Results A total of 68 patients meeting inclusion criteria were included. Baseline characteristics are displayed in Table 1. According to FIGO stage(2018), the stage distribution of disease was the following: 18(26.5%) stage IB2, 28(41.2%) stage IB3, 6(8.8%) stage IIA, 6(8.8%) stage IIB, 10(14.8%) stage IIIC1. According to RECIST criteria, 6(8.8%) had complete response, 49(72.0%) partial response, 12(17.6) stable disease, 1(1.5%) progressive disease. After NACT, 13(19.1%) patients were deemed inoperable and received chemoradiation(CRT). Among the 55 (80.9%) undergoing surgery, 7(12.7%) had pathologic complete response. Due to the presence of positive lymph nodes and/or close resection margins, 17(31%) received postoperative radiotherapy. Among the remaining 37(67.3%) avoiding additional radiotherapy, during a median follow-up of 36 months(range 6–63), the recurrence rate was 13.5% (5/37).

Conclusions Dose-dense NACT achieved a good response rate. Although CRT remains the standard treatment of LACC, dose-dense NACT followed by surgery can be considered an alternative approach and allows to avoid radiotherapy in over 50% of the patients without affecting recurrence rate.

EPV085/#566 IS A 'CATCH UP' SURGERY AFTER CHEMORADIATION THERAPY FOR LOCALLY ADVANCED CERVICAL CANCER STILL AN OPTION?

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10.1136/ijgc-2021-IGCS.153

Objectives The aim of this study was to evaluate the surgical morbidity and oncologic results on patients undergoing completion surgery for locally advanced-stage cervical cancer after initial concurrent chemo-radiotherapy (CCR).

Methods It is a retrospective case/control study including all patients from 01/01/2000 to 31/12/2014 with advanced cervical cancer (stage IIB–IVA) treated with CCR (45 Gray pelvic external radiation therapy with concomitant chemotherapy (Cisplatin 40 mg/m^2 per week) followed or not by uterovaginal brachytherapy) followed or not by surgery. Disease-free and overall survival rates at 3 and 5 years were compared.

Results We included 170 patients of whom 50 had CCR and catch-up surgery and 120 only CCR The two groups were comparable in terms of age at diagnosis, socio-economic characteristics of the patients, characteristics of the disease at diagnosis and after CCR. Hysterectomy was extra-fascial in 66% of cases. It was laparoscopic in 6% of cases. Pelvic lymphadenectomy was performed in 20% of cases. The operative complication rate was 23% with 12 immediate complications in 8 patients. The reoperation rate was 6%. The recurrence rate was 96% in the exclusive RCC group versus 66% in the surgery group with a significant difference in favor of surgery ($p < 0.0001$). The overall survival at 5 years after surgery was 55% versus 16% in the control group with a significant difference in favor of surgery ($p < 0.0001$).

Conclusions The therapeutic impact of surgery based on completion hysterectomy with or without pelvic lymphadenectomy after CCR for locally advanced cervical cancer improved local disease control, overall and recurrence-free survival.

EPV086/#567 CERVICAL CANCER: WHO IS MOST AFFECTED BY NONCOMPLIANT SCREENING

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10.1136/ijgc-2021-IGCS.154

Objectives Our objective is to determine demographic and clinical factors associated with noncompliant cervical cancer screening (5 or more years) in the US.

Methods Pap smear rates were evaluated using the Behavioral Risk Factor Surveillance System (BRFSS). SEER*Stat 8.3.8 and Joinpoint regression program 4.8.0.1 were used to calculate incidence trends.

Results From 2001–2016, the overall rate of noncompliant care increased from 6.7% to 19.5% ($p<0.001$). Based on age, noncompliance was greatest in the 60–64 year old age group (22.8%). Adjusted by race, Whites had the highest rate of noncompliance at 26.7% in 2016. The intersection of Whites in the 60–64 year old age group had the highest rate of noncompliance at 23.9%. We evaluated trends in noncompliant cervical cancer screening over the last 16 years and show that 25–29 year old Blacks had the greatest trend in the increase of noncompliant care at 14.6% annually ($p=0.004$). In a projected model, nearly 50% of this highest risk subgroup will have noncompliant care in 15 years.

Conclusions Increasing numbers of women are being screened at time intervals noncompliant to national guidelines. Although Whites are the most noncompliant, Blacks have the greatest trend in the increase of noncompliance.

EPV087/#57 RETROSPECTIVE REVIEW OF THE MANAGEMENT OF THE PARAAORTIC REGION IN PATIENTS DIAGNOSED WITH CERVICAL CANCER REFERRED FOR DEFINITIVE PELVIC EXTERNAL BEAM RADIOTHERAPY

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10.1136/ijgc-2021-IGCS.155

Objectives The general objective of this study was to evaluate the management of the paraaortic lymph node region in patients with locally advanced cervical cancer for definitive EBRT with concurrent chemotherapy.

Methods Records of patients with cervical cancer treated with definitive EBRT with concurrent chemotherapy from 2017–2019 were retrospectively reviewed, and relevant data were tabulated.

Results A total of 150 patient records were reviewed. Survival outcomes were available for 77 patients; 31 were treated with EFRT and 46 were treated with Pelvic EBRT. Patients were more likely to receive EFRT if they were staged as having more advanced (> Stage IIIB) disease, or if there was note of

enlarged (> 1.0 cm) pelvic nodes (P=0.004), > 3 pelvic nodes (P<0.001), or involved common iliac (P<0.001), external iliac (P<0.001), internal iliac (P<0.001), or obturator (P=0.019) nodes, or prominent or enlarged paraaortic nodes at the time of CT-simulation (P<0.001). After a median follow-up of 11.3 months, there was no significant difference observed in terms of pelvic recurrence-free survival (77.4% vs 80.4%; P=1.000), paraaortic recurrence-free survival (936% vs 89.1%; P=0.95), distant metastasis-free survival (77.4% vs 80.4%; P=0.780) and disease-free survival (61.3% vs 69.6%; P=0.472) between patients receiving EFRT versus Pelvic EBRT. The presence of enlarged (> 1.0 cm) paraaortic lymph nodes during CT-simulation was independently associated with inferior disease-free survival (OR 8.45 [1.48 to 48.26]; P=0.016).

Conclusions Comparable survival outcomes were observed between cervical cancer patients receiving EFRT and Pelvic EBRT. Patients presenting with enlarged paraaortic nodes were found to have inferior disease-free survival despite having received EFRT.

EPV088/#577 OVERALL SURVIVAL AND TIME TRENDS IN CERVICAL CANCER IN ALMATY, KAZAKHSTAN

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10.1136/ijgc-2021-IGCS.156

Objectives In Kazakhstan standardized incidence of CC was 17.2 per 100,000, the mortality rate was 6 per 100,000 for 2020. The overall survival (OS) of CC in Kazakhstan was 52,5% (95%CI:50,7–54,2). The CC Screening program uses cytology (Pap-smear) from 2008 for women 30–70 years every 4 years. Almaty remains the country's largest city with high cancer incidence and mortality. The purpose was to analyze time-trends for 2005–2020 and OS from CC in Almaty.

Methods Incidence and mortality were sourced from National Cancer Registry database. All rates were directly age-standardized. Data on survival were obtained from reports. OS was performed using the Kaplan-Meier method. The statistical analysis was performed with SPSS23.0.

Results The total number of registered women with CC in Almaty was in 2462. CC incidence is decreased from 16 to 13.4 per 100000 female population for last 15 years, Mortality i from 5.8 to 4.6 per 100000 female population. The average age of women with CC in 2016 was 50.8±11.7. 241 cases included: most of them at 1st stage-128(50.3%) 90 (35.3%) in stage II, 18(7%) in stage III, 5(1,9%) in an advanced stage. 38 women were dead from CC. The OS was 81,7±0.88% (95%CI: 80,82–82,58)

Conclusions The CC incidence and mortality is lower in comparison with the republican values associated with better screening service and control in Almaty. The OS from CC in Almaty was higher than Kazakhstan regional average. Despite of positive results of CC screening, mortality rate is high compared to developed countries, which makes it necessary to introduce HPV-screening and HPV-vaccination

EPV089/#619 OUTCOMES AFTER ESTABLISHMENT OF A PILOT CERVICAL CANCER NAVIGATION PROGRAM AT A TERTIARY TANZANIAN ACADEMIC HOSPITAL

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10.1136/ijgc-2021-IGCS.157

Objectives Standard of care for advanced locoregional cervical cancer is primary chemoradiation (pCRT). The majority of patients prescribed pCRT for advanced cervical cancer do not complete their treatment in Northern Tanzania secondary to a complex web of health and socioeconomic stressors. Bugando Medical Center (BMC), a tertiary academic care center in Mwanza, Tanzania, established a cervical cancer navigation program (CCNP) to overcome these barriers.

Methods Funding was provided by the International Mennonite Foundation. CCNP consisted of a navigator, hostel manager, and project manager. Patients were provided food, transportation, housing, labs, imaging, and treatment costs as needed. Patients were also given counseling, education, and social support throughout the course of pCRT.

Results 71 consecutive patients referred to BMC with newly diagnosed cervical cancer were enrolled between January 2020 and December 2020. These patients were not surgical candidates and were prescribed pCRT. Their age range was 30 to 89 years (median 50) and the majority of patients had squamous cell (70, 99%) and 1 patient (1%) had adenocarcinoma. 26 (37%) were HIV positive or unknown and 45 (63%) were HIV negative. During the year, 53 (75%) patients were able to fully complete recommended pCRT and 18 (25%) are still undergoing treatment; no one was lost to follow up during treatment.

Conclusions Social determinants of health play a role in timely completion of pCRT so in order to address these, a pilot CCNP was successfully implemented at BMC and supported 71 patients financially, medically, and psychosocially through their pCRT.

EPV090/#629 PATTERNS OF CARE AND OUTCOMES OF ADENOCARCINOMA OF CERVICAL CANCER POST TREATMENT – RETROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE IN SOUTH INDIA

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10.1136/ijgc-2021-IGCS.158

Objectives Non - squamous histologies such as adenocarcinoma of the cervix might have an aggressive clinical course. There is sparse literature on tailoring treatment in adenocarcinoma cervix. In this study we plan to do a retrospective review of patients with this entity.

Methods The medical records of 2462 patients with cervical cancer between January 2008 to December 2018 were collected. The records of 180 patients who had histologically proven adenocarcinoma cervix were reviewed. The