Methods Our study explored the simultaneous testing for multiple mutations targeted adenocarcinoma in cervical cancer using the NGS. Cervical cancer initially treated at Tokai university hospital from 2010 to 2021 (50 specimens) was compared with the registered data in TCGA database (133 specimens).

Results Following genome sequences were analyzed: BCAR4, CD274, PDCD1LG2, KRAS, ARID1A, PTEN, ALK, EGFR, ROS1, BRAF, PIK3CA, EP300, FBXW7, SHKP1, TGFBR2, TGFBR2, SMAD4, ERBB3, ERBB2, and KLF5 genes. Cervical cancer cells in our institution had more abnormalities of ALK, ROS1, EGFR, TGFBR2, ARID1A, and BRAF gene compared to these in TCGA database. ALK, ROS1, ERBB2, and EGFR abnormalities were frequently observed in cervical adenocarcinoma tumor cells. Comparing the gene mutation profiles of cervical adenocarcinoma cells by subtype, EP300, PTEN, FBXW7 and KRAS genes were found in Minor type (mucinous cancer, clear cell cancer, serous cancer) cervical adenocarcinoma cells.

Conclusions Genetic abnormalities for cervical cancer in Japan could be different compared to the US. For cervical adenocarcinoma in Japan, ALK, ROS1 gene may be targeted by molecular-targeted drugs. Considering heterogeneity in ethnicity, further study is warranted.

EP078/#260 THE STATE OF PALLIATIVE CARE FOR CERVICAL CANCER IN THE OSH REGION OF THE KYRGYZ REPUBLIC

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Conclusion Therefore, Palliative care of CC in the Osh region is limited due to insufficient development of the oncogynecological service, lack of medical personnel, social workers and inadequate pain control.

EP079/#276 ANXIETY AND DEPRESSION IN PATIENTS WITH CERVICAL CANCER

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Conclusion Thus, in general, 75 (90.4%) of 83 patients with advanced stages of the tumor had symptoms of depression in the form of subclinically and clinically expressed forms.

EP080/#940 VOLUMETRIC DOSE PRESCRIPTION IN CERVICAL CANCER BRACHYTHERAPY- A MOVE AWAY FROM ‘POINT A’

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Conclusion Excellent local control(>90%) and improved outcomes are reported with Image guided adaptive brachytherapy (IGABT) relative to traditional ‘Point A brachytherapy’. In majority of the developing world, even though Computed tomography (CT) has replaced X-rays for brachytherapy planning, dose prescription continues to be point based. In a move away from Point A, this study tested the feasibility of volumetric dose prescription on CT for cervical cancer patients. Patterns of failure and survival with volumetric dose prescription were analysed.

Methods All cervical cancer patients treated with curative intent, between December 2014- 2018, for whom brachytherapy dose was prescribed to the isodose covering the outer contour of the target (entire cervix and distal part of the corpus) on CT, instead of ‘Point A’ were included in this retrospective analysis. The prescription doses and ICRU bladder and rectal point doses were chosen from the equivalent dose tables for HDR brachytherapy. For 3 fractions brachytherapy...