weekly, for 16 weeks. Follow-up Pap test conducted after the completion of therapy was negative for intraepithelial lesion or malignancy. All subsequent Pap smears, HPV testing and colposcopy findings in last five years came negative. Therefore, we were able to avoid further surgical treatment in this patient.

Conclusion Topical medical therapy with 5% imiquimod of cervical premalignant lesion, at this point, cannot replace surgical therapy but may be considered as an off-label treatment option for selected group of women who want to avoid further surgery, especially during standard observation after primary biopsy, as shown in our report.

Disclosures The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial interest or nonfinancial interest in the subject matter or materials discussed in this manuscript.

#893 NON-INFERIOR SURVIVAL OUTCOMES BETWEEN LAPAROSCOPIC AND OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER WITH INCIDENTALLY IDENTIFIED PATHOLOGIC HIGH-RISK FACTORS

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Introduction/Background Previously, we suggested that patients with cervical cancer with tumors ≤2 cm on preoperative magnetic resonance imaging (MRI) are safe candidates for laparoscopic radical hysterectomy (LRH). Here, we aimed to investigate whether LRH deteriorates the prognosis of patients with incidentally identified high-risk factors on pathologic examination.

Methodology We identified patients with 2009 FIGO stage IB1 cervical cancer who underwent Type C LRH or open radical hysterectomy (ORH) at three tertiary hospitals between 2007 and 2018. Those with a tumor ≤2 cm on preoperative MRI who adhered to the practice guidelines for adjuvant treatment were included. Survival outcomes were compared between the LRH and ORH groups. Subgroup analyses were conducted according to presence of lymph node metastasis (LNM) and/or parametrial invasion (PMI).

Results In total, 498 patients were included: 299 in the LRH group and 199 in the ORH group. The ORH and LRH groups showed similar 5-year progression-free survival (PFS) (92.9% vs. 91.6%; P=0.615) and 5-year overall survival (OS) rates (96.8% vs. 97.2%; P=0.439). On pathologic examination, 49 (9.8%) and 16 (3.2%) patients had LNM and PMI, respectively, and 10 (2.0%) had both. In the LNM subgroup, 5-year PFS rate was not significantly different between the ORH and LRH groups (91.7% vs. 73.2%; P=0.169). In the PMI subgroup, no difference in PFS was observed between the two groups (P=0.893).

Conclusion LRH might not deteriorate recurrence and mortality rates in CC patients with a tumor size ≤2 cm when adjuvant treatment is appropriately administered, even if pathologic LNM and PMI are incidentally identified.

Disclosures Nothing to disclose

#910 HPV RELATED CERVICAL CARCINOSARCOMA

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Introduction/Background Cervical carcinosarcoma is a rare and aggressive malignancy that accounts for less than 1% of all cervical cancers. There is also evidence to suggest that human papillomavirus (HPV) infection may play a role in the development of cervical carcinosarcoma. Although the exact mechanisms by which HPV may contribute to the development of carcinosarcomas are not fully understood, some studies have suggested that high-risk HPV types may be involved in the pathogenesis of these tumours.

Methodology A comprehensive literature research of studies on rare pathological entity was performed in the Pubmed Database for the literature published in the last ten years. Analysis of our case in a young patient was included.

Results Given the exceptional rarity of this histopathological entity evidence is still missing regarding its risk factors, pathogenesis, management and prognostic factors. It affects mainly postmenopausal patients and less than 10 cases have been reported on women younger than 40 years old, which complicates its management when dealing with patients in their fertile period as in our case. We report a case of a 26 year old woman who was referred to our clinic for a cervical lesion reported as a carcinosarcoma HPV related, its work-up and final treatment and a review of the relevant literature with a special emphasis on its management in young patients.

Conclusion Due to the rarity of cervical carcinosarcoma and lack of abundant case study reports, uniform clinical guidelines for treatment following surgical resection remain unclear. However, this case study suggests that radical surgical treatment of this disease with negative margins in young patients with early-stage disease can be sufficient in treating cervical carcinosarcoma, despite their typical aggressive nature.

Disclosures The authors declare no conflicts of interests.

#915 RADICAL VAGINAL TRACHELECTOMY – WHAT MAKES IT RADICAL AND IS IT SAFE TO STEP DOWN ?

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Introduction/Background Radical vaginal trachelectomy (RVT) is a safe and viable treatment option for patients with early stage cervical cancer wishing to preserve fertility. We performed a retrospective monocentric study to describe the detection rate of sentinel biopsy, frequency of residual tumor in trachelectomy specimen and the impact of changes in FIGO staging.

Methodology 107 patients who underwent RVT at University Hospital Jena (1998–2020) were included. Inclusion criteria: 21 to 41 years, cervical cancer stage Ia1 to Ib2, any tumor size, regardless of neoadjuvant chemotherapy, regardless of

histotype. Exclusion criteria: radical hysterectomy in the first 6 months post trachelectomy.

Results In 85 cases, a previous conization was performed. Sentinel biopsy followed by systematic lymphadenectomy was documented for 80 patients. Bilateral detection rate: 80% (64/80), unilateral detection rate: 91% (73/80). N1 in 4.6% (5/107), all detected by sentinel biopsy and frozen section.

Residual tumor was found in trachelectomy specimen in 13 cases (15%) after conization. Parametrium was in all cases free from disease. In one case vaginal involvement was described.

For 67 cases the depth of invasion and tumor size were documented. For these cases the FIGO Stage was compared considering the classification in 2009 and 2018. 51% had the same staging, 31% were downgraded to stage 1a1 or 1a2 from 1b1 and 18% were upgraded to stage 1b2 from 1b1 due to tumor size >2 cm.

Conclusion Sentinel detection rate after conization was high. In a considerable proportion of patients, residual tumor was found in trachelectomy specimen. However, Parametrium was free of disease in all trachelectomy specimens, putting necessity of the radical approach into question. According to FIGO 2018 classification, FST would not have been indicated for some of the patients.

Disclosures No conflict of interest for main author and co-authors.

#928 QUALITY ASSURANCE FOR CLINICAL PRACTICE IN CERVICAL CANCER BRACHYTHERAPY WITH IR-192 SOURCE: IN VIVO DOSIMETRY WITH QED DIODES

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Introduction/Background To investigate the correlation between the dose predicted by the treatment planning system using three-dimensional (3D)-reconstructed CT images and the dose measured by diode detectors, under clinical condition of high-dose-rate brachytherapy of the cervix uteri.

Methodology During each application, 2 QED diode (1115000–2 and 1113000–2) are applied onto patient's skin at bladder (on top) and rectum level (side) with a bolus of at least 6 cm in water to mimic TPS calculation conditions. A CT-based HDR with a prescribed dose per fraction of 7 to CTV is performed. Measurements are carried both in water phantom and on patient's skin and are compared to those calculated by the treatment planning system (Elekta Oncentra Brachy 4.5.2)

Results The preliminary measurements show a linear response for the examinated detectors and a good agreement between measures and calculations (min: 0.4%, max 1.5%). The observed trend between treatment sessions is in agreement with the expectations, making these diodes a suitable tool for in vivo dosimetry measurements.

Conclusion An important topic in brachytherapy clinical practice consists in determinate the dose to rectum and bladder, in order to correlate these data with acute and late toxicity of OARs. Preliminary results shows that accuracy and reproducibility of the measurement system is sufficient for clinical routine implementation. Therefore, further measurements are needed in order to make the protocol robust.

Disclosures The authors declare no competing interests.

#939 LARGE CELL NEUROENDOCRINE CARCINOMA OF THE CERVIX: ABOUT THREE CASES

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Introduction/Background Large cell neuroendocrine carcinoma (LCNEC) is a rare subtype of cervical cancer that accounts for approximately 2–5% of all cervical cancer cases. LCNEC is characterized by a high degree of aggressiveness, early metastasis, and poor prognosis.

Methodology In this abstract, we present three cases of Large cell neuroendocrine carcinoma, each with a unique clinical presentation.

Results Case 1:

A 50-year-old woman presented with abnormal vaginal bleeding and pelvic pain. Further investigation revealed a large tumor in the cervix. A biopsy confirmed the diagnosis of LCNEC. The patient underwent Neoadjuvant chemotherapy and brachytherapy, but developed metastases to the lungs and liver within six months of initial diagnosis.

Case 2:

A 51-year-old woman presented with postmenopausal bleeding and was diagnosed with LCNEC on biopsy.

Further imaging studies showed the presence of metastases to the lymph nodes and liver. The patient was treated with chemotherapy and radiotherapy, but succumbed to the disease after 18 months.

Case 3:

A 47-year-old woman presented with recurrent vaginal bleeding and was diagnosed with LCNEC on biopsy. Further evaluation revealed metastases to the lungs, liver and bones.

The patient underwent chemotherapy, but unfortunately experienced disease progression and passed away within a year of initial diagnosis.

Conclusion LCNEC is a rare and aggressive subtype of cervical cancer that poses significant challenges in diagnosis and management. The prognosis for patients with NECC is poor, with a high risk of recurrence and metastasis. While surgery and lymphadenectomy have been found to significantly impact survival rates, chemotherapy and radiotherapy appear to have little to no effect on prognosis.

Disclosures All authors declare that they have no conflicts of interest.

#940 A RETROSPECTIVE SERVICE EVALUATION OF MARGINS USED TO CREATE PLANNING TARGET VOLUME (PTV) IN DEFINITIVE EXTERNAL BEAM IMAGE GUIDED RADIOTHERAPY (IGRT) FOR CERVICAL CANCER AT THE ROYAL DEVON UNIVERSITY HEALTHCARE

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