

around 70% of cervical cancers are staged as FIGO stage I-IIA.

Methodology We present the case of a 31-year old caucasian female patient with vaginal bleeding in the 15th gestational week (G3 P2). Vaginal and ultrasound examinations showed an intact pregnancy an exophytic tumour of the posterior cervical lip. The initial biopsy showed only a HSIL of the cervix. A cold knife cone biopsy was performed with diagnosis of a 5,9x4,9x3,2 cm squamous cell cervical cancer (HPV positive, G3). The termination of pregnancy, laparoscopic pelvic lymphadenectomy and chemoradiotherapy were offered and performed on the patient. The surgical-pathological staging was pT1b2, pN0, M0, G3, L1, V1, Pn0, R1. Unfortunately the planned brachytherapy after EBRT was not possible, instead we performed an external boost radiotherapy.

The patient was diagnosed with local recurrence eleven months after ending the radiotherapy. A salvage radical hysterectomy C2 (Querleu-Morrow) with iliac and paraaortic node dissection was performed with a surgical-pathological stage: rpT2a1, pN0, M0, G3, L1, V0, Pn0, R0. We decided for a postoperative treatment with six cycles of carboplatin-paclitaxel chemotherapy.

Results The follow-up controls up to 15 months after surgery showed no signs of cancer recurrence.

Conclusion The case illustrates the complexity of the topic, the difficult decisions needed to be made by the physicians and the pregnant patient. Multidisciplinary approach in cervical cancer and pregnancy is strongly recommended. The radical hysterectomy for local recurrent cervical cancer after radiotherapy seems to be a feasible treatment.

Disclosures -

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EPIDEMIOLOGIC, CLINICAL AND THERAPEUTIC ANALYSIS OF NO METASTATIC CERVICAL CANCER IN WEST OF ALGERIA

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Introduction/Background Cervical cancer is a preoccupant problem of public health in Algeria, because its frequency and especially its mortality. The objective of our study is to determine epidemiological, clinical and therapeutic aspect of cervical cancer in west of Algeria.

Methodology This is a retrospective study that took place in the radiotherapy department of EHSO of Emir Abdelkader in Oran in the period from 1st January 2015 to 31st December 2018. The number of patients included in the study is 409.

Results The average age was 56.49 ± 0.6 years old with extreme of 24 years and 93 years. Genital bleeding is the dominant reason for consultation found in 81% of cases, most patients are grand multiparous, 76% of women have four or more children. 28% of women were anaemic at diagnosis with haemoglobin $<12\text{g/dl}$. Almost all patient (78% of cases) presented with a cervix bourgeon a or ulcerate bourgeon. The most represented histological type was squamous cell carcinoma in 88.3% of cases and adenocarcinoma was represented by 37 cases (9%), the average radiological tumour size is 43.7 mm of which 64% of cases were greater than 4 cm. According to the Figo2009 classification, stage IIB represents 55.2% of cases followed by stage IB (25% of cases),

stage IV (8.1% of cases), stage III (5.1%), and stage IA (1.9% of cases), the average consultation time is 6.11 months. 4 therapeutic arms were used for the treatment of patients, radiotherapy used in 89.8% of cases, followed by surgery used in 54.3% of patients, brachytherapy in 52.5% of cases, and finally chemotherapy, of which 51.4% of women benefited.

Conclusion Cervical cancer is the third leading cause of mortality after breast cancer and colorectal cancer in Algeria. Despite efforts for an early detection program by cervico-vaginal smear, patients arrived in locally advanced stage, and consult doctors late.

Disclosures Cervical cancer, Radiotherapy

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THERAPEUTIC PARADIGM: NOTABLE EFFICACY OF PEMETREXED IN MANAGING RECURRENT CERVICAL CANCER AFTER A YEAR GAP OF TREATMENT – CASE REPORT

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Introduction/Background Managing patients with recurrent cervical cancer presents a substantial challenge. This case report about pemetrexed showing effectiveness in a patient with recurrent cervical cancer and a year gap in treatment due to financial constraints highlights the need for personalisation of treatment approaches.

Methodology In 2019, a 52-year-old woman was diagnosed with cervical squamous cell cancer (spindle-cell type) classified as cT4N1M0. The tumor measured $67*55*51$ mm and exhibited infiltrative growth in the myometrium, parametria, and all layers of the posterior urinary bladder wall (confirmed mucous layer involvement through cystoscopy). Additionally, there were metastatic lesions in the iliac lymph nodes. CT scans of the chest and abdomen did not reveal any pathology related to the primary tumor. Initial chemoradiotherapy with paclitaxel and cisplatin resulted in disease stabilization by May 2020. However, a recurrence was observed in the clitoris, mediastinal lymph nodes, and liver one year later. The patient received additional cycles of Paclitaxel+Cisplatin and external beam radiation therapy (EBRT). Towards the end of 2021, disease progression was evident with new lesions in the lungs and inguinal lymph nodes (LNs). In early 2022, three cycles of pemetrexed were initiated, resulting in a significant reduction in the size of existing lesions and disappearance of some lung lesions. This was followed by three more cycles of pemetrexed in April and May 2022, leading to stabilization by June. However, the patient was unable to continue treatment beyond that point due to financial constraints.

Results Six months later, radiologic evaluation revealed disease progression, prompting the multidisciplinary team to initiate treatment with pemetrexed. As of the most recent update, the patient has achieved stabilization.

Conclusion Pemetrexed demonstrated effectiveness in managing recurrent cervical cancer in our patient despite a one-year gap in the course of the treatment. Further research is warranted to optimize the use of pemetrexed.

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