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.

**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.

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**Abstract 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®.

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**Abstract 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 I a-1b cervical cancer which fertility can be preserved.

**Methodology** A 30-years-old woman with squamous cell cervical cancer stage (I 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.
Abstract 2022-RA-421-ESGO Figure 2

Conclusion These findings indicate that cytotoxic, genotoxic, and apoptotic effects at higher doses of DeflaGyn® may be due to its ROS production capacity. Our results only should be interpreted with caution as we are not suggesting that DeflaGyn® can be utilized in cancer treatment. Before clinical trials on humans, an in vivo experiment such as a tumor-bearing mice model may be studied. These cumulative, cytotoxic, genotoxic, apoptotic effects of Deflagyn may explain the mechanism on precancerous lesions.

Abstract 2022-RA-425-ESGO Figure 1 The clinicopathological study group distribution in relation to the LICAM status

Conclusion Our study did not confirm the increased LICAM expression in cervical cancer as an adverse prognostic factor for LSVI, grade, and pelvic lymph node involvement. However, a significant relationship was seen between LICAM expression, histological type of tumor, and its size. The study was supported by grant 24/RVO-FNOs/2020

Abstract 2022-RA-425-ESGO Table 1 The clinicopathological study group distribution in relation to the LICAM status

Abstract 2022-RA-426-ESGO STRATIFICATION OF LYMPH NODE METASTASES AS MACROMETASTASES, MICROMETASTASES, OR ISOLATED TUMOR CELLS HAS NO CLINICAL IMPACT IN PATIENTS WITH CERVICAL CANCER: SUBGROUP ANALYSIS OF THE SCCAN PROJECT

Introduction/Background L1 cell adhesion molecule (L1CAM) belongs to the immunoglobulin superfamily of cell adhesion molecules and promotes cell proliferation, invasion, and metastasis. We aimed to study L1CAM expression in early-stage cervical cancer patients and assess its relationship to lymphovascular invasion (LSVI), histological type, degree of differentiation, tumor size, and lymph node involvement.

Methodology We study the patients with cervical cancer who underwent surgery in our department (2007 – 2017). An immunohistochemical examination of L1CAM expression was provided. Those in which the presence of L1CAM was confirmed in more than 10% of tumor cells were marked as positive. We enrolled in total 187 patients in stages FIGO I and II. The histological tumor types were adenocarcinoma 20, adenosquamous 14, and squamous carcinoma 153. And grading distribution was 46 tumors in grade 1, 106 in grade 2, and 33 in grade 3. We confirm up to 2 cm in 71 tumors and 116 tumors over 2 cm. LSVI was evident in 67 tumors. Pelvic lymphadenectomy was performed in 169 patients; positive metastasis was in 38.

Results L1CAM expression was positive in 39 (20.9%) tumors. We observed a significant difference in L1CAM expression in adenocarcinoma and adenosquamous carcinoma compared to squamous carcinoma (p=0.001). We noticed a difference in tumor size greater than or equal to 2 cm (p=0.005). L1CAM expression did not affect the degree of differentiation and the presence of LSVI (p=0.521; p=0.115, respectively). We also did not observe a difference in L1CAM expression regarding pelvic lymph node involvement (p=0.949).