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 chemotherapy is individual.

Disclosures

#1034 CLINICAL, THERAPEUTIC AND PROGNOSTIC ANALYSIS OF ADENOCARCINOMA OF THE UTERINE CERVIX: EXPERIENCE OF THE EMIR ABDELKADER UNIVERSITY HOSPITAL OF ONCOLOGY IN ORAN

MPNSTs more frequently are found on the extremities and trunk, and less often on the head and neck [2,3]. Clinically they usually present with pain, growth of tumorous mass and neurologic deficit [4]. Rapid tumour growth is suggestive of malignancy [5]. Diagnosis is achieved with radiologic techniques and tissue biopsy which is particularly important to differentiate malignancy.

MPNSTs of the uterine cervix are extremely rare, they usually present as a large exophytic mass on the uterine cervix. Treatment protocols vary because of the rarity of the disease and besides surgery, adjuvant radiation and chemotherapy should be considered.

Methodology

Case report We present a case of a 51 years old patient admitted to our institution due to severe uterine bleeding and a polyoid large exophytic cervical lesion 7x4cm, by mistake these lesions are often misjudged as protruding leiomyoma. Excision of the cervical tumorous mass was performed. Immunohistochemistry was positive for vimentin, S-100 and Ki 67. These lesions are often misjudged as protruding leiomyoma. Two years later right quadrantectomy was performed due to breast carcinoma for which radiation and hormonal therapy is given. Computed tomography of the thorax showed no signs of metastasis or residual disease, in the abdomen and pelvis.

Results

In univariate analysis, Figo III-IV stage, tumour size greater than 5cm, presence of anaemia, 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 - pronostic

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 Abdelkader University Hospital Establishment of Oncology in Oran between January 2014 and December 2020.

Results The average age of the patients was 55.9 years. Mortality 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.

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Disclosures key words: Cervical cancer - adenocarcinoma - pronostic

#1037 IMMUNOHISTOCHEMISTRY ROLE IN DIFFERENT TYPES OF CERVICAL CANCER

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Introduction/Background Despite of different new and modern profilactic strategies, cervical cancer remains an important cause of morbidity and mortality among women of different ages. The incidence of adenocarcinoma of the cervix (ADC) has increased in the last decades in our region. Increased is also the interest for using immunohistochemistry for diagnosis. Performing IHC could help also in establishing the suitable therapy.

Methodology Our retrospective study included 68 cases admitted in our gineco-oncological department between 1st of January 2020 until the 31st of December 2022. Histopathological examination following cervical biopsy or endocervical curettage identified cervical adenocarcinoma in 27 (39%) of the cases, the rest of the cases being squamous cell carcinoma. In all the cases was performed HPV PCR and immunostaining for 4 biomarkers : p16, p63, VEGF and HER2. The biomarker
expression result was based on the examination of 2 different pathologists.

Results After the IHC studies we were able to select cases of adenocarcinoma in situ and to identify cases of invasive adenocarcinoma and also to classify the tumours by HPV dependency. In the distinction between usual-type endocervical adenocarcinoma non HPV related the most useful marker was HER2. The expression intensity of p16 and HR HPV was positively correlated with the degree of cervical lesions for adenocarcinoma HPV related. Overexpression of p63 was of value for squamous cell carcinoma but association with HR HPV positive wasn’t present in all cases of SCC. VEGF was not useful as marker for differentiation because it has same immunostaining in both SCC and ADC, but for invasion grade.

Conclusion Adenocarcinoma of the cervix and SCC have similar clinical features, staging but different therapeutic approach, IHC biomarkers being able to identify cases of invasive disease, associated with a more aggressive treatment. In our study 3 of the biomarkers were helpful in creating the treatment plan.

Disclosures I do not have any conflict of interest with any person or organization.

#1046 ONCOLOGIC AND OBSTETRIC OUTCOMES FOLLOWING LAPAROSCOPIC RADICAL TRACHELECTOMY – A SINGLE CENTRE EXPERIENCE


Introduction/Background Cervical cancer is the fourth gynaecological cancer amongst women worldwide with one third of new cases being women between 20 and 40 years old. Nowadays, the societal progress along with economic insecurity and pursuing of higher educational and career development have led to delayed childbearing. Hence, an increasing desire for fertility sparing options has emerged. Aim of our study was to evaluate the oncologic and obstetric outcomes of laparoscopic radical trachelectomy with pelvic lymph node assessment in women with cervical tumour size less than 4cm (IB1 FIGO 2009).

Methodology Medical records of women who underwent laparoscopic radical trachelectomy with pelvic lymphadenectomy for early-stage cervical carcinoma between March 2010 and March 2019 were reviewed retrospectively. Clinicopathological variables, oncologic and obstetric outcomes were evaluated.

Results A total of 18 patients were included. The median age at initial diagnosis was 32 years (range 23–43). All patients had a FIGO stage Ib1 disease in the final histopathology examination and none them received adjuvant therapy. Median follow up was 87.5 months (range 44–120). One recurrence (5.5%) recorded 27 months after completion of initial treatment and no death was recorded during the time of the study. The overall survival rates were 100%, (95% CI, 97.6–99.7) Seven women attempted to conceive during the study period and they all achieved a clinical pregnancy. Among the patients who have attempted a pregnancy, the live birth rate was 71.4%.

Conclusion Our study showed that laparoscopic radical trachelectomy seem to be favorable in meticulously selected patients who desire to preserve their fertility. Future research will hopefully provide further insight into more accurate selection criteria and minimally invasive surgical mode to achieve maximal obstetric outcomes without jeopardizing the oncologic outcomes.

Disclosures No

#1070 A CASE OF CERVICAL CANCER DIAGNOSED IN A TWIN PREGNANT WOMAN. CONISATION AT EARLY DIAGNOSIS, CERVICAL CERCLAGE AND ONE-TIME C-SECTION PLUS HYSTERECTOMY

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Introduction/Background Cervical carcinoma can be sometimes diagnosed in pregnant women and radical treatment may need to be performed.

Results A cervical carcinoma was diagnosed in a 36-year-old twin pregnant woman in the 15th week of pregnancy. An MRI scan revealed minimal foci of hyperintense signals in DWI without any clear image of a solid lesion. One month after the diagnosis, conisation, and a cervical cerclage were undertaken at the same surgical act. The histological examination revealed a moderately differentiate endocervical adenocarcinoma, histological grade 2, plus compromise of the resection margin, pTNM pT1b1 FIGO IB1. Taking all the results into account, after discussion at the interdisciplinary tumour board, to keep the pregnancy until the 32nd week was accorded with the patient. Finally, after previous foetal lung maturation with Betamethasone, a cesarean section was carried out in the 34th week, and two alive feminine infants were born. A Wertheim Meigs Hysterectomy followed the same surgical act. The surgical piece showed in sita endocervical adenocarcinoma without lymphovascular invasion nor affection of the iliac lymph node. No adjuvant therapies needed to be performed. Over 2 years after the surgery, recent CT scans show no cancer relapse and both mother and daughters are in good health.

Conclusion Conisation plus cerclage can be a good solution for pregnant woman, especially if twin pregnancy or history of cervical incompetence. Sometimes, though, hysterectomy may need to be performed as soon as possible, for example, at the same c-section act.

Disclosures The author or authors declare that they have no conflict of interest with respect to the author or publication of this article.

#1071 PATTERNS OF PATHOLOGICAL RESPONSE TO NEOADJUVANT CHEMORADIATION THERAPY IN CERVICAL ADENOCARCINOMA. A MONOCENTRIC PILOT STUDY

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Introduction/Background This monocentric pilot study explored the histopathological changes observed in response to neoadjuvant chemoradiotherapy (CRT) followed by radical treatment plan.

Conclusion After the IHC studies we were able to select cases of adenocarcinoma in situ and to identify cases of invasive adenocarcinoma and also to classify the tumours by HPV dependency. In the distinction between usual-type endocervical adenocarcinoma non HPV related the most useful marker was HER2. The expression intensity of p16 and HR HPV was positively correlated with the degree of cervical lesions for adenocarcinoma HPV related. Overexpression of p63 was of value for squamous cell carcinoma but association with HR HPV positive wasn’t present in all cases of SCC. VEGF was not useful as marker for differentiation because it has same immunostaining in both SCC and ADC, but for invasion grade.

Conclusion Adenocarcinoma of the cervix and SCC have similar clinical features, staging but different therapeutic approach, IHC biomarkers being able to identify cases of invasive disease, associated with a more aggressive treatment. In our study 3 of the biomarkers were helpful in creating the treatment plan.

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