#1003 ANALYSING THE MECHANISM OF TUMOR CELL CONTAMINATION DURING MINIMALLY INVASIVE SURGERY FOR CERVICAL DISEASE BY PELVIC WASHING FLUID HPV TESTING

Zoltán Novák*, Edina Lukács, Kiarash Bahrehmand, Gabriella Ivády-Szabó, Melinda Csernik-Bóka. *National Institute of Oncology, Budapest, Hungary*

10.1136/ijgc-2023-ESGO.213

Introduction/Background since the LACC trial, multiple studies have confirmed the increased recurrence rate following minimally invasive surgery (MIS) compared to laparotomy in early-stage cervical cancer. There is an increased risk of peritoneal carcinomatosis also, which shows that contamination of the pelvis by tumor cells may be the explanation for the inferior oncologic outcome. We decided to identify the major mechanism for this possible contamination and used pelvic washing fluid HPV test during different steps of MIS

Methodology it is a prospective cohort study performed at the Hungarian National Institute of Oncology. For safety reasons, cervical cancer patients where MIS was proven to be oncologically inferior were excluded. Since February 2021 we included 25 patients who had hysterectomy performed by MIS due to high-grade cervical dysplasia following inadequate local excision. At the beginning of the operation, a cervical sample was taken with a cytobrush, followed by 30ml pelvic washing fluid samples collected at different steps of the hysterectomy: at the start of the operation, after application of manipulator and finally after closing the vaginal cuff. HPV DNA isolation, amplification, hybridization, and complete genotyping were performed.

Results out of 25 patient's cervical sample 21 was HPV positive. Examining these 21 patient's samples, in 3 patients HPV positivity occurred after application of the manipulator and 15 cases became positive following colpotomy, all of them showing the same HPV genotypes as the cervical samples.

Conclusion several research groups proposed that possible factors for the contamination of tumor cells might be the use of manipulator and performing intracorporeal colpotomy with pneumoperitoneum. Our results seem to support this hypothesis, the main contaminating step appears to be the opening of the vagina by MIS. We propose that analyzing pelvic washing fluid HPV and cytology can help to control the oncologic safety of protective techniques used during MIS for cervical cancer.

Disclosures .

#1005 CLINICAL ERRORS IN PATIENT MANAGEMENT WITH PAPILLOMAVIRUS INFESTATION

[1]Valentyna Sklyarova*, [1]Rostyslav Chajkivskyj, [1]Oksana Nepyjvoda, [2]Taras Rozhanskyi. *[1]Lviv National Medical University, Lviv, Ukraine; [2]Volyn Regional Oncology Centre., Lutsk, Ukraine*

10.1136/ijgc-2023-ESGO.214

Introduction/Background Errors in the clinical management of patients with persistence of human papillomavirus infection occur in the practice of gynecologists

Methodology Aim of the study was to evaluate 5 clinically important complications of situations for women aged 18–45 years.

Material and Methods Studies were conducted on the base of Yu. Lypy Lviv regional hospital of disabled people of war and repressed and Volyn Regional Oncology Centre. A retrospective analysis of errors in the management of patients was carried out, in treatment methods, especially with the use of cryodestruction, colposcopic pictures, results of cytological and histological conclusion, results of examination for oncogenic types of papillomavirus were presented.

Results and Discussion After analyzing all errors in the management of patients with persistence of papillomavirus and preliminary cryotherapy of the cervix, the main reasons that led to the progression of the disease up to cervical cancer were noted.

Conclusion In the presence of papillomavirus, cryodestruction of the cervix is not advisable, even if no cervical dysplasia was detected by histological conclusions

Disclosures There is no conflict of interest of any of the authors with the results of the study.

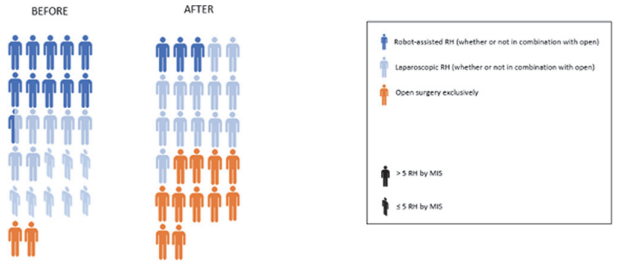
#1010 PALACC: A SURVEY ON THE PRACTICE CHANGES OF BELGIAN GYNECOLOGIC ONCOLOGISTS AFTER THE LACC TRIAL

[1]Charlotte Deltour, [2]Verberckmoes Bo, [2]Menekse Göker, [2]Amin Makar, [2]Hannelore Denys, [2]Katrien Vandecasteele, [2]Gabrielle Van Ramshorst, [2]Glenn Vergauwen, [2]Philippe Tummers, [2]Rawand Salihi*. *[1]AZ Sint Lucas, Ghent, Belgium; [2]UZ Gent, Ghent, Belgium*

10.1136/ijgc-2023-ESGO.215

Introduction/Background The `Laparoscopic Approach to Carcinoma of the Cervix` (LACC) trial (2018), described oncological results in favor of laparotomy compared to minimally invasive surgery (MIS) in the management of early-stage cervical cancer. Aim of our study was to assess the impact of those results on the choice of surgical approach of the Belgian Gynecologic Oncologists.

Methodology An electronic survey using the REDCap platform was sent in December 2020 to 81 individual Belgian Gynecologic Oncologists, consisting of several topics: characteristics of their practice, day-to-day practice and surgical approaches of early-stage cervical cancer, measures to minimize spill during the operation and ratio of the types of procedures (open vs laparoscopic vs robot-assisted), before and after the LACC-trial.



Abstract #1010 Figure 1 Change of practice in type of surgery to perform radical hysterectomy.

Results Twenty-seven surveys (Response Rate of 33.3%) were collected from January to May 2021. After the LACC-trial, 16 of 25 (64%) individual Belgian Gynecologic Oncologists still performed MIS. Change in type of surgery is shown in figure 1. More than half (56.3%) indicate to having modified