

compared with those who underwent laparotomy with prior conization (reference) (HR 2.14, 95% CI 0.50 to 9.24, $p=0.306$ and HR 2.07, 95% CI 0.52 to 8.27, $p=0.305$, respectively)

Conclusion We showed that patients with early-stage cervical cancer who underwent prior cervical conization followed by radical hysterectomy had a significantly lower risk of relapse with no differences in mortality rates.

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CERVICAL ADENOCARCINOMA: APPLICATION OF THE SILVA CRITERIA AND CORRELATION WITH PROGNOSTIC FACTORS, RECURRENCE RATE AND SURVIVAL

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Introduction/Background Cervical cancer is one of the leading causes of cancer in women worldwide. Histologically, the majority of cases are squamous cell carcinoma, although incidence of adenocarcinoma is increasing, representing approximately 25% of all cases. There is evidence suggesting that adenocarcinomas have a worse prognosis, so it has been proposed to establish criteria to improve the current risk stratification. Silva has proposed using a system that takes into account destructive stromal invasion, lymphovascular space involvement and grade of cytological atypia to determine prognosis.

Methodology Patients with diagnosis of cervical adenocarcinoma or adenocarcinoma in situ at Hospital Santa Cristina in Madrid, Spain, from 1990 to 2021, were collected. 63 cases were reviewed and reclassified according to WHO 2018 classification, applying Silva patterns for infiltrative HPV-related tumors. Data of previous PAP-test and HPV-test, presence of lymphovascular space involvement, lymph node disease, status of surgical margins, p16, hormonal receptors or coexistence of dysplasia or squamous cancer were collected. Other factors such as age, previous parity, type of treatment, recurrence and survival were also considered.

Results 63 patients were collected, and subdivided into 6 in situ adenocarcinoma and 57 infiltrative adenocarcinoma. 6 cases were not HPV-related and 22 are known to be HPV-related; the remaining 35 cases needed to be reclassified based on p16, since HPV was not initially tested. 32% of the HPV-related cases presented pattern A of Silva, 12% pattern B and 56% pattern C. Mean age of the patients was 52 years old. Treatment modalities were surgery or chemotherapy. 9 patients presented disease progression and died of disease.

Conclusion Classification for cervical adenocarcinoma is no longer based on morphology alone. Subclassification of infiltrative HPV-related adenocarcinoma considering Silva patterns offer prognostic factors that may enable to establish the risk of disease recurrence, and therefore, extension of treatment.

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SMALL CELL NEUROENDOCRINE TUMOR OF THE CERVIX WITH MULTIPLE CUTANEOUS METASTASIS: A REPORT OF 2 CASES

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Introduction/Background Small cell neuroendocrine carcinoma of the cervix (SCNCC) is an aggressive and rare histological variant. It has a reserved prognosis with 34% survival in 5 years. The most common sites of metastasis are lymph nodes, liver, lung and brain. Cutaneous metastasis are extremely rare, with reported incidence of 0.1%, mostly in surgical incision. Multimodal treatment is usually indicated due to its poor prognosis.

Methodology We present a report of two cases of SCNCC with multiple cutaneous metastasis.

Results Patient 1: Previously healthy 43 years old, with normal screening for cervical cancer 16 months prior to admission, presented with vaginal discharge, pelvic pain and weight loss. Physical exam revealed multiple cutaneous nodules and a bulky cervical tumor. Imaging revealed diffuse lymph node metastasis and numerous cutaneous lesions.

Patient 2: Previously healthy 59 years old, presented with similar symptoms and physical exam, but also a rectovaginal fistula. Imaging revealed metastatic disease to the lymph nodes, peritoneum, bone, brain and numerous cutaneous lesions.

Both patients underwent cervical tumor and cutaneous nodules biopsy, confirming a SCNCC with cutaneous metastasis. Patient 2 had an initial report of Merkel carcinoma and only after pathological review metastatic SCNCC was confirmed. Hypofractionated pelvic radiotherapy was performed to control local symptoms and before initiation of palliative chemotherapy, both evolved quickly to diffuse progressive disease. Chemotherapy with carboplatin associated with paclitaxel and etoposide was initiated and the patient with cerebral metastasis also received whole brain radiotherapy. Patient 1 died of the disease 9 months after diagnosis and patient 2 is alive with disease with a follow-up of 13 months, still receiving palliative treatment.



Abstract 2022-RA-1541-ESGO Figure 1 Left image refers to patient 1 and right image refers to patient 2, both presenting subcutaneous nodules