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 polypoid 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. Two years before 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 was noted cervical mass, but no enlarged lymph nodes were noted. The patient is appointed for surgery, perioperative exams are appointed.

Results / 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 / 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

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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. 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 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- prognostic

#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.

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**Abstracts**

**Oncologic and Obstetric Outcomes Following Laparoscopic Radical Trachelectomy – A Single Centre Experience**


10.1136/ijgc-2023-ESGO.221

**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 pursuit 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 route to achieve maximal obstetric outcomes without jeopardizing the oncologic outcomes.

**Disclosures** No