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

1Cosmin Paul Sarac, 2Emil Kamenov, 3Teresa Gottschling, 4Cristin Kühn, 5Jacques Beckman, 6Timo Lüttringhaus, 7Yu Chun Tam. 1Gynecological Cancer Center, Christliches Klinikum Unna, Unna, Germany; 2Radiology Clinic, Christliches Klinikum Unna, Unna, Germany; 3Clinic for Haematology and Oncology, Christliches Klinikum Unna, Unna, Germany; 4Institute of Pathology, Ruhr-Universität Bochum, Bochum, Germany

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Introduction/Background Small cell neuroendocrine carcinoma of the cervix is a rare, aggressive malignancy that is accounting for 1–2% of the cervical cancers. The diagnosis of neuroendocrine cervical cancers occurs at an age of about 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 exophitic 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-LIPIOIC ACID SUPPLEMENTATION ON REGRESSION OF LOW-GRADIENT SQUAMOUS INTRAEPITHELIAL LESIONS

1Anja Đilović, 2Zinaida Karasalihović, 3Adnan Šerak, 4Emir Trnačević, 5Kristina Radčić, 6Nikolina Golub, 7Marija Grgić Rajković, 8Vana Stojanović, 9Dražen Butoric, 10Dubravka Vitan Ćepo. 1University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina; 2University of Zagreb, Faculty of Pharmacy and Biochemistry, Zagreb, Croatia; 3Sestre milosrdnice University Hospital Center, Zagreb, Croatia

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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 LSILs 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, 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

Ahmed El-Modie, Indrajit Fernando, Julie Winning, Gemma Allen. University Hospital Birmingham, Birmingham, UK

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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 <