the fossa ovalis. Sentinel lymph node was visualized with fluorescence near-infrared detection and then resected.

**Conclusion** We believe that this approach to inguinal sentinel lymph node identification and excision may be associated with a reduction in incision-related postoperative complications without compromising the ability to effectively identify any lymph node metastases that impact post-operative management and patient prognosis. Prospective randomized clinical trials are needed to clarify whether this type of procedure will replace the inguinal approach to inguinal sentinel lymph node biopsy as the standard technique in the surgical treatment of vulvar carcinoma.

**Disclosures** None

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**Poster/ePoster Sessions**

**01. Cervical cancer**

### #15 BONE MARROW TOXICITY IN PELVIC CHEMORADIATION

**Authors:** Sanjana Acharya*, Assam Cancer Care Foundation, Lakhimpur, India; Piyush Poddar, Pay-W Clinic, Nayagarh, India

**Introduction/Background** Cervical cancer is the 4th most common cancer in women with most of them needing pelvic chemoradiation. This study compared bone marrow sparing intensity modulated radiotherapy (BMS-IMRT) with bone marrow sparing IMRT arc therapy (BMS-Rapid Arc) in reducing grade 2 or higher hematological toxicity in cervical cancer patients treated with concurrent chemoradiotherapy.

**Methodology** 24 cervix cancer patients with stage Ib2-IIb were equally divided between BMS-IMRT group and BMS-Rapid Arc group. All patients received external beam radiation of 50 Gy in 25 fractions with concurrent weekly cisplatin. Baseline hematologic parameters were evaluated before radiation and every week during external beam radiation. The endpoint of the trial was grade 2 or higher acute hematological toxicity, measured by CTCAE version 5.0.

**Results** 24 patients were enrolled with 12 patients in each group. Both groups had witnessed 50% (6 out of 12) chance of developing grade 2 or higher hematological toxicity. Mean bone marrow dose was 26.9 Gy in BMS-IMRT group and 26.1 Gy in BMS-Rapid Arc group.

**Conclusion** The risk of developing grade 2 or higher acute hematological toxicity in cancer cervix patients undergoing chemoradiation remains similar in both BMS-IMRT and BMS-Rapid Arc Groups. However, mean bone marrow dose achieved in BMS-Rapid Arc plan is lower compared to BMS-IMRT. The other important point, cisplatin also contributes to hematological toxicity.

**Disclosures** None

### #23 EVALUATION OF THE RELATIONSHIP BETWEEN GENETIC VARIANTS OF FCGR3A AND ABCB1 GENE WITH THE RISK OF CERVICAL CANCER

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**Introduction/Background** Cervical cancer (CC) is among the most common diagnosed cancer. Several genetic variants have been identified in ABCB1(RS1128503) region with the risk of developing several cancers. Here we explored the association of RS1128503 genetic variant in patients with cervical cancer.

**Methodology** Data in computer-based patient dossiers of MUMS were used to identify cervical cancer patients, between 2014 to 2018. DNAs were extracted and genotyping was performed by TaqMan real-time PCR. Logistic regression was used to assess the association between CC risk and genotypes.

**Results** Our data has been shown that the genotype frequency for rs1128503 of GG, AG and AA were 21.5, 62.7 and 15.6 in patient group while these values were 14.6, 52.8 and 14.6 in healthy group, respectively. The distribution of genotype frequencies of polymorphism, was in Hardy-Weinberg equilibrium (HWE) (P>0.05) with MAF of 0.2. Our data showed patients with CC genotype was associated with the increased risk of developing cervical cancer (e.g., recessive genetic