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 (93.6% 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

¹R Bolatbekova*, ²D Kaidarova, ¹N Izbagambetov, ¹T Valiyeva, ³Y Kukubassov, ¹A Aidarov, ¹G Bagatova, ¹B Kudaibergenova, ³A Satanova, ¹A Sarmentova. ¹Almaty Oncology Center, Oncogynecology, Almaty, Kazakhstan; ²Kazakh Institute of Oncology and Radiology, Head of Kzior, Almaty, Kazakhstan; ³Kazakh Institute of Oncology and Radiology, Oncogynecology, Almaty, Kazakhstan

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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 $81.7 \pm 0.88\%$ (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

¹A Hari*, ²L Maillie, ³K Schroeder, ⁴A Yussuph. ¹UC Irvine, Gynecologic Oncology, Orange, USA; ²Icahn Mount Sinai, School of Medicine, New York City, USA; ³Duke University, Pediatric Oncology, Durham, North Carolina, USA; ⁴Bugando Medical Center, Obstetrics and Gynecology, Mwanza, Tanzania, Tanzania

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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

¹JK Ramireddy*, ¹N Oliver John, ¹A Sathyamurthy, ¹J Priyadarshini Rao, ¹S Milton, ¹V Thomas, ²A Thomas, ¹T Ram. ¹Christian Medical College and Hospital, Vellore, Department of Radiation Oncology, Vellore, India; ²Christian Medical College, Vellore, Gynecologic Oncology, Vellore, India

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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

Abstract EPV090/#629 Table 1 Patient details

Parameters	Total(%)
n(%)	111(100%)
Age in years	57.52
Stage 1 2A 2B 3A 3B 4A 4B	30 (16%) 1(0.05%) 44(25%) 1(0.05%) 22(12%) 1(0.05%) 13(7%)
Chemo-radiation Radiation(RT) Surgery Surgery –	58(52%) 11 (9%) 11 (9%) 12 (10%) 1
Adjuvant NACT * - surgery NACT* –RT	(0.9%) 1 (0.9%) 2 (1.8%) 9(8%)
Chemotherapy Palliative treatment	

demographics, treatment modalities and outcomes were analyzed in 111 patients who had treatment in this institution.

Results The mean age of the patients was 57.52 years (Range 20–84 years). Demographics and treatment details are presented in the attached table (table 1). The median follow up period was 20 months. The median overall survival in stage 1, stage 2, stage 3 and stage 4 are 37(IQR:17–60), 28(IQR: 12.5–40.5), 11.5(IQR:7–34) and 9 (IQR:5–16) months respectively. The median survival for the entire cohort was 22 months (IQR : 9–48).

Conclusions This present study shows poorer survival when compared to squamous cell carcinoma in literature. The benefit of addition of chemotherapy or surgery as salvage to the present standard of care needs to be studied prospectively in a larger population.

EPV091/#647

TREATMENT OF LOCAL AND LOCO-REGIONAL RECURRENCES IN LOCALLY ADVANCED CERVICAL CANCER, RETROSPECTIVE STUDY

¹D Cantu-De Leon, ²L Gallardo-Alvarado, ¹G Moreno*, ²J Galicia. ¹Instituto Nacional de Cancerología, Gynecology Oncology, Mexico, Mexico; ²Instituto Nacional de Cancerología, Clinical Research, Mexico, Mexico

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Objectives Recurrent disease in the central pelvis following radiation therapy may potentially be cured with pelvic exenteration (PE) procedure. However, there are other options of treatment according to the characteristics of the patients. The aim of this study is to describe treatments and clinical outcomes in patients with isolated pelvic failures after definitive radiation treatment for cervical cancer.

Methods Cervical cancer patients with isolated pelvic failure after definitive radiation with brachytherapy (RT) were identified in a tertiary academic center from 2005 to 2014. Isolated failures in the cervix or pelvic nodes were biopsy-proven, and had a compute tomography without distant metastasis.

Results Isolated pelvic failure was detected in 79(7.6) out of 1046 consecutive patients treated RT. The median time to isolated pelvic recurrence was 15 months (range 3–153). Median follow-up time for patients alive after isolated pelvic recurrence was 49 months (range 2–181). of these 79 patients, 19 (24.1%) have PE has elective treatment but only 3 (3.8%) received this procedure, 3 (3.8%) patients had radical hysterectomy (2 patients by original treatment plan and one did not accept PV), 32 (40.5%) was candidate for SC and receive this treatment. 3 patients (3.8%) was candidate palliative care but 13 (16.5%) receive chemotherapy. 24 patients (30.4%) did not receive other treatment, or rejected treatment. Median OS for

patients treated with surgery, chemotherapy, or palliative care or not was 20 months (14–145), 9 months (2–12), respectively.

Conclusions Locoregional recurrence could be cured by pelvic exenteration, but most of the patient did not accept the treatment compromising the overall survival.

EPV092/#74

TODAY'S PREVENTABLE CANCERS: HPV VACCINATION KNOWLEDGE AND UPTAKE IN HEALTH PROFESSIONAL GRADUATE STUDENTS (HPS)

¹M Levy*, ²P Novoa-Vogt, ²M Castillo, ²M Huang. ¹University of Miami Miller School of Medicine, Department of Medical Education, Miami, USA; ²Sylvester Comprehensive Cancer Center, Department of Gynecologic Oncology, Miami, USA

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Objectives HPV vaccination is safe and effective for cancer prevention, but uptake remains low. Very little data exists on attitudes and knowledge of HPV vaccines among HPS. Edification of HPS knowledge will improve their ability to educate patients.

Methods This cross-sectional survey study of HPS (medical, public health, nursing) assessed knowledge of HPV, HPV vaccine, and vaccine uptake. The study was IRB approved (#20201459). Data analysis was conducted in SPSS.

Results 234 students completed the survey with more students identifying as female (Table). Knowledge of the HPV vaccine differed significantly between professions ($p < 0.001$) and was significantly higher in medicine compared to both nursing ($p < 0.001$) and public health ($p < 0.01$). Knowledge of HPV differed significantly between professions ($p < 0.001$) and was significantly higher in medicine compared to both nursing ($p < 0.001$) and public health ($p < 0.005$). There were no knowledge differences between the nursing and public health schools. Nursing and public health students largely were unaware that the latest age to receive vaccination is 44. 92% of participants initiated the HPV vaccine series, but only 61% completed the vaccine series.

Abstract EPV092/#74 Table 1 Demographics, vaccination status, and knowledge by school

	Medicine n = 141 (18%)	Nursing n = 54 (14%)	Public Health n = 39 (35%)
Biological Sex			
Female	108 (77)	48 (89)	35 (90)
Male	33 (23)	6 (11)	4 (10)
HPV Related Cancer Risk Factors			
Used Oral Contraceptive Pills	85 (60)	33 (61)	27 (69)
Have Smoked	1 (1)	2 (4)	2 (5)
Sexually active	120 (85)	41 (76)	31 (80)
HPV vaccine knowledge, median (SD)	0.800 (0.188)	0.634 (0.211)	0.634 (0.199)
Initiated HPV vaccine Series	112 (79)	38 (70)	33 (85)
Completed HPV vaccine Series	93 (66)	24 (46)	27 (69)
HPV knowledge, median (SD)	0.846 (0.104)	0.769 (0.122)	0.769 (0.106)
Condoms are effective in preventing against HPV. (False)	29 (21)	16 (30)	7 (18)
HPV is spread through blood or other bodily fluid. (False)	61 (43)	12 (22)	16 (41)
Oldest age for HPV vaccine			
15	8 (6)	4 (7)	5 (13)
26	27 (19)	19 (35)	16 (41)
34	15 (11)	5 (9)	4 (10)
44 (correct)	86 (61)	24 (44)	13 (33)