their practice when performing a radical hysterectomy (RH) for early-stage cervical cancer, in terms of indication and measures to minimize spill. In order to minimize spill, specific precautions were taken by those performing MIS. The use of a uterine manipulator decreased with about 18% (43 to 25%), the use of a vaginal cuff more than doubled (15 to 62%) and the use of an endobag increased with approximately 44% (56 to 100%).

Conclusion The LACC-trial led to a change in surgical practices for early-stage cervical cancer in Belgium, although still two thirds of the participating Belgian Gynecologic Oncologists perform RH through MIS techniques. This is in contrast with international guidelines. More than half of the responding Belgian Gynecologic Oncologists modified their practice by taking precautions to minimize spill.

Disclosures none

#1016 EVALUATION OF THE DIAGNOSTIC PERFORMANCE OF NODAL STAGING IN CERVICAL CANCER BY IMAGING COMPARED WITH SURGICAL STAGING AND PROGNOSTIC IMPLICATIONS

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10.1136/ijgc-2023-ESGO.216

Introduction/Background The most important prognostic factor in cervical cancer is lymph node involvement.The available literature is unclear on the benefit of surgical staging since, although high rate of false positives,lymphadenectomy does not appear to improve survival or disease-free time.

Methodology Retrospective,observational cohort study

Aim To know the diagnostic performance of imaging tests (CT and/or PET)in the lymph node staging ofcervical cancerin our environment.To assess the prognostic impact of surgical staging on our patients.

All patients diagnosed with locally advanced cervical cancer (FIGO 2009 IB2-IVA) who underwent complete imaging and surgical staging between 2010–2021 will be included

Results There were 411 patients with LACC,of which 54.9% underwent paraortic LND.The mean age was 49.27years ± 10.5.The median BMI was 25.39kg/m2 (28.64–22.14).78.3% of cases (173)were squamous cell carcinomas,17.2% (38) adenocarcinomas, 2.7% (6)adenosquamous and 1.8% (4)undifferentiated carcinomas.The overall recurrence rate throughout the study was 15.8% (overall DFS 84.2%).Median time up to recurrence 11 months (21–1).There were no differences in recurrence patterns between patients with positive and negative nodes (p=0.137).An overall survival rate of 76.1%was observed. Average time of 27 months (42.5–11.5).70.6% (n=156)of our sample was staged by CT.26.7% (n=59)were staged by PET/CT.The rate of paraortic involvement by image was 5%(n=11).The pelvic involvement rate was 23.5%(n=52), and the involvement rate in both fields was 1.8%(n=4).Overall,the diagnostic performance of imaging staging presents a sensitivity of 14.8%,specificity of 92.6%,positive predictive value of 26.6%and NPV of 85.5%.Indirectly,there were no differences in DFS or OS in the group of patients whose treatment was modified by surgical staging.

Conclusion The diagnostic performance for paraortic lymph node involvement is limited by the low sensitivity and high rate of false negatives.This supports the performance of paraortic staging lymphadenectomy, especially in patients with imaging test with paraortic uptake,or with pelvic uptake indicative of metastasis,since we see how the probability of false negatives in the paraortic territory increases radically.

Disclosures No disclosures

#1019 CERVICAL CANCER IN YOUNG WOMEN: EPIDEMIOLOGICAL FEATURES, THERAPEUTIC CHARACTERISTICS AND PROGNOSIS

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10.1136/ijgc-2023-ESGO.217

Introduction/Background In low income countries and in the absence of national preventive programs (generalized HPV vaccination and population screening), most cases of cervical cancer are locally advanced with a high mortality and morbidity. The purpose of this study was to evaluate the epidemic profile and the prognosis of cervical cancer in women ≤40 in Tunisia

Methodology It is a retrospective mono-centric study from January 2010 to January 2021. We evaluated the clinical history, treatment, and follow-up of all women ≤40 years of age diagnosed with cervical cancer, from a global cohort of 493 patients diagnosed in our center with cervical cancer during the same period.

Results We included 29 patients. The prevalence of cervical cancer among women ≤40 is 5.88%. The mean age was 34,7 ±4,7 years. Ten patients (43.4%) did not attend high school. Fifteen (65.2%) were unemployed. Nineteen (82.6%) were married of whom 4 were nulliparous. The mean age of first sexual intercourse was 21.5 years [20–26]. The diagnosis of cervical carcinoma was made on screening pap smear in 14 cases (60.8%). The average tumor size was 45 mm (± 18.7), while on MRI average tumor size was 56.75 mm (± 18.4). According to the FIGO classification: 30.4% had non-invasive cancer and 18.6% had stage I. Nine patients had a hysterectomy (5 initially and 4 after concomittant chemoradiation). After a 5 year follow up 21.7% of women died of cervical cancer.

Conclusion Cervical cancer is a rare entity in woman ≤40. Locally advanced stage disease is prevalent with a poor prognosis at 5 years.

Disclosures Nothing to declare

#1024 LOW-GRADE MALIGNANT PERIPHERAL NERVE SHEATH TUMOR OF THE UTERINE CERVIX

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10.1136/ijgc-2023-ESGO.218

Introduction/Background Malignant peripheral nerve sheath tumours (MPNSTs) represent only approximately 10 per cent of tumours of peripheral origin, their incidence is 0.001 per cent [1].

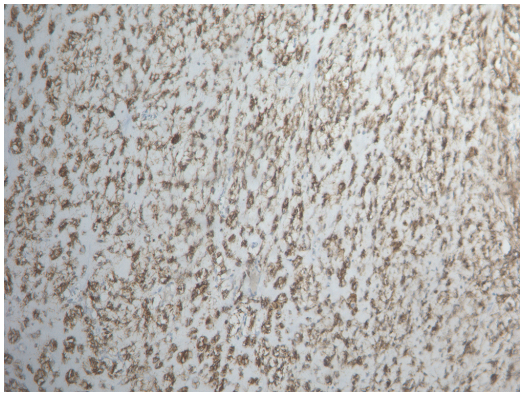
MPNSTs more frequently are found on the extremities and trunk, and less often on the head and neck [2,3]. Clinically they usually present with pain, growth of tumorous mass and neurologic deficit [4]. Rapid tumour growth is suggestive of malignancy [5]. Diagnosis is achieved with radiologic techniques and tissue biopsy which is particularly important to differentiate malignancy.

MPNSTs of the uterine cervix are extremely rare, they usually present as a large exophytic mass on the uterine cervix. Treatment protocols vary because of the rarity of the disease and besides surgery, adjuvant radiation and chemotherapy should be considered.

Methodology

Case report We present a case of a 51 years old patient admitted to our institution due to severe uterine bleeding and a polypoid large exophytic cervical lesion 7x4cm, by mistake these lesions are often misjudged as protruding leiomyoma. Excision of the cervical tumorous mass was performed. Immunohistochemistry was positive for vimentin, S-100 and Ki 67. Two years before right quadrantectomy was performed due to breast carcinoma for which radiation and hormonal therapy is given. Computed tomography of the thorax showed no signs of metastasis or residual disease, in the abdomen and pelvis wathe s noted cervical mass, but no enlarged lymph nodes were noted. The patient is appointed for surgery, perioperative exams are appointed.

Results /



Abstract #1024 Figure 1

Conclusion MPNSTs of the uterine cervix are an extremely rare group of sarcomas, only 16 cases are reported in the literature, because of their rarity treatment protocols vary, surgery by radical hysterectomy is the prefered choice, and adjuvant therapy by radiation and chemotherapy is individual.

Disclosures /

#1034 CLINICAL, THERAPEUTIC AND PROGNOSTIC ANALYSIS OF ADENOCARCINOMA OF THE UTERINE CERVIX: EXPERIENCE OF THE EMIR ABDELKADER UNIVERSITY HOSPITAL OF ONCOLOGY IN ORAN

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10.1136/ijgc-2023-ESGO.219

Introduction/Background Adenocarcinoma accounts for 10–25% of malignant cervical cancer cases. Several authors have reported that their prognosis is less favourable than squamous cell carcinomas. The aim of our study is to determine the clinical, therapeutic and prognostic aspects of adenocarcinoma of cervical cancer.

Methodology This is a retrospective study of 59 patients with adenocarcinoma of the uterine cervix treated at the Emir Abdelkader University Hospital Establishment of Oncology in Oran between January 2014 and December 2020.

Results The average age of the patients was 55.9 years.metrorrhagia was the most frequent symptomatology finding in 57.62% with an average time of consultation of 7.4 months.the majority of patients were anemic in 62.7% of cases. According to the Figo 2018 classification the majority of patients were classified as stage IB (39%), stage III (37.3%), stage IIB (13.6%), stage IA (5%) and IVA (3.4%). Radiological lymph node involvement (ADP≥1cm) represented 34% of cases and the mean radiological tumour size was 47mm.

56% of the patients underwent surgery and 44% of the patients were treated with exclusive concomitant radiochemotherapy with or without uterovaginal brachytherapy.

Mean follow-up was 43.12 months. The progression free survival (PFS), disease free survival (DFS), and overall survival (OS) at 5 years was 86.4%, 53.9%, 61.7% respectively.

In univariate analysis, Figo III-IV stage, tumour size greater than 5cm, presence of anaemia, radiological lymph node involvement, absence of surgery and brachytherapy are unfavourable prognostic factors for overall survival with a statistically significant $p < 0.05$.

Conclusion Adenocarcinomas of the uterine cervix are particular histopathological entities with a poor prognosis requiring more aggressive oncological treatment.

Disclosures key words: Cervical cancer- adenocarcinoma-pronostic

#1037 IMMUNOHISTOCHEMISTRY ROLE IN DIFFERENT TYPES OF CERVICAL CANCER

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10.1136/ijgc-2023-ESGO.220

Introduction/Background Despite of different new and modern profilactic strategies, cervical cancer remains an important cause of morbidity and mortality among women of different ages. The incidence of adenocarcinoma of the cervix (ADC) has increased in the last decades in our region. Increased is also the interest for using imunohistochemistry for diagnosis. Performing IHC could help also in establishing the suitable therapy.

Methodology Our retrospective study included 68 cases admitted in our gineco-oncological department between 1st of january 2020 until the 31st of decemther 2022. Histopathological examination following cervical biopsy or endocervical curetage identified cervical adenocarcinoma in 27 (39%) of the cases, the rest of the cases being squamous cell carcinoma. In all the cases was performed HPV PCR and immunostaining for 4 biomarkers : p16, p63, VEGF and HER2. The biomarker