

1082 **SMALL VOLUME STAGE 1B1 CERVICAL CANCER, IS RADICAL SURGERY STILL NECESSARY? A TEN YEAR FOLLOW UP**

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**Introduction/Background\*** Standard surgical treatment of FIGO stage 1B1 cervical cancer is open radical surgery. However, several reports have shown that for small tumours a more conservative approach can be oncologically safe whilst at the same time reducing the morbidity associated with radical hysterectomy. The objective of our study was to report updated survival following extended follow up of a previously reported cohort of patients who underwent conservative management of small-volume stage 1B1 disease.

**Methodology** All patients with FIGO stage 1B1 cancer and estimated tumour volume of less than 500 mm<sup>3</sup> in a loop biopsy specimen treated in Northern Gynaecological Oncology Centre between January 2000 and December 2010, were included in the study, irrespective of other histological characteristics. Clinicopathological data alongside demographics were collated alongside detailed follow-up outcome in conjunction with primary care and death register.

**Result(s)\*** 62 women underwent conservative management for small volume stage 1B1 disease. Median age at diagnosis was 35 years (range 25–67). 35 women (56.4%) underwent fertility sparing conservative management with LLETZ while 27 women (44.6%) underwent simple hysterectomy. Mean age of the LLETZ first group was 32 years (range 26–43) and 51% were nulliparous. Overall, 92% (57 out of 62) patients underwent BPND and one positive node was identified. LVSI was positive in 14 patients (22%). Accurate survival data obtained 100% of the patients and no recurrence identified with median follow up of 11years (range 1-20). 2 patients died because of unrelated to cervical CA reasons (bowel CA 4 years post treatment and PE 1year post treatment).

**Conclusion\*** The results of this study were initially published in 2012 with a median FU of 56 months (Biliatis et al. Gynaecologic Oncology 2012). Presenting long term FU data with median FU of 11 years we can strongly support that cervical loop biopsy or simple hysterectomy combined with negative pelvic lymphadenectomy for small-volume stage 1B1 cervical cancer offers excellent prognosis in terms of survival. Should these results be verified by further prospective studies, radical surgery for these women may be avoided.

1084 **ABSTRACT WITHDRAWN**

1090 **A REVIEW OF CERVICAL CANCER DIAGNOSED IN WOMEN OVER THE AGE OF 65**

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**Introduction/Background\***

**Objectives** To explore the incidence of cervix cancer following cessation of the UK cervical screening programme and

compare this with the current UK screening programme guidelines.

**Methodology** 179 cases of cervical cancer diagnosed between 2016 and 2020 at University Hospitals Sussex were retrospectively reviewed. The screening history, grade, histology and stage of cancer were recorded.

**Result(s)\*** Over a five-year period, 80 cases of cervical cancer were identified as being within the screened population. Of these 59 (74%) were under 65 years and 21 (26%) were over 65 years of age. An initial peak incidence was seen at 30-35 year age range, declining with further screening. Following cessation of screening, a secondary peak at 80-85 years was noted.

Of those diagnosed during screening (59.3%) were FIGO IA1 to IB2, however, only 9.5% of the over 65s were early stage. Similarly, 32.2% of those within screening age presented with a grade 1 cancer, with only 4.8% over 65 years being low grade. Histology in the under 65s revealed 44.1% were squamous cell carcinoma and 45.8% were HPV-related adenocarcinoma. In the over 65s this was 76.2% and 14.3% respectively.

**Conclusion\*** Despite adherence to the screening programme, 25% of cervix cancer was diagnosed beyond screening age, approximately 16 years later. These patients were of more advanced stage and higher grade.

This preliminary exploration informs the need for a wider review of cervix cancer after the age of 65 and consideration of extension of the age of screening.

1095 **RARE CASE OF INTESTINAL TYPE CERVICAL CANCER; CLINICAL PRESENTATION AND MANAGEMENT**

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**Introduction/Background\*** Intestinal type cervical cancer is exceptionally rare and this a case of 54 year presented with abnormal bleeding. The cancer is not normally picked up by the cervical screening system. This is the story of multidisciplinary approach to managing such a case.

**Methodology** The case presented with abnormal bleeding with normal cervical screening history. She particularly complained of continuous mucus profuse per vaginal discharge. The ultrasound indicated fluid in the endometrium. The cervix looked abnormal and biopsies were taken. The histology indicated intestinal type adenocarcinoma. Her Ca19-9 was exceptionally high more than 2000iu, however CT scan did not indicate any pancreas or intestinal malignancy. The imaging including CT PET and MRI also indicated cervical tumor and one 7.5mm left external iliac lymph node giving her stage 2B. The immunohistochemistry was positive for caudal tyoe homeobox2 (CDX20, Ca19-9, CEA, CK7, CK20 and it was negative for p16, p53 and estrogen. The histology demonstrated atypical signet ring and it was shown on the cervical, endometrial and vaginal biopsies.

**Result(s)\*** The case was managed through multidisciplinary approach and recommended chemoradiation. She received brachytherapy and carboplatin and achieved radiological and clinical response. Subsequent follow up indicated some residual upper vaginal focus of tumor. She was offered surgery and she had radical hysterectomy and lymphadenopathy followed by full recovery. Two years follow indicated no recurrence clinically and radiologically.