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 testing 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

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. Lypa 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

Introduction/Background The ‘Laparoscopic Approach to Carcinoma of the Cervix’ (LACC) trial (2018), described oncologic 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.

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 the practice of their type of surgery to perform radical hysterectomy.

Abstract #1010 Figure 1 Change of practice in type of surgery to perform radical hysterectomy.
their practice when performing a radical hysterectomy (RH) for early-stage cervical cancer, in terms of indication and measures to minimize spill. In order to minimize spill, specific precautions were taken by those performing MIS. The use of a uterine manipulator decreased with about 18% (43 to 25%), the use of a vaginal cuff more than doubled (15 to 62%) and the use of an endobag increased with approximately 44% (56 to 100%).

**Conclusion** The LACC-trial led to a change in surgical practices for early-stage cervical cancer in Belgium, although still two thirds of the participating Belgian Gynecologic Oncologists perform RH through MIS techniques. This is in contrast with international guidelines. More than half of the responding Belgian Gynecologic Oncologists modified their practice by taking precautions to minimize spill.

**Disclosures** None

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**EVALUATION OF THE DIAGNOSTIC PERFORMANCE OF CERVICAL CANCER IN YOUNG WOMEN: COMPARISON WITH SURGICAL STAGING AND PROGNOSTIC IMPLICATIONS**

Andres Rave Ramirez*, Maria Laseca Modrego, Daniel Gonzalez Garcia-Cano, Beatriz Navarro Santana, Octavio Atenchiba Sanchez, Alicia Martin Martiniz. Complejo Hospitalario Universitario Insular Materno Infantil de Canarias, Las Palmas De Gran Canaria, Spain

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**Introduction/Background** The most important prognostic factor in cervical cancer is lymph node involvement. The available literature is unclear on the benefit of surgical staging since, although high rate of false positives, lymphadenectomy does not appear to improve survival or disease-free time.

**Methodology** Retrospective, observational cohort study

**Aim** To know the diagnostic performance of imaging tests (CT and/or PET) in the lymph node staging of cervical cancer in our patients.

To assess the diagnostic impact of surgical staging on our patients.

All patients diagnosed with locally advanced cervical cancer (FIGO 2009 IB2-IVA) who underwent complete imaging and surgical staging between 2010–2021 will be included

**Results** There were 411 patients with LACC, of which 54.9% underwent paraaortic LND. The mean age was 49.27 years ± 10.5. The median BMI was 25.39 kg/m² (28.64–22.14), 78.3% of cases (173) were squamous cell carcinomas, 17.2% (38) adenosquamous carcinomas, 2.7% (6) adenosquamous and 1.8% (4) undifferentiated carcinomas. The overall recurrence rate throughout the study was 15.8% (overall DFS 84.2%). Median time up to recurrence 11 months (21–1). There were no differences in recurrence patterns between patients with positive and negative nodes (p = 0.137). An overall survival rate of 76.1% was observed. Average time of 27 months (42.5–11.5) years (n = 156) of our sample was staged by CT. 26.7% (n = 59) were staged by PET/CT. The rate of paraaortic involvement by imaging was 5% (n = 11). The pelvic involvement rate was 23.5% (n = 52), and the involvement rate in both fields was 18% (n = 45). Overall, the diagnostic performance of imaging staging presents a sensitivity of 14.8%, specificity of 92.6%, positive predictive value of 26.6% and NPV of 85.5%. Indirectly, there were no differences in DFS or OS in the group of patients whose treatment was modified by surgical staging.

**Conclusion** The diagnostic performance for paraaortic lymph node involvement is limited by the low sensitivity and high rate of false negatives. This supports the performance of paraaortic staging lymphadenectomy, especially in patients with imaging test with paraaortic uptake, or with pelvic uptake indicative of metastasis, since we see how the probability of false negatives in the paraaortic territory increases radically.

**Disclosures** None

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**CERVICAL CANCER IN YOUNG WOMEN: EPIDEMIOLOGICAL FEATURES, THERAPEUTIC CHARACTERISTICS AND PROGNOSIS**

Ons Kaiba*, Rim Bouchaha, Abdelkader Bel Kahlia, Université de Sousse, Faculté de Médecine et de Soins de Santé, Service de gynécologie obstétrique, CHU Farhat hached, Sousse, Tunisia

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**Introduction/Background** In low income countries and in the absence of national preventive programs (generalized HPV vaccination and population screening), most cases of cervical cancer are locally advanced with a high mortality and morbidity. The purpose of this study was to evaluate the epidemiological profile and the prognosis of cervical cancer in women ≤40 in Tunisia.

**Methodology** It is a retrospective mono-centric study from January 2010 to January 2021. We evaluated the clinical history, treatment, and follow-up of all women ≤40 years of age diagnosed with cervical cancer, from a global cohort of 493 patients diagnosed in our center with cervical cancer during the same period.

**Results** We included 29 patients. The prevalence of cervical cancer among women ≤40 is 5.88%. The mean age was 34.7 ± 4.7 years. Ten patients (43.4%) did not attend high school. Fifteen (65.2%) were employed. Nineteen (82.6%) were married of whom 4 were nulliparous. The mean age of first sexual intercourse was 21.5 years (20–26). The diagnosis of cervical carcinoma was made on screening pap smear in 14 cases (60.8%). The average tumor size was 45 mm (± 18.7), while on MRI average tumor size was 56.75 mm (± 18.4). According to the FIGO classification: 30.4% had non-invasive cancer and 18.6% had stage I. Nine patients had a hysterectomy (5 initially and 4 after concomitant chemoradiation). After a 5 year follow up 21.7% of women died of cervical cancer.

**Conclusion** Cervical cancer is a rare entity in women ≤40. Locally advanced stage disease is prevalent with a poor prognosis at 5 years.

**Disclosures** Nothing to declare

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**LOW-GRADE MALIGNANT PERIPHERAL NERVE SHEATH TUMOR OF THE UTERINE CERVIX**

Pajtim Asar*, 1Saso Stojcevski, 1Igor Aluloski, 1Marija Joksimoviq, 2Romir Kadriu, 1Adelina Dalipi, 2Bekim Elezi, 2Biljana Ognenoska Jankoska, 2Hylya Shabani.

1Univertisty Clinic of Obstetrics and Gynecology Skopje, Skopje, Macedonia, Former Yugoslav Republic of; 2University Clinic of Radiotherapy and Oncology Skopje, Skopje, Macedonia, Former Yugoslav Republic of; 3PHO Benelu Internistica, Gostivar, North Macedonia

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**Introduction/Background** Malignant peripheral nerve sheath tumours (MPNSTs) represent only approximately 10 per cent of tumours of peripheral origin, their incidence is 0.001 per cent [1].