

not specify if the 117 with positive PAN over 510 were affected by early-stage cervical cancer. In Lea et al. study, 4.3% of patients had PAN metastases, and 2.8% showed recurrence.

Abstract 2022-RA-368-ESGO Table 1 Characteristics of included studies

Author, year of publication	Country	Study design	No. of participants (n=4989)	Median FU period (months)
Lea et al., 2002	USA	Retrospective observational cohort study	69	77
Coutant et al., 2007	France	Prospective cohort study	48	N/A
Alouini et al., 2008	France	Prospective cohort study	7	52
Li et al., 2012	USA	Prospective cohort study	17	38
Ouldamer et al., 2012	France	Systematic Review	510	N/A
Barquet-Muñoz et al., 2017	Mexico, Colombia	Retrospective observational cohort study	20	32.2
Zhu et al., 2017	China	Retrospective observational cohort study	79	46
Matsuo et al., 2018	Japan	Retrospective observational cohort study	4413	62.2
John Lim et al., 2021	Malaysia	Retrospective cross-sectional study	23	N/A

FU: follow-up.

Abstract 2022-RA-368-ESGO Table 2 Outcomes

Author, year of publication	PAN metastasis (%)	PAN recurrence (%)
Lea et al., 2002	3 (4.3)	2 (2.8)
Coutant et al., 2007	0 (0.0)	
Alouini et al., 2008	1 (12.5)	0 (0.0)
Li et al., 2012	0 (0.0)	0 (0.0)
Ouldamer et al., 2012	117 (N/A)	
Barquet-Muñoz et al., 2017	7 (35.0)	7 (35.0)
Zhu et al., 2017		3 (3.7)
Matsuo et al., 2018	54 (1.2)	120 (2.7)
John Lim et al., 2021	1 (4.3)	

PAN: para-aortic lymph nodes.

Conclusion PAN dissection in early-stage cervical cancer should be assessed according to intraoperative detection to identify patients at risk who may benefit from para-aortic lymphadenectomy.

2022-RA-373-ESGO LESS RADICAL SURGERY FOR PATIENT WITH EARLY-STAGE CERVICAL CANCER

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Introduction/Background Surgery in cervical cancer should be used with intention of cure. Radical abdominal trachelectomy is a feasible operation for selected patients with stage Iα-1β cervical cancer which fertility can be preserved.

Methodology A 30-years-old woman with squamous cell cervical cancer stage (1 A II) diagnosed at September 2011 expressed a wish for fertility-sparing treatment. Radical abdominal hysterectomy and pelvic and para-aortic lymphadenectomy were performed which showed no evidence of lymphatic metastasis. Subsequently, at last follow-up (5 months post-surgery), good oncologic outcomes were found after this procedure. This was the first case of fertility-sparing radical trachelectomy procedures performed at our institution.

Results Trachelectomy represents a valuable conservative surgical approach for early stage invasive cervical cancer.

Conclusion Trachelectomy represents a valuable conservative surgical approach for early stage invasive cervical cancer.

2022-RA-421-ESGO DEFLAGYN® HAS CYTOTOXIC, GENOTOXIC AND APOPTOTIC EFFECTS ON HUMAN ADENOCANCER CELLS: AN IN VITRO STUDY

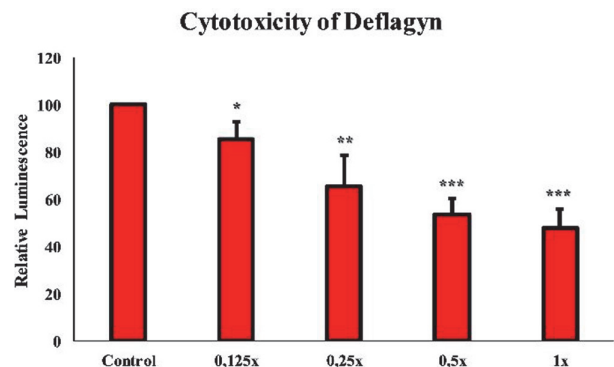
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Introduction/Background Recently an aqueous vaginal gel containing sodium 2- selenite pentahydrate and silicon dioxide (SiO₂), has been marketed under the brand name DeflaGyn® for the eradication of HPV. Studies showing that DeflaGyn®, which has been recommended to be used in various cytological abnormalities in recent years, regresses the severity of the lesions and causes the tests to turn negative in some of the HPV positive patients. The aim of the study was to determine whether DeflaGyn® has apoptotic, cytotoxic, and genotoxic properties on human cervical cancer cell (HeLa) lines.

Methodology Experiments were conducted on human cervical adenocarcinoma cell (HeLa) culture. The cells were incubated with different concentrations of DeflaGyn® for each experiment. Cell viability assay was performed based on luminometric ATP cell viability assay. Intracellular reactive oxygen species (ROS) was detected using 2,7-dichlorodihydrofluorescein-diacetate (H2DCF-DA) fluorescent probes. Genotoxicity was evaluated by alkaline single cell gel electrophoresis assay (Comet Assay). Apoptosis was evaluated by acridine orange/ethidium bromide (AO/EB) double staining method. 3,3'-dihexyloxycarbocyanine iodide (DiOC6(3)) was used to determine mitochondrial membrane potential (MMP).

Results Treatment with different doses of DeflaGyn® resulted in a higher cytotoxic effect in HeLa cells. DeflaGyn® increased the intracellular ROS production in a dose-dependent manner in HeLa cells. Dose-dependently increasing DeflaGyn® concentrations increased DNA damage. We have found that the MMP of HeLa cells decreased with increasing concentrations of DeflaGyn®.



Abstract 2022-RA-421-ESGO Figure 1