

treatments, 5-year survival rates remain low, at around 30%. While HPV plays a well-established role in the pathogenesis of squamous cell carcinoma, its involvement in NECCs is less clear. This study explores the clinical outcomes and HPV status in NECCs diagnosed over five years at University Hospital of North Tees NHS Foundation Trust.

Methodology A 5-year retrospective analysis (2018–2024) identified three NECC cases through histopathological findings obtained from pathology data registry. Data from pathology reports, imaging studies, clinical records, and multidisciplinary team (MDT) reviews were collected. Patient demographics, clinical presentation, tumour staging, HPV status, treatment modalities, and outcomes were analysed.

Results Case 1 involved a 72-year-old woman with stage II B large-cell NECC who was HPV negative. She underwent chemotherapy and radiotherapy, with no recurrence observed after 36 months. Case 2, a 57-year-old woman with stage III C small-cell NECC, tested positive for high-risk HPV and showed significant tumour reduction after chemotherapy, remaining disease-free for 12 months. Case 3, a 48-year-old woman with stage III C2 NECC, also tested positive for high-risk HPV-52. Despite initial tumour reduction, slight growth in a pelvic sidewall mass was noted during follow-up, with further radiotherapy planned.

Conclusion This case series suggests that early detection of HPV status and aggressive multimodal treatment can lead to favourable outcomes in NECC, particularly in HPV-positive cases.

Further research is needed to determine the prognostic significance of HPV in NECC and its potential role in guiding treatment.

Disclosures The authors have no conflicts of interest to declare.

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Diagnostic Efficacy & Value Of 18(F)FDG-PET-CT Hybrid Imaging For Diagnosis & Response Evaluation In Cervix Cancer. Our Experiences Of 63 Cases

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Introduction/Background Cervical cancer is the fourth most common cancer in women globally with around 660 000 new cases and around 350 000 deaths in 2022. Global data (2022) showed 6,60,000 new cases of cervix cancer 35,0,000 deaths. Patients present with post-coital bleeding, foul-smelling discharge. 18(F)FDG-PET-CT (18(F) Fluoro-De-Oxy-Glucose-Positron Emission Tomography & Computerized tomography) are being used for staging and restaging of cervix cancer.

Methodology The goal of the study, is to evaluate the relationship between visual analysis, quantitative metabolic, parameters (SUVmax) and the response to definitive chemo radiation therapy. Patients, from January to September, 2024, 63 women from the age of 35 to 67 years (mean age-46 yrs.) The inclusion criteria of this study were (1) histopathology(biopsy)-proven squamous cell carcinoma of cervix. (2) 18(F)FDG-PET/CT imaging performed before and after treatment. For 18(F)FDG-PET-CT imaging the patients were injected with 10mCi (370MBq) 18(F)FDG intravenously. Imaging was acquired at 90 seconds bed position & reconstruction was done at 256x256 matrix. The contrast enhanced computerized tomography (CECT) parameter includes 120keV & 350 mA combination, size of the tumour & standard uptake value (SUVmax) calculated followed by interpretation & reporting.

Results Complete metabolic response was seen in 20/63 (31%) patients. 12/63 (19.04%) were confirmed to have residual metabolic disease. Images showed average SUVmax 10-40 of FDG avid heterogeneously enhancing lesion at primary site. The post-treatment SUVmax and pre-treatment SUVmax of complete responders were significantly lower than those of patients with residual tumour: 2.6 ± 0.2 and 8 ± 2.2 / 1.9 ± 0.7 for complete responders and 3.4 ± 3.2 and 12.8 ± 6.9 / 3.7 ± 0.7 for patients with residual tumour. Around 23.57% pts

showed metastatic disease. The metastasis involved liver (7.27%; 4/63, bone (14.5%; 8/63) & lung (1.8%; 1/63), deposits in serosa in 3/63 (4.76%) & VWF 1/63 & VRF in 1/63 pt.

Conclusion 18(F)FDG- PET/CT are being used in the diagnosis & response evaluation of cervical cancer, 18(F)FDG-PET-CT has a higher diagnostic value.

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Lymphopithelioma Like Invasive Cervical Cancer

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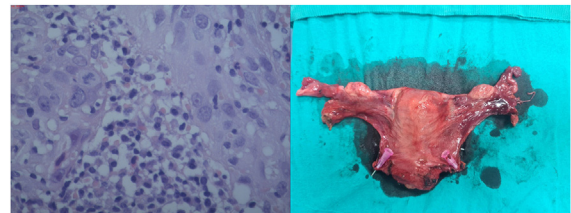
Introduction/Background Lymphopithelioma-like carcinoma (LELC) of the uterine cervix is a rare variant of squamous cell carcinoma of the uterine cervix, composing 0.7% of primary cervical tumors. It is usually composed of nests of poorly differentiated epithelial cells encircled by a noticeable lymphocytic infiltrate, which is the hallmark of this tumor. Even though is poorly differentiated, it appears to have a better outcome than the usual squamous cell carcinoma of the uterine cervix due to lack of lymph metastases. It may be linked with HPV virus infection, or Epstein Bar virus.

Methodology We present a case of a 61-year-old patient, with a main complaint of post-coital bleeding. Speculum examination revealed exophytic papillary growth on the ectocervix, biopsy was done. Histology resulted to be LELC of the uterine cervix. MRI was stage IB2. Radical surgery was done type C1 according to Querleu–Morrow classification picture 1.

Results PCR for HPV and Epstein Bar virus from paraffin-embedded tissues which was positive for HPV45 but not for Epstein Bar virus. Histology from the biopsy resulted to be positive for hematoxylin and eosin stain, there were aggregates of atypical epithelial cells and numerous small lymphocytes. Tumor cells are polygonal and display poorly defined eosinophilic cytoplasm, vesicular nuclei with prominent nucleoli and increased mitotic activity, including atypical mitotic figures (picture 100x, other 400x) picture 1, there was also a positive stain for p63, CD3 and CD20. Final staging is pT1b pN0 pMX L1 V1 R0 G3 FIGO stage IIB NG3

Conclusion It is a rare subtype of cervical cancer, there is a lot unknown due to its rarity, there are published data which confirm its association with HPV and Epstein Bar virus. Commonly it is believed that it is less aggressive due to its less lymph node involvement but data are conflicting it may be more aggressive due to this aggressive treatment is preferred. Larger studies are needed.

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Enhancing Diagnostic Accuracy In Cervical Intraepithelial Neoplasia: A Systematic Review And Meta-Analysis Of Adjunctive Colposcopy Technologies

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