS, AH or combined vaginal-laparoscopic hysterectomy(CVLH) for microinvasive cervical cancer.

Methods A retrospective cohort study of all patients undergoing hysterectomy for FIGO 2018, microinvasive cervical cancer across 10 Canadian centers between 2007 and 2019 was performed. Recurrence free survival(RFS) was estimated using Kaplan Meier Survival analysis. Chi-square and log-rank tests were used to compare outcomes.

Results 430 patients with microinvasive cervical cancer were included; 61.9% Stage IA1 and 38.1% IA2. The median age was 44 years(range 24–81). The most frequent histology was