

Conclusion In light of the results and absence of many studies linked to cervical Cancer in Cameroon, these data are consistent with percentage done by WHO in its last report in 2021, impacting on the need to continue among the referred campaigns due to the high number of surgical interventions over precancerous lesions required. Likewise the big rate of HIV in women screened, further heightens the need to continue screening in undeveloped countries.

2022-RA-611-ESGO THE PERSISTENCE OF VPH

¹Elga López González, ¹Carmen Cabanillas Apolo, ²María Dolores Rodríguez Garnica. ¹Juan Ramon Jimenez Hospital, Huelva, Spain; ²Hospital Costa del Sol, Marbella, Spain

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Introduction/Background The persistence of the Human Papilloma Virus (HPV) after conization is considered a risk factor for recurrence and/or progression of the lesion.

Methodology A retrospective descriptive study is carried out on the 73 conizations that we have carried out during the year 2020 at the Juan Ramón Jiménez Hospital. The variables analyzed were the pathological anatomy, the HPV test prior to conization, the intra-surgical HPV test and the one performed together with the cytology four months after conization. The statistical parameter used was chi square.

Results Analyzing the intraoperative HPV test, of the 73 patients who underwent conization, 33 were positive test, which represents 45.2% of the total number of patients operated on. The HPV test remained positive in 22 of the 73 patients in the first review (corresponding to 30.14% of all patients). Of these, 50% (11 women) presented cytological alterations in the first review after conization. Six patients required a second conization. One of our patients required a hysterectomy due to the persistence of moderate-severe dysplasia in endocervical curettage, very effaced cervix (difficult to assess) and cervical stenosis, which made the patient a case of difficult follow-up. Analyzing the cytological results prior to the first conization in the patients who were reconized, of these 6 patients, 5 presented H-SIL and 1 patient presented ASCUS.

Conclusion In patients in whom HPV persists in the first post-conization check-up, the rate of reconization and hysterectomy due to progression of dysplastic lesions is higher than in those in whom the HPV test was negative (statistically significant difference, $p < 0.001$). We also found a different percentage of reconization depending on the cytological result. On the other hand, although the cytological diagnosis prior to the first seems to influence, in our case, the subsequent reconization rate we have not found statistically significant differences.

2022-RA-619-ESGO LESS IS MORE? SIMPLE HYSTERECTOMY VERSUS RADICAL HYSTERECTOMY IN FIGO 2018 STAGE IA2 CERVICAL CARCINOMA: A PAN-BIRMINGHAM GYNAECOLOGICAL CANCER CENTRE POPULATION-BASED LONGITUDINAL COHORT STUDY

Fong Lien Audrey Kwong, Anastasios Tranoulis, Jason Yap, Ahmed Elattar, Kavita Singh, Janos Balega. *Gynaecological Oncology, The Pan-Birmingham Gynaecological Cancer Centre, Birmingham, UK*

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Introduction/Background To compare post-operative morbidity and long-term survival outcomes of simple hysterectomy (SH) versus radical hysterectomy (RH) in FIGO 2018 stage IA2 cervical cancer (CC).

Methodology Using the Pan-Birmingham Gynaecological Cancer Centre database, we identified women with stage IA2 CC between 2008 and 2020. Clinicopathological and treatment data were collated, and progression-free (PFS) and overall survival (OS) analysed via the Kaplan-Meier method, Log-rank test and Cox regression. Post-operative complications were assessed via the Clavien-Dindo classification.

Results Of the 46 women enrolled, 28 (60.7%) underwent SH and 18 (29.3%) RH. There was no significant difference in age, BMI, parity or ethnicity between the two groups. For SH vs RH, 78.6% vs 38.9% (p -value=0.01) had disease of squamous histology, 96.4% vs 94.4% (p -value=0.74) underwent large loop excision of the transformation zone prior to surgery, 7.14% vs 44.4% (p -value=0.003) had grade 3 disease, 71.4% vs 77.8% (p -value=0.22) underwent pelvic lymphadenectomy, and 3.8% vs 5.6% (p -value=0.12) had severe (CD>3) post-operative complications. Women with adenocarcinoma or adenosquamous carcinoma (OR=1.6, p -value=0.01) or grade 3 disease (OR=21.02, p -value=0.0004) were more likely to undergo RH. One recurrence was observed in each group. The mean PFS in SH vs RH group was 139.44 vs 159.00 months. SH was not associated with shorter PFS in either univariate (HR=0.59, p -value=0.72) or multivariate analysis (aHR=0.24, p -value=0.36). One death was observed in the RH group. The mean OS in SH vs RH group was 139.44 vs 153.85 months (p -value=0.51).

Conclusion SH does not seem associated with poorer oncological outcomes in stage IA2 CC. This evidence is in line with previous observational studies. The results of randomised SHAPE trial are being awaited to draw firmer conclusions.

2022-RA-620-ESGO QUERLEU-MORROW TYPE A HYSTERECTOMY FOR LOW-RISK EARLY-STAGE (FIGO 2018 IA2-IB1) CERVICAL CANCER: A UK POPULATION-BASED RETROSPECTIVE COHORT STUDY

Fong Lien Audrey Kwong, Anastasios Tranoulis, Jason Yap, Ahmed Elattar, Kavita Singh, Janos Balega. *Gynaecological Oncology, The Pan-Birmingham Gynaecological Cancer Centre, Birmingham, UK*

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Introduction/Background To evaluate the long-term oncological outcomes in women with low-risk early-stage cervical cancer (CC)

Methodology Retrospective population-based study of prospectively collected data, spanning the period 2008–2020. Eligibility criteria were: (1) FIGO 2018 IA2-IB1, (2) squamous cell carcinoma or grade 1–2 adenocarcinoma, (3) absence of lymphovascular invasion (LVSI); (4) depth of invasion < 10 mm; (5) negative conization margins (including repeat cone); (6) negative imaging for nodal or distal metastatic disease. Associated factors, overall (OS) and progression-free (PFS) survival were analysed using the Kaplan-Meier method, Log-rank test and Cox regression. Post-operative complications were assessed via the Clavien-Dindo classification. Census day was April 1st, 2022. Statistical significance was set at p -value < 0.05. The statistical analysis was performed using Stata version 16.1.

Results 35 women fulfilled the criteria for enrolment. The median age at diagnosis was 43 years. FIGO stage was IA2 (75.8%) and IB1 (24.2%). Pelvic lymphadenectomy was performed in 53.4% of the cases. Lymphadenectomy omitted in 16 women with stage IA2 and LVSI-negative post-conization completely excised disease. Residual disease in the post-conization hysterectomy specimen was 1/35 (2.9%). Median follow-up was 83.00 (95% CI 24.00 – 159.00) months. During the follow-up period only one recurrence was observed, which resulted in a cumulative 2-year PFS of 97.1%. Mean PFS was 154.96 (95% CI 147.20 – 162.71) months. No severe (Clavien-Dindo >3) post-operative complications were noted.

Conclusion Our data demonstrated that Type A hysterectomy is safe and effective for selective women with early-stage low-risk CC. This evidence is in line with the recent prospective ConCerv trial. Further studies are warranted to draw firmer conclusions.

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COMPARATION BETWEEN BRICKER VS DOUBLE-BARRELED WET COLOSTOMY AFTER PELVIC EXENTERATION

^{1,2}Victor Lago, ¹Blanca Segarra, ³Tamara Pradillo, ¹Pablo Padilla Iserte, ¹Luis Matute, ¹Marta Gurrea, ¹Santiago Domingo. ¹University Hospital La Fe, Valencia, Spain; ²CEU San Pablo University, Valencia, Spain; ³University Hospital Infanta Elena, Madrid, Spain

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Introduction/Background Pelvic exenteration is performed in patients who suffer from relapsed gynaecologic tumours, with most of them requiring some sort of urinary diversion.

Methodology The main objective of this study was to assess the urinary complications associated with the Bricker ileal conduit versus double-barrelled wet colostomy after performing a pelvic exenteration for gynaecologic malignancies.

Results A total of 61 pelvic exenterations were identified between November 2010 and April 2022; 29 Bricker ileal conduits and 20 double-barrelled wet colostomies were included in the urinary diversion analysis. Regarding the specific short-term urinary complications, no differences were found in the rate of urinary leakage (3 vs 0%; $p = 1$), urostomy complications (7 vs 0%; $p = 0.51$), acute renal failure (10 vs 20%; $p = 0.24$) or urinary infection (0 vs 5%; $p = 0.41$). Up to 69% of patients with Bricker ileal conduits and 65% of double-barrelled wet colostomies ($p = 0.76$) presented specific medium/long-term urinary complications. No differences in the rates of pyelonephritis (59 vs 53%; $p = 0.71$), urinary fistula (0 vs 12%; $p = 0.13$), ureteral stricture (10 vs 6%; $p = 1$), conduit failure and reconstruction (7 vs 0%; $p = 0.53$), renal failure (38 vs 29%; $p = 0.56$) or electrolyte disorders (24 vs 18%; $p = 0.72$) were found. The OS (Overall survival) after pelvic exenteration at 12 and 48 months was 77% and 58%, respectively. The DFS (Disease Free Survival) at 12 and 48 months after pelvic exenteration was 64% and 51%, respectively.

Conclusion Between double-barrelled wet colostomy and the Bricker ileal conduit, the related urinary complications remained high regardless of the type of technique. In this context, the double-barrelled wet colostomy presents advantages such as the single stoma placement and the simplicity of the technique.

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ASSOCIATION OF FOLATE RECEPTOR α EXPRESSION AND TUMOR IMMUNE MICROENVIRONMENT IN PATIENTS WITH CERVICAL CANCER

¹Shu Yazaki, ¹Yohei Chiba, ¹Yuki Kojima, ²Hiroshi Yoshida, ¹Shigemasa Takamizawa, ¹Rui Kitadai, ¹Ayumi Saito, ¹Hitomi Suimyoshi Okuma, ¹Tadaaki Nishikawa, ¹Tatsunori Shimoi, ¹Kazuki Sudo, ¹Emi Noguchi, ³Masaya Uno, ³Misuya Ishikawa, ³Tomoyasu Kato, ⁴Keiji Furuuchi, ⁴Toshimitsu Uenaka, ¹Yasuhiro Fujiwara, ¹Kan Yonemori. ¹Medical Oncology, National Cancer Center Hospital, Tokyo, Japan; ²Diagnostic Pathology, National Cancer Center Hospital, Tokyo, Japan; ³Gynecology, National Cancer Center Hospital, Tokyo, Japan; ⁴Epochal Precision Anti-Cancer Therapeutics (EPAT), Eisai Inc, Exton, PA

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Introduction/Background Folate receptor α (FR α) is an attractive target for cancer treatment based on its expression profile. We previously reported that FR α expression was higher in cervical adenocarcinoma than in squamous cell carcinoma (SCC) and associated with poor survival (Takamizawa et al., AACR 2021). However, the relationship between FR α and the immune microenvironment remains unknown.

Methodology We performed immunohistochemical analysis of whole tumor sections from patients with cervical cancer who underwent primary surgery between 2000 and 2020 at our institution. FR α expression was evaluated using anti-FR α monoclonal antibody clone 26B3. FR α -positive and FR α -high were defined as $\geq 5\%$ of tumor staining and as H-score ≥ 60 . PD-L1 expression (clone 22C3) was assessed according to the combined positive score (CPS). The density of intratumoral CD3 and CD8 were calculated as the average number of positive cells in the five independent areas. The association between FR α expression and immune biomarkers was analyzed.

Results Overall, 123 patients were evaluated, and 67 were SCC and 56 were non-SCC. FR α -positive and FR α -high were identified in 72.4% and 27.6%. PD-L1 was positive (CPS ≥ 1) in 75.6% and more commonly expressed in SCC (SCC vs. non-SCC; 83.5% vs. 66.1%, $p=0.02$). FR α expression showed a significantly negative correlation with PD-L1 expression ($r=-0.22$, $p<0.001$), and median (IQR) PD-L1 CPS was 20 (5–60) in FR α -negative and 5 (0–25) in FR α -positive group ($p=0.04$). FR α -positive was more frequent in PD-L1 CPS <10 groups than in PD-L1 CPS ≥ 10 groups (81% vs. 64%, $p=0.03$). Median CD3 and CD8 counts were not different between FR α -negative and FR α -positive groups.

Conclusion In cervical cancer, FR α expression negatively correlates with PD-L1 expression and is more common in the PD-L1 CPS <10 groups. Our findings suggest that FR α -expression may be a potential therapeutic target for cervical cancer with low/negative PD-L1 expression.

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STANDARDIZED LEER PROCEDURE

¹Victor Lago, ¹Blanca Segarra-Vidal, ¹Pablo Padilla-Iserte, ¹Luis Matute, ¹Marta Gurrea, ²Jose Antonio Pérez Álvarez, ¹Santiago Domingo. ¹University Hospital La Fe, Valencia, Spain; ²University Hospital Nuestra señora de la candelaria, Tenerife, Spain

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Introduction/Background Recurrence of cervical cancer is a challenge especially in patients who have received Radiochemotherapy for local extension at diagnosis. It is relatively