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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total number (%)</th>
<th>Failed ICBT (%)</th>
<th>Persistent disease</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Assessed</td>
<td>37 (100)</td>
<td>26 (70)</td>
<td>11 (30)</td>
<td></td>
</tr>
<tr>
<td>Acknowledgment</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenocarcinoma/Adenosquamous</td>
<td>12 (32)</td>
<td>9 (35)</td>
<td>3 (27)</td>
<td>0.227</td>
</tr>
<tr>
<td>Squamous Cell</td>
<td>23 (62)</td>
<td>22 (84)</td>
<td>1 (25)</td>
<td>0.421</td>
</tr>
<tr>
<td>Other</td>
<td>2 (5)</td>
<td>0 (0)</td>
<td>2 (45)</td>
<td>0.002</td>
</tr>
<tr>
<td>FIGO staging at the time of diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IB (85) and IB2</td>
<td>1 (1)</td>
<td>0 (0)</td>
<td>1 (25)</td>
<td>0.083</td>
</tr>
<tr>
<td>IA (11)</td>
<td>2 (18)</td>
<td>1 (25)</td>
<td>1 (11)</td>
<td>0.149</td>
</tr>
<tr>
<td>IB</td>
<td>2 (10)</td>
<td>2 (20)</td>
<td>0 (0)</td>
<td>0.318</td>
</tr>
<tr>
<td>IB (10)</td>
<td>1 (5)</td>
<td>0 (0)</td>
<td>1 (5)</td>
<td>0.578</td>
</tr>
<tr>
<td>IB (20)</td>
<td>1 (5)</td>
<td>0 (0)</td>
<td>1 (5)</td>
<td>0.578</td>
</tr>
<tr>
<td>Type of salvage hysterectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm</td>
<td>29 (79)</td>
<td>19 (68)</td>
<td>10 (31)</td>
<td>0.137</td>
</tr>
<tr>
<td>Postterm</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td>1 (25)</td>
<td>0.179</td>
</tr>
<tr>
<td>Residual disease present in surgical specimen</td>
<td>Yes</td>
<td>2 (6)</td>
<td>0 (0)</td>
<td>0.044</td>
</tr>
<tr>
<td>No</td>
<td>35 (95)</td>
<td>26 (70)</td>
<td>9 (25)</td>
<td></td>
</tr>
<tr>
<td>Margins involved in surgical specimen</td>
<td>Yes</td>
<td>9 (26)</td>
<td>5 (35)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25 (74)</td>
<td>20 (60)</td>
<td>8 (25)</td>
<td></td>
</tr>
<tr>
<td>Early complications (Clavien-Dindo)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td>2 (5)</td>
<td>1 (25)</td>
<td>1 (25)</td>
<td>0.092</td>
</tr>
<tr>
<td>Grade 2</td>
<td>3 (10)</td>
<td>3 (10)</td>
<td>0 (0)</td>
<td>0.517</td>
</tr>
<tr>
<td>Grade 3</td>
<td>1 (3)</td>
<td>1 (25)</td>
<td>0 (0)</td>
<td>0.517</td>
</tr>
<tr>
<td>Late complications (Clavien-Dindo)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td>2 (6)</td>
<td>1 (25)</td>
<td>0 (0)</td>
<td>0.102</td>
</tr>
<tr>
<td>Grade 2</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>5 Year overall survival</td>
<td>27 (73)</td>
<td>21 (63)</td>
<td>7 (20)</td>
<td>0.015</td>
</tr>
</tbody>
</table>

**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**

Aditi Kishore Shinde*, Jane Rain, Gulnaz Majeed. Guys and St Thomas Hospital, London, UK

10.1136/ijgc-2023-ESGO.230

**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**

Evis Bina, Oljan Cala, Fatjon Balla. University Hospital, Tirana, Albania

10.1136/ijgc-2023-ESGO.231

**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, c) which had done at least one follow-up visit after diagnosis, d) 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.
Conclusion CIN II and III are high-grade lesions but differ from each other in terms of oncogenic potential. Treatment of high-grade lesions is done through excision or destruction of the transformation zone.

Disclosures Treatment for CIN 2 may include cryotherapy, laser therapy, loop electrosurgical procedure (LEEP), or cone biopsy to remove or destroy the abnormal tissue. This treatment has a risk of intraoperative hemorrhage and premature birth in future pregnancies, should therefore evaluate the benefits and risks of treatment.

SURVIVAL ASSOCIATED WITH EXTENT OF RADICAL HYSTERECTOMY IN EARLY-STAGE CERVICAL CANCER: A SUB-ANALYSIS OF THE SCCAN COLLABORATIVE STUDY


The aim of this study was to assess the benefits and risks of treatment. The study found with more radical hysterectomy. For tumors between 01/2007 and 12/2016, 883 (70.2%) underwent nerve sparing and 374 (29.8%) non-nerve sparing radical hysterectomy. 5-year DFS in patients undergoing nerve sparing versus non-nerve sparing radical hysterectomy was 90.1% (95%CI:87.9–92.2) versus 93.8% (95%CI:91.1–96.5), p=0.047, respectively. Non-nerve sparing radical hysterectomy was independently associated with better DFS at multivariable analysis performed on the entire cohort (HR:0.50, 95% CI:0.31–0.81; p=0.004). 5-year OS was: nerve-sparing 95.7% (95%CI:94.1–97.2) versus non-nerve sparing 96.5% (95% CI:94.3–98.7), p=0.78. In patients with tumor diameter ≤20mm 5-year DFS was 94.7% in nerve sparing versus 96.2% in non-nerve sparing (p=0.22), 5-year DFS was 90.3% in non-nerve sparing radical hysterectomy compared with 83.1% in nerve sparing radical hysterectomy (p=0.016) in patients with tumors between 21–40mm (no significant difference in rate of adjuvant treatment in this subgroup, p=0.47). Significant DFS difference was confirmed after propensity match score analysis (balancing the two study groups). Pattern of recurrence in the propensity matched population did not demonstrate any difference (p=0.70).

Conclusion For tumors ≤20mm no survival difference was found with more radical hysterectomy. For tumors between 21–40mm a more radical hysterectomy was associated with improved 5-year DFS. No difference in pattern of recurrence according to extent of radicality was observed. Non-nerve sparing radical hysterectomy was associated with better 5-year DFS compared with nerve-sparing radical hysterectomy after propensity score match analysis.

Disclosures None

02. Diagnostics

GRANULAR CELL TUMOR OF THE BREAST: A DIAGNOSIS CHALLENGE. CASE SERIES

Safa Jouni, Sahki Saida, Malek Boughani, Ines Zemni. Salah Azaiez Institute, Tunis, Tunisia

Introduction/Background Granular cell tumors involving the breast are very rare, accounting for 5% to 8% of all granular cell tumors. They can mimic a carcinoma which make diagnosis difficult. The histological evaluation is essential to differentiate between both.

Methodology Five cases of granular cell tumor (GCT) of the breast are reviewed. The demographics and clinical features are reviewed and the radiologic and pathologic features as well as the immunohistochemistry are discussed.

Results Three of the five cases occurred in woman and two occurred in a male patient. All of the granular cell tumor presented as solitary nodule with right breast in three patients. The mean age at the moment of diagnosis was 35 years (19 years -53 years). All five tumors exhibited imaging features highly suggestive of malignancy (BI-RADS 5 lesions). All tumors were diagnosed by core biopsy, and the tumors were excised in all cases. The mean pathological size was 1.98 cm. None of our cases presented with enlarged lymph nodes. All the cases showed strong positive staining for S-100 protein; CD 68, vimentine and negative staining for CK7. None of the tumors have recurred.