

Conclusion Overall, the knowledge level of cervical cancer and its prevention among women was found to be poor. Meanwhile, the screening practice was not high though women have strong intentions to screen. The main obstacles to screening were poverty and insufficient knowledge. Our findings may provide guidance on future education and training to help accelerate the prevention and control of cervical cancer in China.

2022-RA-927-ESGO

TUMOR SIZE AND ONCOLOGICAL OUTCOMES IN PATIENTS WITH EARLY CERVICAL CANCER TREATED BY FERTILITY PRESERVATION SURGERY: A MULTI-CENTER RETROSPECTIVE COHORT STUDY

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10.1136/ijgc-2022-ESGO.72

Introduction/Background The aim of this study was to analyze the impact of tumor size >2 cm on oncological outcomes of fertility-sparing surgery (FSS) in early cervical cancer in a Spanish cohort.

Methodology A multicenter, retrospective cohort study of early cervical cancer (stage IA1 with lymphovascular space invasion -IB1 (FIGO 2009) patients with gestational desire who underwent FSS at 12 tertiary departments of gynecology oncology between 01/2005 and 01/2019 throughout Spain.

Results A total of 111 patients were included, 82 (73.9%) with tumors < 2 cm and 29 (26.1%) with tumors 2–4 cm. Patients' characteristics were balanced except lymphovascular space invasion. All were intraoperative lymphnode negative. Median follow-up was 55.7 and 30.7 months respectively. Eleven recurrences were diagnosed (9.9%), 5 (6.0%) and 6 (21.4%) (p<0.05). 3 years-Progression free survival (PFS) was 95.7% (95%CI 87.3–98.6) and 76.9% (95% CI 55.2–89.0) (p=0.011). Only tumor size (<2 cm vs. 2–4 cms) was found to be significant for recurrence. After adjusting for the rest of the variables, tumor size 2–4 cm showed a Hazard Ratio of 5.99 (CI 95% 1.01–35.41, p=0.036).

Conclusion Tumor size ≥2 cm is the most important negative prognostic factor in this multicenter cohort of patients with early cervical cancer and gestational desire who underwent FSS in Spain.

2022-RA-932-ESGO

STEREOTACTIC BODY RADIOTHERAPY BOOST AS AN ALTERNATIVE FOR LOCALLY ADVANCED CERVICAL CANCER WHEN BRACHYTHERAPY IS NOT AVAILABLE, A PROSPECTIVE MONOCENTRIC PHASE II

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10.1136/ijgc-2022-ESGO.73

Introduction/Background In Luxembourg, brachytherapy (BT) is not widely available. The focus of this research was to assess the feasibility, safety, and efficacy of Stereotactic Body Radiation Therapy (SBRT) as a boost in locally advanced cervical cancer.

Methodology Between 2017–2019, patients with histologically proven FIGO (2018) stages IB-IVA treated by external radiotherapy (VMAT): 50 Gy in 28 fractions to the pelvic +/- lomboarctic lymph nodes and 60.04 Gy using a simultaneous integrated boost to the macroscopic tumor +/- positive FDG-PET-CT scan nodes were included. Concurrent weekly cisplatin (40 mg/m²) was given. Following concurrent radio-chemotherapy (CCRT), a pelvic computed tomography scan with a magnetic resonance imaging simulation were performed within the 1st week after CCRT. Target volumes (GTV-T, HR-CTV, PTV) and organs at risk (bladder, rectum, sigmoid, and bowel bag) were define on the MRI. The boost prescription was 13Gy in two fractions delivered in two consecutive days. SBRT boost was delivered using a Cyberknife®M6 and tracking based fiducial markers. A 12-week MRI and Pet-Ct were used to determine the therapeutic outcomes.

Results Eleven patients were included, median age was 59 years (57–68), 100% had a squamous cell carcinoma, 45% had a stage ≥ IIC. The median overall treatment time was 52 days (Q1–3: 49.5–56). With a median follow up of 20 months (12.5–31), the local control was 73%. Three patients relapsed: external parametrial areas (n=2), pre-sacral node (n=1). No acute genito-urinary toxicity (Grade > II) was observed, 18% had acute grade III gastrointestinal toxicity. The most common long-term toxicity were grade I-II genito-urinary and gastro intestinal, no Grade ≥ III was observed. Progression free survival during the median follow-up of 20 months was 71.7%.

Conclusion SBRT boost seems feasible and well tolerable, although it cannot substitute BT. Further studies with longer follow-up periods are warranted to confirm long-term outcomes.

2022-RA-934-ESGO

VAGINAL CHANGES, SEXUAL FUNCTIONING AND DISTRESS OF WOMEN WITH LOCALLY ADVANCED CERVICAL CANCER TREATED IN THE EMBRACE VAGINAL MORBIDITY SUB-STUDY

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10.1136/ijgc-2022-ESGO.74

Introduction/Background The EMBRACE Vaginal Morbidity sub-study prospectively evaluated physician-assessed vaginal changes and patient-reported-outcomes (PRO) on vaginal and sexual functioning problems, and sexual distress in the first 2 years after radio(chemo)therapy with image-guided adaptive brachytherapy for locally advanced cervical cancer.