

EP087/#716

FREQUENCY OF PRIOR CERVICAL CYTOLOGY AND DETAILED HISTOLOGY IN PATIENTS DIAGNOSED WITH CERVICAL CANCER AT A NORTHERN REGIONAL HOSPITAL IN CHILE

Pedro Cervantes, Karen Poque, Estrella Scherer*, Geraldine Gonzalez, Sofia Pizarro, Barbara Cortes. *Hospital Regional Copiapo, Ginecologia, Copiapo, Chile*

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Introduction The objective of this review is to know the frequency with which patients with cervical cancer have cervical cytology that is current, not current, or have never had one done before; in addition to knowing the results of the cytology and specifying the histology of the most frequent cervical cancer in patients with current cytology.

Methods Retrospective descriptive study, with review of records of patients admitted to the Gynecology Oncology Unit of the Regional Hospital of Copiapó between 2020–2022, with diagnosis of cervical cancer. Current cytology was considered performed within 3 years of diagnosis. Cervical cytology was reported according to the classification of Bethesda.

Results A sample of 68 patients who met the inclusion criteria was selected. 21% had a current Pap smear, 54% did not have a current pap smear, 25% had never had a Pap smear. Of the 14 patients with current cytology, the IG8 result predominates (64.3%), other results included IG7 (14.3%), H1 (14.3%) and G4 (7.1%). Histology results observed in the sample with current cytology included squamous (78.6%), adenocarcinoma (14.3%) and adenocarcinoma and clear cells (7.1%).

Conclusion/Implications A large percentage of patients diagnosed with cervical cancer in our study population did not have a Pap smear in the last 3 years. Less than 5% of the population studied had a complete screening in the last 10 years, which highly decreases the possibility of preventing cervical cancer, therefore we recommend increasing awareness in the general population to obtain an effective and timely screening.

EP088/#733

INCIDENCE OF CERVICAL CANCER DIAGNOSED TOO LATE FOR SURGICAL TREATMENT; THIRD REGION, CHILE

Pedro Cervantes, Estrella Scherer*, Karen Poque, Barbara Cortes. *Hospital Regional Copiapo, Ginecologia, Copiapo, Chile*

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Introduction There are different types of treatment for cervical cancer, surgical treatment is carried out only in the early stages, this being the definitive treatment in many cases. In 2018 the European Society for Gynecologic Oncology (ESGO) together with the European Society for Radiotherapy and Oncology (ESTRO) and the European Society for Pathology (ESP) published evidence-based guidelines to improve the management of patients with cervical cancer within a multidisciplinary environment.

Methods Retrospective review of statistical database analysis using clinical records, protocols, biopsies, and gynecology-oncology committee records of patients diagnosed with cervical cancer between November 2020 and April 2023.

Results We found 95 patients with diagnosis of cervical cancer who were presented to the gynecology oncology committee between the aforementioned dates. 82 patients with ages

between 22 to 82 years were newly diagnosed: 23 patients (28%) in initial stages who received curative surgical treatment and 59 patients (72%) who did not meet the conditions for surgical treatment. The FIGO stages were classified as: 6 IB3, 1 IIB, 1 IIA1, 2 IIA2, 7 IIB, 4 IIIB, 15 IIIC1, 4 IIIC2, 5 IVA, 14 IVB.

Conclusion/Implications At present, after the pandemic and the decrease in screening, most patients with cervical cancer that arrive at our unit are in advanced stages and we cannot perform surgeries with curative intent. Therefore these results encourage us to improve public awareness to reach a greater population and to change the regional public health regulations to improve these data and decrease morbidity/mortality.

EP089/#865

COMPARATIVE ANALYSIS OF CERVICAL CANCER TREATMENT OUTCOMES IN CENTRAL ASIA

¹Nargiza Zakhirova, ²Biloliddin Sharobidinov*, ²Akmalkhuja Rustamov, ²Rustamovich Nazarov. ¹Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Tumors of The Women's Reproductive System., Tashkent, Uzbekistan; ²Akfa Medline, General Oncology, Tashkent, Uzbekistan

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Introduction Improving the results of treatment of patients with stage IIB cervical cancer by introducing the complex or combined treatment.

Methods This study based on a prospective analysis of 215 women diagnosed with stage IIB cervical cancer. The median age was 47 years (28–64). The patients were divided into two groups: the NACT+S group, 105 patients who receive 2–3 cycles of neoadjuvant chemotherapy followed by surgical treatment. Chemo-Radiotherapy (1,8 Gy, 45 Gy ± SIB on the metastatically involved lymph nodes 2,2 Gy, 55 Gy). The second group (CRT group) included 110 patients who underwent radiotherapy.

Results The median follow-up was 23 months (8–38). In the NACT+S group, thrombocytopenia and neutropenia of the 3 - 4 degree were more common than in the CRT group (6.6% and 7.6% vs. 0.9% and 0.9%, respectively; $p = 0.026$; $p = 0.015$). However, there was no significant difference between the two groups studied in relation to the 3 - 4 degree of radiation toxicity of the GI and genitourinary system. 26 cases of disease progression (24.8%) occurred in the NACT+S group, and 15 events (13.6%) occurred in the CRT group; the corresponding 3-year DFS rates were 75.2% and 86.4%, respectively (HR 1.83; 95% CI 1.99–3.40; $p = 0.05$).

Conclusion/Implications Cisplatin-based chemoradiation resulted in superior DFS compared with neoadjuvant chemotherapy followed by radical surgery in locally advanced cervical cancer. There was no significant difference between the two study groups with 3-year indicators of OS and respect to grade 3 or 4 GI and bladder toxicities.

EP090/#413

ROLE OF PET-CT AND MRI TO EVALUATE LYMPH NODE METASTASIS IN CERVICAL CANCER

Unzule Korkmaz Mert, Selen Dogan, Hasan Tuncer, Tayup Simsek*. *Akdeniz University, Obstetrics and Gynecology, Antalya, Turkey*

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Introduction Cervical cancer is the fourth most common cancer in women in the world. Management usually includes surgery for early stage of the disease in cases with no contraindication for surgery. Lymph node metastasis is an indicator for primary chemoradiotherapy. Lymph node involvement is incorporated in FIGO's 2018 staging system. The involvement should be noted according to the method of detection as either radiological(r) or pathological(p). So, we evaluate MRI and PET CT values to detect nodal metastasis for single center.

Methods This retrospective analysis was performed in patients treated with surgery, who had MRI and PET CT imaging in The Department of Obstetrics and Gynecology, Gynecologic Oncology Surgery division at Akdeniz University School of Medicine between 2004 to 2020. A Total of 139 cases were included in the study where mean age was 49.68.

Results The most frequent symptom was postcoital bleeding. 29.5% cases had histologic node metastasis. Preoperative MRI showed that 56.1% of cases were node metastatic, and this rate was 38.1% for PET CT. Sensitivity, specificity, positive predictive value, negative predictive value and accuracy for MRI were 60.9%, 63.2%, 40.9%, 79.4%, 72.5% respectively and 70.7%, 75.5%, 54.7%, 86%, 74.1% for PET CT respectively. Negative predictive values are acceptable for both imaging methods. Accuracy of PET CT is higher than MRI to detect nodal metastasis.

Conclusion/Implications MRI and PET CT offer moderate value to detect lymph node metastasis for cervical cancer. Negative predictive value of PET CT is a better indicator for nodal involvement compared to MRI.

comparison between chemoradiation and post-radiation hysterectomy.

Results 42 patients were identified: 16 receiving chemoRT (Arm A) and 26 receiving post-radiation hysterectomy (Arm B). Demographics, comorbidities, and tumor characteristics were comparable between groups, with a majority of patients identified as stage IB2. Rates of treatment-related complications requiring hospitalization were low in both groups: Arm A (25%) vs Arm B (15.4%) ($p=0.45$). 5-year recurrence-free survival was comparable between both groups (62.5% vs 73%, $p=0.52$) and overall survival censored at 5 years in the post-radiation hysterectomy was more favorable although not statistically significant (68.75% vs 88.5%, $p=0.17$).

Conclusion/Implications Post-radiation hysterectomy, while safe in terms of long-term morbidity, did not confer a significant survival advantage.

EP092/#437

EFFECT OF DIFFERENT EDUCATIONAL INTERVENTIONS ON KNOWLEDGE OF HPV VACCINATION AND CERVICAL CANCER AMONG YOUNG WOMEN: AN INTERIM REPORT

¹Yuko Takahashi*, ¹Kohei Takehara, ¹Tsuyoshi Terashima, ¹Takako Onodera, ¹Keita Yatsuki, ¹Kei Hashimoto, ¹Miki Nishizawa, ¹Kazuki Takasaki, ¹Haruka Nishida, ¹Takayuki Ichinose, ¹Mana Hirano, ¹Yuko Miyagawa, ¹Haruko Hiraie, ²Asuka Suzuki, ²Hirono Ishikawa, ¹Kazunori Nagasaka. ¹Teikyo University School of Medicine, Department of Obstetrics and Gynecology, Tokyo, Japan; ²Teikyo University, Graduate School of Public Health, Tokyo, Japan

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Introduction The incidence and mortality rates of cervical cancer are rising among young women in Japan. In November 2021, the Japanese Ministry of Health, Labour, and Welfare reinstated the active recommendation for the human papillomavirus (HPV) vaccine, which was discontinued in June 2013 due to reports of adverse reactions, including chronic pain and motor dysfunction, following vaccination. However, vaccine hesitancy still remains. We aimed to conduct a randomized study using different methods of providing educational content to improve health literacy among female students in Japan.

Methods Data was collected three times from students in our university who were divided into three groups: no intervention, print-based intervention, and social networking service-based intervention, using the health literacy scale and communicative and critical health literacy scale.

Results As of April 2023, of the 267 participants in the study, 179 participants have completed the first questionnaires. One hundred forty-eight students (79.3%) were in medical-related faculties, 72 (40.2%) had relatives of medical professionals, 99 (55.3%) had never received the HPV vaccine, and 50 (28.0%) had completed three doses. There were significant differences in the total scores of the health literacy questionnaire depending on the above backgrounds.

Conclusion/Implications Our present analysis indicates that participants' knowledges due to lifestyles are related to health literacy. Therefore, medical professionals must provide accurate scientific knowledge about HPV vaccination and the risk of cervical cancer to improve students' health literacy and

EP091/#144

COMPARISON OF SURVIVAL OUTCOMES BETWEEN DEFINITIVE CHEMORADIATION AND POST-RADIATION HYSTERECTOMY IN BULKY IB CERVICAL CARCINOMA

¹Krista Spear*, ²Xitong Zhou, ³Mckayla Riggs, ²Donglin Yan, ⁴Holly Gallion, ⁴David Schweer. ¹University of Kentucky, College of Medicine, Lexington, USA; ²University of Kentucky, Statistics, Lexington, USA; ³Kettering Health, Gynecologic Oncology, Kettering, USA; ⁴University of Kentucky, Gynecologic Oncology, Lexington, USA

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Introduction Optimal treatment of bulky stage IB cervical cancer has long been a source of controversy. Definitive chemoradiation therapy (chemoRT) has been the preferred approach for large IB disease, however the role of post-radiation surgery has not been fully defined. The objective of the study was to compare the recurrence, complication, and survival data between patients with large primary cervical lesions undergoing definitive chemoRT with post-radiation surgery.

Methods Retrospective cohort analysis of patients at a single institution with IB cervical cancer and primary lesions greater than 4 centimeters treated between January 1st, 2008 and December 31st, 2016. Data was extracted from patient's electronic or paper medical records. Data variables included patient demographics, comorbidities, oncologic treatments, complications, and survival. The Kaplan-Meier method was used to estimate recurrence-free survival and overall survival censored at 5 years and the log-rank test provided a statistical