Introduction/Background Minimum deviation cervical adenocarcinoma- Adenoma malignum (AM) is a rare variant of adenocarcinoma of the uterine cervix; it comprises 1%-3% of cervical adenocarcinomas. The most predominant symptoms are vaginal bleeding and discharge. Pre-operative diagnosis of AM can be difficult and definite diagnosis is based on histopathology.

Methodology

Results We report a rare case report of a 62-year-old Caucasian woman who presented initially with ascites and vague abdominal symptoms suggesting ovarian cancer. Blood tests were normal. CA-125 measured at 43.4 U/mL and CA 19–9 at 101.6 U/mL. CT of chest-abdomen-pelvis showed severe ascites, a cystic mass in the left parametrium, and a large cystic mass at the right adnexum. An MRI of abdomen-pelvis showed a cystic lesion on the right ovary, possibly cystadenoma or cystadenocarcinoma, with intra-abdominal fluid collection and peritoneal nodular enhancing lesions. Cervical macroscopical examination and smear were normal. Gastroscopy and colonoscopy were normal too.

After MDT discussion, decision was made for laparoscopic assessment and primary debulking surgery. During the laparoscopic assessment a frozen biopsy was obtained, which indicated a possible borderline mucinous tumor of the ovary with possible signs of adenocarcinoma; decision made to proceed to debulking surgery as R0 was feasible. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, pelvic and paraaortic lymphadenectomy, appendectomy, and pelvic peritonectomy was performed.

Cytology of peritoneal fluid showed no evidence of malignancy. Histology showed a well-differentiated gastric type, non-HPV related adenocarcinoma of the uterine cervix (depth: 4 mm), which spread to the endometrium, both tubes and ovaries (with an 8 cm tumor in the right ovary). MDT decision was for adjuvant radiotherapy and chemotherapy.

Conclusion This case constitutes a rare clinical presentation of AM with ascites, and ovarian metastases. Symptoms, diagnostics tests and imaging indicated a possible diagnosis of ovarian cancer. Only histology was able to produce a definite diagnosis of AM.

Abstract 2022-RA-214-ESGO Figure 1

Introduction/Background To analyze the clinical outcomes and the safety of preoperative high-dose-rate (HDR) image-guided adaptive brachytherapy (IGABT) followed by minimally invasive surgery (MIS) in the multidisciplinary management of early-stage cervical cancer.

Methodology Medical records of all consecutive patients with early-stage cervical cancer treated at our institution between 2012 and 2018 with preoperative IGABT in a multidisciplinary approach were reviewed. Treatment schedule was pelvic node dissection, preoperative IGABT followed 6–8 week later by MIS hysterectomy.

Results Seventy patients with cervical cancer FIGO stages (IB1 18.6%, IB2 75.7% and IIA1 5.7%) were treated by preoperative HDR brachytherapy. With a median follow-up of 37.4 months [95% confidence interval, 32.1–39.7 months] isolated vaginal vault recurrence was not observed, 3 pelvic relapses were reported (4.3%). None of patients received postoperative radiotherapy (EBRT) or radiochemotherapy. The estimated 3-year local and pelvic relapse free survival for the entire population were respectively 98% [95% confidence interval, 89%-100%] and 90% [80%-96%]. The estimated 3-year disease-free survival (DFS) for the entire population was 88% [77–94%]. The 3-year overall survival (OS) rate was 97% [88%-99%]. Microscopic vaginal resection margin (R1) was observed in one patient (1.4%). Lymph-vascular space invasion (LVSI) was found found in 6 (8.6%) patients. Forty-eight late complications in 36 patients (51.4%) were observed. Five (7.1%) grade 3 vaginal wound dehiscence toxicities were observed. Urinary and gastrointestinal toxicities were grade 1–2. No grade 4–5 complications were observed.

Conclusion Preoperative image-guided adaptive brachytherapy followed by minimally invasive surgery allows high local control, reduces positive surgical margins and rates of lymph-vascular space invasion avoiding adjuvants treatments. Surgical approaches must be discussed with patients including preoperative brachytherapy as a downstaging treatment.
catheters was 3 (range, 1–6 catheters). With a median follow-up of 21.6 (95% confidence interval, [19.1–23.5]) months, local relapse was observed in nine patients (6.3%), with four of them with persistent and progressive disease. The estimated 2-year local and pelvic relapse free survival were respectively 92% (95% confidence interval, [84%-96%]) and 90% (83%-94%). The estimated 2-year disease free survival for the entire population was 80% [71%-87%]. The 2-year OS rate for the entire population was 92% [84%-96%]. Acute toxicity G3 was reported in two (1.4%) patients. High grade late toxicity (grade 3) was reported in 9 (6.3%) patients.

Conclusion Combined IC/IS brachytherapy for LACC allows to reach recommended doses to achieve local control even in large tumours after CCRT improving target volume coverage with low rates of acute morbidity. Hybrid brachytherapy technique (EC/IS) is essential to have a favourable scenario at the time of brachytherapy to correctly treat locally advanced cervical cancers.

2022-RA-227-ESGO PATTERNS OF CARE AND TREATMENT OUTCOMES FOR ELDERLY WOMEN WITH CERVICAL CANCER- ARE THEY DIFFERENT? – A RETROSPECTIVE ANALYSIS
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Introduction/Background Radical chemo radiation is the standard of care in locally advanced cervical cancer. It is often a challenge to implement the same treatment in the elderly women. The data regarding treatment modalities and outcomes for this cohort is scarce in literature.

Methodology We retrospectively analyzed the medical database of previously treated elderly patients diagnosed with carcinoma cervix between January 2013 to December 2018 after approval from the institutional review board.

Results Mean age of patients was 65 years (Range: 60-95). Of the 176 patients, 98 (56%) patients received only RT, 63 (35%) received CRT, five (3%) patients received adjuvant RT, 42(8%) patients received chemotherapy and 1 (0.5%) patient received palliative RT. The most common schedule used for EBRT(External beam radiotherapy) was 50 Gy in 25#s, five days a week. The mean EBRT dose was 50 Gy (Range:46-54 Gy). Sixty three patients (37%) received concurrent cisplatin (dose of 40 mg/sq.m). Out of 161 patients who completed EBRT, 19 patients received EBRT boost,133 patients underwent intracavitary brachytherapy. LDR was used in 48 patients and HDR was used in 85 patients. Two patients underwent interstitial brachytherapy and mould brachytherapy was used in 8 patients. The median OTT was 69 days (9.8 weeks). Acute grade 3 GI toxicities were found in 21(12.8%) patients. The median follow-up duration was 22 months. Twenty patients had disease progression. The median PFS was 25 (18-31) months and median OS was 27 (18–35) months. The 3 yr PFS was 37% and 5 yr PFS was 20%. The 3 yr OS was 43% and 5 yr OS was 21%.

Conclusion To conclude, definitive radiotherapy comprising both EBRT and brachytherapy should be recommended even in the elderly women with careful assessment of comorbid conditions.

2022-RA-228-ESGO CERVICAL CANCER IN TUNISIA: MULTICENTRIC EPIDEMIOLOGICAL STUDY
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Introduction/Background Cervical cancer is a global public health problem. It causes significant morbidity and mortality, with more than 500,000 new cases and more than 300,000 deaths per year worldwide. In Tunisia, we do not have enough published data, so the epidemiological profile of this pathology is not well known. The objective of this work was to determine the epidemiological profile of cervical cancer in Tunisia and to specify the cost of treating the disease in order to develop an effective prevention strategy.

Methodology This was a retrospective descriptive, multi-centric study conducted in 6 obstetrical gynecology departments over a four-year period from January 1, 2016 to December 31, 2019.

Results The number of all-stage cervical cancer cases in these centers was 665 cases over a four-year period; which is equivalent to 166 cases/year. The average age of our patients was 53.5 years. Cervico-vaginal smear screening was performed in only 17.9% of cases. The average consultation time in the study population was 5.6 months. Tumors were classified according to the FIGO 2009 c: 23.5% were diagnosed at an early stage (aIB1) and 76.3% at advanced stages (IB2 up to IV). Several therapeutic sequences were applied in our study, the most frequent was surgery associated with radiotherapy and chemotherapy (60.1%). Surgery was performed in 69.6% of patients. Radiotherapy was performed in 84.6% of patients. Brachytherapy was performed in 72% of cases. The direct annual cost of treatment was estimated at 1,268,502 $. Radiotherapy represented the largest item of expenditure.

Conclusion Cervical cancer still poses problems in terms of treatment due to the late diagnosis of this pathology. The control of this pathology of infectious origin necessarily involves the implementation of a mass vaccination against HPV of young girls who have not yet had sexual relations.

2022-RA-253-ESGO COMPARISON BETWEEN SINGLE VERSUS TWICE APPLICATION OF TOPICAL 85% TRICHLOROACETIC ACID IN THE TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA; A RANDOMIZED CLINICAL TRIAL ON EFFICACY AND TOLERABILITY
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Introduction/Background To compare the efficacy of up to two-time administration of 85% TCA, as a promising alternative therapy to conservative and surgical management of grade one to three CIN

Methodology In this two-armed randomized clinical trial, a total of 53 patients with biopsy-proven CIN lesions were allocated to two groups of TCA treatment. The first group