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.

2022-RA-1536-ESGO CERVICAL ADENOCARCINOMA: APPLICATION OF THE SILVA CRITERIA AND CORRELATION WITH PROGNOSTIC FACTORS, RECURRENCE RATE AND SURVIVAL

Marta Heras García, Rosa María Álvarez López, Silvia Hernández Bonilla, Eugenia Jareño Dorrego. *Hospital Santa Cristina, Madrid, Spain*

10.1136/ijgc-2022-ESGO.137

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 chemoradiation. 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.

2022-RA-1541-ESGO SMALL CELL NEUROENDOCRINE TUMOR OF THE CERVIX WITH MULTIPLE CUTANEOUS METASTASIS: A REPORT OF 2 CASES

Heloise Serafin Bonetti, Carla Baltazar de Sousa, Vivian Sartorelli, Renan Tapigliani Baptista da Silva, Thais Gomes de Almeida, Gabriel Lowndes de Souza Pinto, Andre Lopes de Farias e Silva, Andriolli Guilherme, Marcella Bastos Persiano, Giovana Mortari D'Elia, Rafaela Debastiani Garcia, Maria Jannine Vieira Sales, Amanda Horie Cardoso, Georgia Fontes Cintra. *Gynecology Oncology, São Camilo Oncologia, São Paulo, Brazil*

10.1136/ijgc-2022-ESGO.138

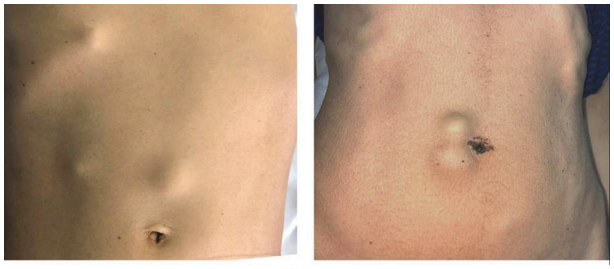
Introduction/Background Small cell neuroendocrine carcinoma of the cervix (SCNCC) is an aggressive and rare histological variant. It has a reserved prognosis with 34% survival in 5 years. The most common sites of metastasis are lymph nodes, liver, lung and brain. Cutaneous metastasis are extremely rare, 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. Hypofractioned 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

Conclusion We present 2 cases of an extremely rare presentation of SCNCC with multiple cutaneous metastasis. In this aggressive subtype, meticulous physical exam is paramount and any abnormal finding should prompt further investigation.

2022-RA-1548-ESGO TRIAL IN PROGRESS UPDATE ON ENGOT-CX8/GOG-3024/INNOVATV 205: ADDITION OF A NEW COHORT USING FIRST-LINE TISOTUMAB VEDOTIN + PEMBROLIZUMAB + CARBOPLATIN ± BEVACIZUMAB IN RECURRENT/METASTATIC CERVICAL CANCER

[1]Ignace Vergote, [2]Mansoor Mirza, [3]Jalid Sehouli, [4]Domenico Lorusso, [5]Fatih Kose, [6]David Cibula, [7]Anneke Westermann, [8]Dearbhaile Collins, [9]Susana Banerjee, [10]Ana Oaknin, [11]Ibrahima Soumaoro, [12]Shweta Jain, [13]Bradley J Monk. *[1]Belgium and Luxembourg Gynaecological Oncology Group and Leuven Cancer Institute, University Hospital Leuven, Leuven, Belgium; [2]Rigshospitalet and Copenhagen University Hospital, Copenhagen, Denmark; [3]Charité Universitätsmedizin, Berlin, Germany; [4]Fondazione Policlinico Gemelli IRCCS, Rome, Italy; [5]Baskent University, Adana, Turkey; [6]General University Hospital in Prague and First Medical Faculty, Charles University, Prague, Czech Republic; [7]Dutch Gynaecological Oncology Group (DGOG) and Amsterdam University Medical Centers, Amsterdam, Netherlands; [8]Cork University Hospital, Wilton, Cork, Ireland; [9]The Royal Marsden NHS Foundation Trust and the National Cancer Research Institute, London, UK; [10]Gynaecologic Cancer Programme, Vall d'Hebron Institute of Oncology, Vall d'Hebron University Hospital, Vall d'Hebron Barcelona Hospital Campus, Barcelona, Spain; [11]Genmab US, Inc., Princeton, NJ; [12]Seagen Inc., Bothell, WA; [13]GOG Foundation, Creighton University, and University of Arizona, Phoenix, AZ*

10.1136/ijgc-2022-ESGO.139

Introduction/Background Despite approval of pembrolizumab + chemotherapy ± bevacizumab as first-line treatment for patients with recurrent/metastatic cervical cancer (r/mCC) whose tumours express PD-L1 (CPS ≥1) and accelerated approval of tisotumab vedotin (TV) monotherapy for patients with r/mCC following disease progression on/after chemotherapy, there remains a need for more effective treatment options. We investigated TV combined with agents with known activity in cervical cancer. A 2-part, multi-cohort phase 1b/2 trial, ENGOT-cx8/GOG-3024/innovaTV 205 (NCT03786081), established the recommended phase 2 dose (RP2D) and the feasibility of TV combined with bevacizumab, pembrolizumab, or carboplatin (Monk et al. IGCS 2021). The current report describes the design of a new ongoing dose-expansion cohort in the innovaTV 205 study evaluating the combinations of TV, pembrolizumab, and carboplatin ± bevacizumab.

Methodology The new cohort in the innovaTV 205 study will comprise adult patients with recurrent or stage IVb squamous carcinoma, adenosquamous carcinoma, or adenocarcinoma of the cervix who had no prior systemic therapy and an Eastern Cooperative Oncology Group performance status of 0/1. Patients will be treated with the RP2D of TV (2.0 mg/kg) + carboplatin (AUC 5 mg/mL), pembrolizumab (200 mg), and bevacizumab (15 mg/kg) every 3 weeks or with TV + carboplatin (AUC 5 mg/mL) and pembrolizumab (200 mg). To assess the regimen's initial tolerability, a dose-limiting toxicity evaluation period will consist of completion of 1 treatment cycle of 21 days for 6 patients enrolled to receive the quadruplet combination. The primary end point of this dose-expansion phase is confirmed objective response per RECIST v1.1; secondary end points include duration of response, time to response, progression-free survival, overall survival, and safety. Enrolment is ongoing in the United States and Europe, with additional sites planned globally.

2022-RA-1556-ESGO UTERINE CERVIX CLEAR CELL ADENOCARCINOMA: TUNISIAN EXPERIENCE IN POST DIETHYLBOESTROL ERA

Sakhri Saida, Takoua Chalouati, Malek Bouhani, Amani Jellali, Riadh Chargui, Khaled Rahal. *Surgical Oncology Department, Salah Azaiez institute, Tunis, Tunisia*

10.1136/ijgc-2022-ESGO.140

Introduction/Background Clear cell adenocarcinoma of the cervix (CCCC) is a rare form of cervical cancer. Historically, it affected women of reproductive age who were exposed to Diethylboestrol (DES), the major risk factor. However, since the prohibition on DES, the majority of CCCC cases have occurred in older women who were not exposed to DES, suggesting that additional risk factors are involved in the carcinogenesis of CCCC.

Methodology We retrospectively analyzed clinical data of 17 patients with CCCC who were treated from January 2012 to december 2020 in our institute.

Results The median age was 57.82 years. Twelve patients were menopausal. The mean age of first sexual intercourse was 24 years. The most common symptom was vaginal bleeding. In all cases, there was no evidence of DES exposure. The tumor was ulcerating in ten cases, budding in five cases, and destroying the cervix in one case. On average, clinical tumor size was 3.73 cm. 41.17% patients were stage I, 52.9% were stage II, 52.9% were stage III. Neoadjuvant treatment including concomitant radio-chemotherapy was performed in7 cases, external pelvic radiation combined with utero-vaginal-brachytherapy in3 cases, and exclusive vaginal-brachytherapy in5 cases. Radical-hysterectomy was performed on 12 patients (83% PIVER III, 16% PIVER II). Pelvic-lymphadenectomy was performed in all cases. Only 2 cases had a lumbo-aortic-lymphadenectomy. The mean histological size was 0.9 cm (0–3 cm). Lymph-node involvement was noted in2 patients. Four patients had adjuvant treatment: pelvic radiation (1/4), chemotherapy (1/4), vaginal-brachytherapy (1/4) and combination of chemotherapy and brachytherapy (1/4). after a median follow-up of 55 months, 4 patients were alive and in remission, 11 were still evolving and 3 were lost to follow-up.

Conclusion In the absence of traditional risk factors, CCCC does not have a poorer prognosis than squamous cell carcinoma. Treatment is based on concomitant radiochemotherapy followed by radical surgery.