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

#1016 EVALUATION OF THE DIAGNOSTIC PERFORMANCE OF NODAL STAGING IN CERVICAL CANCER BY IMAGING COMPARED WITH SURGICAL STAGING AND PROGNOSTIC IMPLICATIONS

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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 environment. To assess the prognostic 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 paraortic 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) adenocarcinomas, 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 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). 70.6% (n=156) of our sample was staged by CT. 26.7% (n=59) were staged by PET/CT. The rate of paraortic involvement by image was 5% (n=11). The pelvic involvement rate was 23.5% (n=52), and the involvement rate in both fields was 1.8% (n=4). 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 paraortic lymph node involvement is limited by the low sensitivity and high rate of false negatives. This supports the performance of paraortic staging lymphadenectomy, especially in patients with imaging test with paraortic uptake, or with pelvic uptake indicative of metastasis, since we see how the probability of false negatives in the paraortic territory increases radically.

Disclosures No disclosures

#1019 CERVICAL CANCER IN YOUNG WOMEN: EPIDEMIOLOGICAL FEATURES, THERAPEUTIC CHARACTERISTICS AND PROGNOSIS

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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 epidemiologic 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 34.4 ± 4.7 years. Ten patients (43.4%) did not attend high school. Fifteen (65.2%) were unemployed. 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 woman ≤40. Locally advanced stage disease is prevalent with a poor prognosis at 5 years.

Disclosures Nothing to declare

#1024 LOW-GRADE MALIGNANT PERIPHERAL NERVE SHEATH TUMOR OF THE UTERINE CERVIX

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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].