expression result was based on the examination of the slides by 2 different pathologists.

**Results** After the IHC studies we were able to select cases of adenocarcinoma in situ 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 p63 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 samel 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**


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 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**

Cristina Benito Pedregosa*, Núria Nieto Fernandez, BRUNA Furtado Raul, PAU Carabias Meseguer. Hospital Materno, Barcelona, Spain

10.1136/ijgc-2023-ESGO.222

**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 caesarean 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 situ 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**

Annelies Leen Page*, Rawind Salhi, Koen Van De Vijver. University Hospital Ghent, Ghent, Belgium

10.1136/ijgc-2023-ESGO.223

**Introduction/Background** This monocentric pilot study explored the histopathological changes observed in response to neoadjuvant chemoradiotherapy (CRT) followed by radical
surgery in patients diagnosed with advanced cervical adenocarcinoma (AC).

**Methodology** Retrospective assessment of histological slides was conducted to evaluate the pathological response to treatment and to develop a response score for cervical chemoradiation therapy (cCRS score). This cCRS score distinguishes three major response groups: Group A (no response), Group B (partial response), and Group C (complete response). Within Group B, three different response patterns can be distinguished based on their pathological morphological characteristics: Pattern 1, Pattern 2 and Pattern 3.

**Results** Twenty-five patients, with a mean age of 52.04 years were included for analysis. Two patients (8%) had no pathological response (cCRS A), 22 patients (88%) had a partial response (cCRS B), and 1 patient (4%) had a complete response (cCRS C) after CRT. During follow-up, 10 out of 25 (40.0%) patients developed a recurrence. In a univariate logistic analysis, a significant higher risk of recurrence and death was observed for the Group B Pattern 2 cCRS (p=0.009 and p=0.013 respectively). 3 patients (12%) died of which all had a Group B response pattern 2 cCRS. In addition, a trend towards higher mortality was observed when there was a lymph node metastasis (p=0.051).

**Conclusion** The identification of prognostic markers associated with poor outcome is clinically relevant and could be implemented in an individualized treatment plan. Further studies are necessary to confirm these findings on a larger scale.

**Disclosures** No potential conflict of interest by all authors.

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**Abstract #1081**

**EVALUATION OF URINARY DYSFUNCTION AFTER NERVE-SPARING RADICAL HYSTERECTOMY IN PATIENTS WITH CERVICAL CANCER**

1Marjan Stojovski, 1Viktoria Jovanovska, 1Daniel Miklovski, 1Vlado Gjievski,
1Ivana Kajtova, 1Saso Stojcevski, 1Igor Alioski, 1Mile Dragun Tanturovski. 1University clinic of gynecology and obstetrics, Skopje, Macedonia, Former Yugoslav Republic of;
2University clinic of gynecology and obstetrics, Skopje, North Macedonia

**Introduction/Background** Urinary dysfunction is one of the most frequently described postoperative complications after radical hysterectomy. Extensive dissection leads to damage to the pelvic autonomic nerves that innervate the bladder muscles, urethral sphincter and pelvic floor fascia, and thus to urinary dysfunction.

The aim of this study is to assess the length of the recovery phase and functional establishment of urinary function after radical hysterectomy type C1.

**Methodology** It is a retrospective cross-sectional study conducted at the University of Gynecology and Obstetrics in the period from January to December 2022 in a total of 33 patients with cervical cancer (stage IA-IIA2) treated with radical hysterectomy. Postoperatively, urinary function was determined by measuring residual urine after appropriate training on the 5th-7th day, a residual volume below 100ml was considered as limit value for well-established urinary function.

**Results** The average age of the patients in the study was 51 years, the youngest patient was 29 years old, and the oldest 73 years old. The calculated mean length of urinary function recovery was 7.3±1.9 days, with a mean measured residual urine volume of 40.6±26.3 ml. Average time of hospital treatment is 7.7±2.41 days, but no longer than 14 days.

**Conclusion** Monitoring the recovery phase and establishment of urinary function after radical hysterectomy is essential. Good surgical technique with maximum nerve preservation leads to early establishment of urinary function, removal of the urinary catheter and additional urinary complications prevention, shorter hospital stay and better quality of life for patients.

**Disclosures** No conflicts of interest are reported