Conclusion These findings indicate that cytotoxic, genotoxic and apoptotic effects at higher doses of Deflagyn\textsuperscript{10} may be due to its ROS production capacity. Our results only should be interpreted with caution as we are not suggesting that Deflagyn\textsuperscript{10} can be utilized in cancer treatment. Before clinical trials on humans, an \textit{in vitro} 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 L1CAM status

Conclusion Our study did not confirm the increased L1CAM expression in cervical cancer as an adverse prognostic factor for LSVI, grade, and pelvic lymph node involvement. However, a significant relationship was seen between L1CAM expression, histological type of tumor, and its size. The study was supported by grant 24/RVO-FNOs/2020

Abstract 2022-RA-426-ESGO The clinicopathological study group distribution in relation to the L1CAM status

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).