those patients under 30 years of age referred for any cytological alteration are studied, and that after colposcopy and biopsy a result of CIN II – CIN III is obtained. Only those patients treated by conization have been selected.

**Results**

A total of 10 patients were included in the study. Of the patients in whom the cervical biopsy after colposcopy showed CIN-II (7 patients), 85.7% (N=6) presented CIN-II in the conization specimen and 14.3% (N=1) presented CIN-YO. Of those who had CIN-III in the postcolposcopy biopsy (3 patients), 66.7% (N=2) presented CIN-II in the conization piece and 33.3% (N=1) presented moderately differentiated infiltrating squamous cell carcinoma with resection ends widely affected by neoplasia.

**Conclusion**
The presence of preinvasive lesions in women under 30 years of age is a health problem in our environment. Perhaps we should investigate more on this topic to find some evidence that leads us to an action plan that leads to change.

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**CONTRIBUTION OF INTERSTITIAL NEEDLES DURING IMAGE GUIDED BRACHYTHERAPY IGBT AFTER RADIOCHEMOTHERAPY RCT IN THE MANAGEMENT OF LOCALLY ADVANCED CERVICAL CANCER LACC**

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**Introduction/Background**

Evaluate benefit with interstitial (IC/IS) IGBT in terms on dose on target volume while managing LACC, after external RCT, compared to treatment with only intracavitary (IC) IGBT.

**Methodology**

All patients were treated with IC/IS IGBT after RCT. IC/IS IGBT was compared to IC IGBT for target volume cover (GTV, HR-CTV, IR-CTV). We evaluated overall survival, local control and toxicity with IC/IS IGBT. Local control was analysed by years of treatment to assess improvement over time.

**Results**

From 01/2017 to 12/2020, 99 patients (p) were analysed. FIGO 2009 classification: IIA 6p, IIB 45p, IIB 22p, IVA 20p, IVB 6p. FIGO 2018 founded 24p IIIC1 and 28p IIIC2. Mean High Risk Clinical Target Volume (HRCTV) was 40 cm³ (9,6–103) with 66 (66,7%) patients presented a volume >30cc. The median Overall treatment Time (OTT) was 55 days (50 – 62). The mean D90 HR-CTV was 80,3Gy for patients treated by IC/IS, and 75,1Gy for IC (p<0,0001). A decrease of the delivered dose for all Organs at Risk (OAR) was found: D2 Bladder less than 80Gy to IC/IS in 66,7% of patients and 27,3% of patients without IS (p<0,0001); D2 Rectum is less 65Gy in 32,3% of patients with IC/IS and 17,2% of patients without (p<0,001); and D2 Sigmoid is less than 70Gy in 99% of patients with IC/IS and in 94,9% of patients without (p<0,05). The overall survival (OS) was 66,2% at 2 years, and local control (LC) was 56,5% at 2 years. Local survival improved over time, with better control in 2020 (p=0,036).

**Conclusion**

Dose to HRCTV is higher with IC/IS IGBT compared to IC IGBT with lower doses to OAR in patients managed for LACC after RCT.