

**Abstract #1091 Table 1** Patient and Tumour characteristics

Age at Diagnosis (years)			
Median 49 years (Range 28-82)			
Pathology		No (%)	
SCC		59 (83.1%)	
Adeno		10 (14.1%)	
Rhabdomyosarcoma		1 (1.4%)	
Adenosquamous		1 (1.4%)	
T Stage			
T1= 5 (7%)	T2 = 54 (76.1%)	T3 = 11 (15.5%)	T4 = 1 (1.1%)
1B1 = 1 (1.4%)	2A = 8 (11.3%)	3A = 5 (7.0%)	4A = 1 (1.1%)
1B2 = 3 (4.2%)	2B = 46 (64.8%)	3B = 6 (8.5%)	
1B3 = 1 (1.4%)			
N Stage			
N0 = 39 (54.9%)		N1 = 32 (45.1%)	
M Stage			
M0 = 70 (98.9%)		M1 = 1 (1.1%)	

The D90% is often limited by doses to the Organs at Risk (OARs) however potential escalation of brachytherapy and introduction of interstitial brachytherapy could improve this. The 3 risk group classification for extending elective clinical target volumes may improve local control and overall survival. Limitations of this study include its retrospective nature and single-institution experience.

Disclosures Nil

#### #1100 IMPROVING TREATMENT OUTCOME FOR CERVICAL CANCER USING 2-POINT ASSESSMENT OF QUALITY OF LIFE (QOL) AMONG NIGERIA WOMEN – A MULTI-CENTER STUDY

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**Introduction/Background** Most Cervical Cancer patients in LMICs usually present in advanced stages of the disease which is associated with health and psychological difficulties affecting their quality of life.

**Methodology** A prospective longitudinal study with a two-point assessment of the QOL of participants at the time of diagnosis of cervical cancer and after treatment. Participants

were recruited from one randomly selected tertiary-level health facility in each of the six geopolitical zones in Nigeria. The study lasted for twelve months. Newly diagnosed cervical cancer patients were recruited consecutively after informed consent and ethical clearance. QOL was assessed using Quality of Life Questionnaire domains (EORTC QLQ30). The primary outcome was QOL at diagnosis of Cervical cancer and after treatment. The Secondary outcome was the relationship between sociodemographic factors, clinical variables, and QOL. The quality of life were graded into 5(15 & less- very good,16–30 – Good, 31–60 – poor,61 -75 – very poor and 76 & higher – worst) Statistical analysis was done using SPSS 25

**Results** A total of 157 newly diagnosed Cervical Cancer patients were recruited. While 23(14.6%) participants were lost to follow-up, 134 (85.4%) were utilized for the comparison of QoL between the two periods. The commonest age at presentation was 46-55 years (33.1%). Most patients presented at an advanced stage {stage 3 (51%), stage 2 (29.3%), stage 4 (8.3%)}. The majority presented with poor QoL {1.9% (good), 60.5% (poor), 14.6% (very poor), and 15.7% (worst QoL)}. A significant improvement in QoL ( $p=0.040$ ) was recorded after treatment (5.2% - good, 79.9% - poor, 11.2% - very poor, and only 3.7% recorded worst QoL).

**Conclusion** Quality of life of newly diagnosed cervical cancer patients in Nigeria is poor though treatments improve quality of life in some of the patients. There is a need for more studies, especially in LMICs on the quality of life for gynecological cancer

**Disclosures** The study was funded by Gynecologic Cancer InterGroup (GCIG), Cervical Cancer Research Network (CCRN)

#### #1102 ADJUVANT HYSTERECTOMY IN LOCALLY ADVANCED CERVICAL CANCER: A SINGLE CENTRE RETROSPECTIVE STUDY

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**Introduction/Background** To assess the safety and efficacy of adjuvant salvage hysterectomy in locally advanced cervical cancer following failed intracavity brachytherapy (ICBT) and in cases of residual disease following completed treatment.

**Methodology** A retrospective analysis of all women referred with cervical cancer between Jan 2006 and December 2022 who underwent adjuvant salvage hysterectomy due to failed ICBT or persistent disease following completed chemoradiation. The data collected and analysed included histology, stage of disease, causes for salvage hysterectomy, node positivity, residual disease in hysterectomy specimen, margins status, morbidity and survival rates. Data analysis was performed using RStudio Team (2020).

**Results** Thirty seven of 1509 (2.5%) patients treated for locally advanced cervical cancer underwent salvage hysterectomy in the assessed time period. Indications for salvage hysterectomy were failed ICBT 26/37 (70.2%) and persistent disease following completed chemoradiation 11/37 (29.7%).

The overall five year survival was demonstrated to be 81% and 55% in the failed ICBT and persistent disease groups respectively ( $P=0.015$ ). Involvement of the surgical margins with disease was more frequently identified in those patients who had persistent disease. The rate of significant adverse events, grade three or four Clavien-Dindo classification, was low in both groups representing only 5% of early complications.

**Abstract #1102 Table 1** Summary of results

Characteristic	Total number (%)	Failed ICBT (%)	Persistent disease (%)	P Value
Cases Assessed	37 (100)	26 (70)	11 (30)	
<b>Histology</b>				
Adenocarcinoma/ Adenosquamous	12 (32)	9 (35)	3 (27)	0.227
Squamous Cell	23 (62)	17 (65)	6 (55)	0.421
Other	2 (5)	0 (0)	2 (18)	<b>0.003</b>
<b>FIGO staging at the time of diagnosis</b>				
IB (IB1 and IB2)	3 (8)	3 (12)	0 (0)	0.083
IIA	5 (14)	4 (15)	1 (9)	0.149
IIB	26 (70)	18 (69)	8 (73)	0.318
IIIB	2 (5)	1 (4)	1 (9)	0.078
IIIC	1 (3)	0 (0)	1 (9)	<b>0.020</b>
<b>Type of salvage hysterectomy</b>				
Extracapsular	29 (78)	20 (77)	9 (81)	0.337
Wertheim	8 (22)	6 (23)	2 (18)	0.179
<b>Residual disease present in surgical specimen</b>				
Yes	22 (60)	15 (58)	7 (64)	0.225
No				
<b>Margins involved in surgical specimen</b>				
Yes	9 (24)	5 (19)	4 (36)	<b>0.044</b>
No				
<b>Early complications (Clavien-Dindo)</b>				
Grade 1&2	2 (5)	2 (8)	0 (0)	0.092
Grade 3&4	2 (5)	1 (4)	1 (9)	0.077
<b>Late complications (Clavien-Dindo)</b>				
Grade 1&2	1	1	0	0.102
Grade 3&4	0 (0)	0 (0)	0 (0)	
<b>5 Year overall survival</b>				
	27 (73)	21 (81)	6 (55)	<b>0.015</b>

**Conclusion** Adjuvant salvage hysterectomy appears to be a safe treatment option to be considered in locally advanced cervical cancer. This study has demonstrated that the procedure is associated with a low risk of significant complications irrespective of indication for surgery. In this study we have demonstrated that adjuvant salvage hysterectomy is associated with comparable five year overall survival to those treated with completed chemoradiotherapy when performed in circumstances of failed ICBT. Adjuvant salvage hysterectomy does not appear to provide the same survival benefit to those patients with persistent disease following completed chemoradiotherapy. **Disclosures** Nil

**#1115** **MANAGEMENT OF HIGH GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA (HG-CGIN) DURING THE COVID-19 PANDEMIC**

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**Introduction/Background** Adenocarcinomas form 10–15 % of all cervical cancers. Despite a national screening programme the incidence of adenocarcinoma in situ (AIS) and adenocarcinoma increasing. The objective of this audit was to determine the impact of the covid-19 pandemic on the management of high grade cervical glandular lesions.

**Methodology** The viewpoint database was reviewed from 1st January 2019 to 31 December 2021. Cyres is the link used for quality assurance. The following parameters were assessed: number, histopathological subtype and surgical margins,

treatment received, documented colposcopy MDM discussion, type of excision, repeat excisional procedure, follow-up, test of cure (HPV and cytology).

**Results** 24 patients were referred with possibility of glandular neoplasia as referral cytology. 25% patients were seen within 2 weeks from referral, with median wait times being 8 days.

A diagnostic rate for high grade cervical glandular lesion was 60.86% on colposcopy directed biopsy. There was 46.6% concordance between LLETZ and colposcopy opinion with 13.6% lesions being upgraded and 16.6% patient being downgraded. There was a 46.15% concordance between colposcopy directed biopsy and LLETZ, with 17.39% lesions upgraded and 13.04% lesions downgraded. Margins were involved in 47.61% of women and almost 1 in 4 women required a repeat procedure. 1 in 3 women who had a second LLETZ procedure had a high grade glandular histopathology. 91.3% women had Colposcopy MDM discussion. 69.5% had first test of cure for high risk HPV and 13.04% had second test of cure.

**Conclusion** Despite the covid-19 pandemic we provided standard care and compliance with the 2 WW referral pathways and follow-up for high grade cervical lesions. We recommend a change in practice from colposcopy directed biopsy to excisional biopsy for HG-CGIN detected on colposcopy

**Disclosures** None

**#1118** **THE CLINICAL COURSE OF UNTREATED CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN II) IN WOMEN AGED BETWEEN 25–35**

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**Introduction/Background** Cervical intraepithelial neoplasia is a precancerous lesion of the cervix which is at risk of progressing to cervical cancer. Precancerous cervical lesions are classified based on the histological changes they present. In CIN II abnormal histological changes affect 1/3 to 2/3 of the cervical epithelium.

Low grade lesions (CIN I) have slow progression, high grade lesions (CIN II, CIN III) have faster progression to cervical cancer. CIN2 is typically treated. But some studies have suggested that CIN2 lesions often regress completely without treatment and should therefore be simply monitored instead. Treating these lesions can pose a risk to future pregnancies.

The aim of the study is to study the course of untreated CIN II, for a period of 6 months, in women aged 25–35 years, which constitute the age group with the highest birth rate.

**Methodology** This study is retrospective and analyzes the progression of CIN II in 70 patients at 'Queen Geraldine' University Hospital, which met the following criteria: a) histological diagnosis with CIN II at the first visit, b) age group 25–35 years at the first visit, c) in which no therapy was applied in the last 6 months from the diagnosis, d) which had done at least one follow-up visit after diagnosis, e) who were not pregnant at the time of diagnosis, e) for the period 2015–2020

**Results** Only 31 women met all the criteria set above.

14 (45%) patients had spontaneous regression,  
12 (39%) patients had no changes while 5 (16%) patients progressed to CIN III.