Introduction/Background Adenocarcinoma accounts for 10–25% of malignant cervical cancer cases. Several authors have reported that their prognosis is less favourable than squamous cell carcinomas. The aim of our study is to determine the clinical, therapeutic and prognostic aspects of adenocarcinoma of cervical cancer.

Methodology This is a retrospective study of 59 patients with adenocarcinoma of the uterine cervix treated at the Emir Abdulkader University Hospital Establishment of Oncology in Oran between January 2014 and December 2020.

Results The average age of the patients was 55.9 years. Metrorrhagia was the most frequent symptomatology finding in 57.62% with an average time of consultation of 7.4 months, the majority of patients were anemic in 62.7% of cases. According to the Figo 2018 classification the majority of patients were classified as stage IB (39%), stage III (37.3%), stage IIB (13.6%), stage IA (5%) and IVA (3.4%). Radiological lymph node involvement (ADP ≥1cm) represented 34% of cases and the mean radiological tumour size was 47mm.

56% of the patients underwent surgery and 44% of the patients were treated with exclusive concomitant radiochemotherapy with or without uterovaginal brachytherapy.

Mean follow-up was 43.12 months. The progression free survival (PFS), disease free survival (DFS), and overall survival (OS) at 5 years was 86.4%, 53.9%, 61.7% respectively.

In univariate analysis, Figo III-IV stage, tumour size greater than 5cm, presence of anemia, radiological lymph node involvement, absence of surgery and brachytherapy are unfavourable prognostic factors for overall survival with a statistically significant p <0.05.

Conclusion Adenocarcinomas of the uterine cervix are particular histopathological entities with a poor prognosis requiring more aggressive oncological treatment.

Disclosures key words: Cervical cancer- adenocarcinoma- prognosis

Abstract #1024 Figure 1

Conclusion MPNSTs of the uterine cervix are an extremely rare group of sarcomas, only 16 cases are reported in the literature, because of their rarity treatment protocols vary, surgery by radical hysterectomy is the preferred choice, and adjuvant therapy by radiation and chemotheraphy is individual.

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