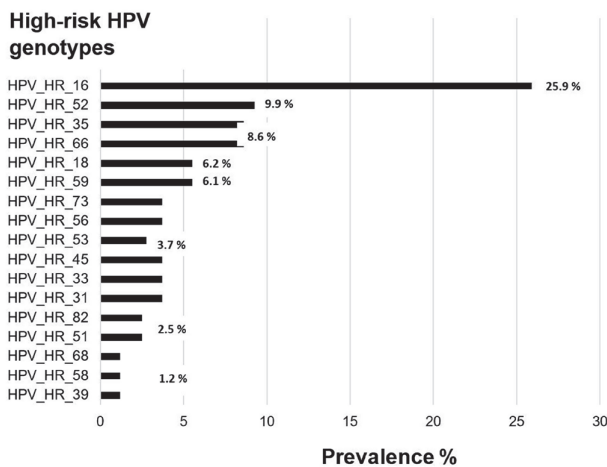


cytology and colposcopy was done. A medical history questionnaire was used to record the clinical- and HIV data of the participants. Results are given in percentage. For continuous variables, mean or median was calculated. Categorical variables were compared by using χ^2 test, whereas for continuous variables Mann-Whitney-U test was used. A p-value ≤ 0.05 was regarded statistically significant (CI 95%).

Results The HR-HPV prevalence in our study population was 45.7%. Multiple HPV infections were present in 27.2% of women, of whom all had at least one HR-HPV genotype included. HR-HPV16 and HR-HPV52 were the most common genotypes and were always present when high-grade squamous intraepithelial lesion (HSIL) was found (figure 1). Overall, 95.1% of study participants had an adequately treated HIV infection. HIV viral load < 50 copies/mL and a CD4 cell count ≥ 350 cells/ μ L correlated with a lower HR-HPV prevalence. In addition, a shorter HIV diagnosis time showed an increased prevalence of HR- and multiple HPV infections.



Abstract 2022-RA-991-ESGO Figure 1 Prevalence of HR-HPV genotypes in pregnant WLWH

Conclusion HIV-positive pregnant women require particularly attentive and extended HPV screening, where clinical and HIV-related risk factors should always be taken into account.

2022-RA-1002-ESGO **CERVICAL CARCINOMA STAGE FIGO IA1 WITHOUT LYMPHOVASCULAR SPACE INVASION: A 20 YEARS CONSERVATIVE TREATMENT IN THE SOUTH OF BRAZIL UNIVERSITY HOSPITAL**

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Introduction/Background FIGO proposes extrafascial hysterectomy or conization with negative margins as treatment options

for stage IA1 cervical cancer (CC) without lymphovascular space invasion (LVSI), but the studies that evaluated stage IA1 treatment options have lack of homogeneity regarding variables such as LVSI, depth of invasion, histologic type, and surgical margin status. The aim is to evaluate recurrence rate and risk factors in women stage IA1 CC without LVSI managed conservatively.

Methodology Retrospective review of women with stage IA1 squamous CC who underwent cold knife cone or loop electrosurgical excision procedure, between 1994 and 2015, at a gynecologic oncology center in Southern Brazil. Age at diagnosis, pre-conization findings, conization method, margin status, residual disease, recurrence and survival rates were collected and analyzed.

Results 26 women diagnosed with stage IA1 squamous CC without LVSI underwent conservative management and had ≥ 12 months follow-up. The mean age at diagnosis was 40.9 years. Median first intercourse occurred at age 16 years, 11.5% were nulliparous and 30.8% were current or past tobacco smokers. The mean follow-up was 44.6 months. There was one Human immunodeficiency virus (HIV)-positive patient diagnosed with cervical intraepithelial neoplasia grade 2 at 30 months after surgery. However, there were no patients diagnosed with recurrent invasive cervical cancer and there were no deaths due to cervical cancer or other causes in the cohort.

Conclusion No recurrence of cancer was observed in mean follow-up of 44.6 months. One recurrence of cervical intraepithelial neoplasia occurred in HIV positive patient. A good outcome was noted in women stage IA1 CC without LVSI and negative margins who were managed conservatively. The strengths of our study include a homogeneous group of patients from a developing country within the perspective of surgical conservative treatment and a long period follow-up.

2022-RA-1005-ESGO **INVASIVE CERVICAL CANCER OF ONE CERVIX IN UTERUS DIDELPHYS TYPE OF UTERINE ANOMALY – A CASE REPORT AND REVIEW OF THE LITERATURE**

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10.1136/ijgc-2022-ESGO.81

Introduction/Background Throughout the development of the urogenital system, the Müllerian ducts have a crucial role. In the beginning, they are found in both sexes, but they regress under the impact of the anti-Müllerian hormone (AMH). Without the involvement of AMH, the ducts evolve into the uterus, uterine tubes, cervix, and upper portion of the vagina. Anomalies of the Müllerian ducts are more frequent than imagined, varying from 0.5 to 6.7% in the general population and up to 16.7% in women diagnosed with recurrent miscarriage. **Methodology** The authors report a case of invasive adenocarcinoma of one cervix in uterus didelphys type of a uterine abnormality (double uterus, double cervix), along with a review of the literature.

Results The 50-year-old patient was diagnosed, then surgically treated with a Wertheim-Meigs radical hysterectomy. Fifteen lymph nodes were removed during the surgery and examined under the microscope, but they showed no presence of the tumor cells. Except for adhesion removal between the bladder

and rectum in the middle line, surgery was open, conducted traditionally, and as described in the literature. Postoperative care went without any complications, and the patient was discharged from the clinic on time. The histopathological analysis classified the tumor as IB1 gradus I. Adjuvant radiotherapy was suggested and also performed after the definite pathohistological diagnosis.

Conclusion

2022-RA-1034-ESGO SMALL CELL NEUROENDOCRINE CARCINOMA OF THE CERVIX

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10.1136/ijgc-2022-ESGO.82

Introduction/Background Small cell neuroendocrine carcinoma of the cervix is a rare, aggressive malignancy that is accounting about 1–2% of the cervical cancers. The diagnosis of neuroendocrine cervical cancers occurs at an average age of 45 years. There is no standard treatment based on controlled trials because of the rarity of the malignancy. The prognosis is poor, with an overall 5-year survival rate of about 35%.

Methodology We report the case of a 33-years old woman with an exophytic tumour of the cervix. The cervical biopsy showed a small cell neuroendocrine carcinoma. The CT-Scan of the chest and abdomen showed enlarged retroperitoneal lymph nodes and the large cervical tumour. The case was presented in the local tumour board (cT1B3, cN1, M0, G3/FIGO IIIC1), it was decided to start neoadjuvant treatment with Carboplatin AUC6 day 1 and Etoposide 120 mg/m² days 1–3. After 4 cycles we confirmed gut clinical response with local regression in the pelvic MRI. We performed a radical hysterectomy with BSO and pelvic and paraaortal lymph node dissection. After histopathological work-up the tumour regression was confirmed: ypT1B1, pN1 (3/75), M0, L1, V0, Pn1. It followed the second discussion in the local tumour board. We decided a treatment with 2 additional cycles of Carboplatin and Etoposide followed by chemoradiotherapy, which were applied sequentially.

Results The follow-up controls up to 8 months after surgery showed no signs of cancer recurrence.

Conclusion Our observation confirms that cervical neuroendocrine small-cell carcinoma is a chemosensitive tumor. For tumours which are primarily not suitable for operation neoadjuvant chemotherapy should be started, followed by radical surgery when applicable.

2022-RA-1037-ESGO EFFECT OF ALPHA-LIPOIC ACID SUPPLEMENTATION ON REGRESSION OF LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS

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Introduction/Background Low-grade squamous intraepithelial lesions (LSILs) account for most of the cytological anomalies for screening cervical cancer. Although they often regress spontaneously, the exact rates of regression are hard to predict and they can range between 7% and 95%. This research aimed to investigate the efficiency of alpha-lipoic acid (LA) in promoting spontaneous regression of LSIL.

Methodology A total of one hundred (100) patients diagnosed with LSIL were randomized to receive 600 mg/day of alpha-lipoic acid (ALA) or placebo for three months. Inflammatory parameters (sedimentation, high-sensitivity CRP fibrinogen and IL6) were determined immediately after blood sampling. LSIL was determined after performed cytological screening, targeted biopsy and histological confirmation of cytological-colposcopic diagnosis. Analyses were conducted at the study baseline and at the end of intervention. Comparison of results (before and after supplementation; control-tested) was performed using the Mann-Whitney U test or Chi-squared test, depending on the type of obtained data.

Results There were no significant differences in baseline levels of sedimentation, high-sensitivity CRP fibrinogen and IL6 between patients in control and treatment group. ALA supplementation didn't have significant impact on analysed inflammation markers. Contrary to our expectations, supplementation with ALA significantly reduced spontaneous regression of LSIL – from 88.9% in placebo group to 11.1% in treated group (p<0,001).

Conclusion ALA supplementation in investigated regime (600 mg/day for 3 months) was not effective in improving inflammation markers in patients with LSIL however, however it significantly decreased the rates of spontaneous LSIL regression in comparison to placebo. Therefore, it can be recommended as a dietary supplement for patients with diagnosed LSIL.

2022-RA-1042-ESGO THE PROGNOSTIC IMPACT OF ANAEMIA IN CERVICAL CANCER PATIENTS TREATED WITH CHEMORADIATION

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Introduction/Background Anaemia is common in patients with cervical cancer. Existing guidelines emphasise the importance of maintaining haemoglobin levels above 120 g/L in cervical cancer patients undergoing chemoradiation. The aim of the study is to evaluate the impact of anaemia on the clinical outcomes in patients with cervical cancer referred for chemoradiation.

Methodology 135 patients (median age was 48 years) with cervical cancer (squamous= 79.3%, Adenocarcinoma= 12.6%, Adenosquamous= 8.1%) referred for radical chemoradiation between January 2013 and December 2017 were reviewed retrospectively. The FIGO stages for the group were: Ib2 = 11%; II = 42%; III = 39%; IVa = 8%. Patients underwent chemoradiation with external beam radiotherapy with concurrent weekly cisplatin for five cycles followed by high-dose-rate brachytherapy. Factors included in the analysis were age, histology, FIGO stage, nodal status, pre-treatment haemoglobin, pre-brachytherapy haemoglobin and post treatment haemoglobin.

Results After a median follow-up of 42 months, the 3 year local failure rate for the whole group, pre-treatment Hb <