Conclusion In our retrospective study of 143 patients, we confirmed high risk of skip lesions after fertility sparing treatment of patients with AIS or microinvasive AC. Risk of recurrence was strongly associated with HPV status. We found no case of recurrence in HPV negative patients. HPV testing and genotyping can be used as a triage mechanism in follow-up these patients.

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CERVICAL CANCER SCREENING IN INDIA – IS HPV SELF SAMPLING THE SOLUTION TO COMBAT THE HUGE DISEASE BURDEN?

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Introduction/Background Evidence suggest HPV based primary cervical cancer screening to be most promising. HPV-self sampling (HPV-SS) has been investigated for improving cervical cancer screening coverage in high income countries. Success of HPV-Self sampling (HPV-SS) in resource constrained countries like India, with diverse population, will depend on developing impactful beneficiary-centered health education material, social and behavioral approaches to inform and educate women towards cervical cancer and HPV-SS and on precision in performing test by beneficiaries. The current study was undertaken with objectives to determine knowledge, attitudes and practices (KAP), acceptability, barriers, agreement rates and prevalence of HPV in different population subgroups using varied methods of communication.

Methodology The current study enrolled 1600 women in age group of 30–55 yrs, from urban slums (500), urban non-slums (500) and rural (600) settings in Maharashtra, India. Information regarding cervical cancer and steps for collecting self-sample was explained by two modalities; health education by trained health personnel in health education arm and through printed pictorial depiction in the pamphlet arm. One sample for HPV testing was collected by health personnel for each participant in both arms.

Results Overall prevalence of HPV was 7.8% with no significant differences across the settings. Overall acceptance of HPV-SS was 98.4%. Awareness regarding cervical cancer and HPV-SS was similar across settings and modalities of education. The overall concordance rates between HPV-SS and health personnel collected sample was 94.8% (k=0.508, CI=0.458–0.559, p<0.001) and was similar across settings. Compliance for clinical assessment of screen positive women and for treatment was 76.8% and 80% respectively.

Conclusion The study demonstrated that HPV-SS is acceptable, feasible and implementable in India and will assist in improving cervical cancer screening coverage.

MAGNETIC RESONANCE IMAGING OR EXPERT ULTRASOUND IN PREOPERATIVE LOCAL STAGING OF PATIENTS WITH EARLY-STAGE CERVICAL CANCER: FINAL RESULTS OF THE SENTIX PROSPECTIVE, SINGLE-ARM, INTERNATIONAL TRIAL (CEEGOG CX-01; ENGOT-CX2)

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10.1136/ijgc-2023-ESGO.4

Introduction/Background SENTIX is a prospective, single-arm, international study of sentinel lymph node (SLN) biopsy without pelvic lymph node dissection (PLND) in patients with early-stage cervical cancer. We report the sensitivity of magnetic resonance imaging (MRI) and expert ultrasound (EUS) in preoperative clinical staging.

Methodology Forty-seven sites from 18 countries participated in the study. Patients with stages IA1/LVSI+ to IB2 (FIGO 2018), usual histological types, and no suspicious lymph nodes on imaging were prospectively enrolled between May 2016 and October 2020. One imaging method, either pelvic MRI or EUS, was mandatory for preoperative local staging and was chosen at the investigator’s discretion.

Results Among 690 prospectively enrolled patients fulfilling the inclusion criteria, MRI and EUS were performed as the staging imaging modality in 46.7% and 43.1% of patients, respectively, and 10.1% underwent both. Preoperatively unrecognized parametrial involvement was detected by pathology in 26 patients (3.8%) and SLN metastatic involvement in 68 (9.9%) patients, of which 54.4% and 45.6% had
micrometastasis and macrometastasis, respectively, as the largest type of metastasis. MRI and EUS showed comparable sensitivity for tumour size measurement and for the failure to detect parametrial, or macrometastatic LN involvement (table 1). Combining both imaging methods did not increase the outcome (table 1).

**Conclusion** Pelvic MRI and EUS are equally sensitive methods for assessing clinically relevant parameters in preoperative clinical staging of cervical cancer, including tumour size, parametrial involvement, and macrometastatic nodal involvement.

**Disclosures** The authors declare no conflict of interest.

**Trial registration** ClinicalTrials.gov: NCT02494063

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**Abstract #451**

**Table 1** Sensitivity of pelvic MRI and EUS in preoperative staging of patients with cervical cancer

<table>
<thead>
<tr>
<th>EUS only</th>
<th>MRI only</th>
<th>MRI+EUS</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parametral involvement based on pathology *</td>
<td>Yes</td>
<td>9 (3.0%)</td>
<td>15 (5.0%)</td>
</tr>
<tr>
<td>Macrometastatic lymph node involvement based on pathology</td>
<td>Yes</td>
<td>18 (6.0%)</td>
<td>19 (5.0%)</td>
</tr>
<tr>
<td>Tumour size assessment**</td>
<td>&lt;5 mm</td>
<td>231 (77.52%)</td>
<td>242 (75.16%)</td>
</tr>
<tr>
<td>5–10 mm</td>
<td>33 (10.70%)</td>
<td>35 (10.87%)</td>
<td>7 (10.0%)</td>
</tr>
<tr>
<td>10–20 mm</td>
<td>22 (7.12%)</td>
<td>35 (10.87%)</td>
<td>10 (14.29%)</td>
</tr>
<tr>
<td>&gt;20 mm</td>
<td>11 (3.69%)</td>
<td>10 (3.11%)</td>
<td>2 (2.86%)</td>
</tr>
</tbody>
</table>

*Only patients who underwent parametrectomy.

**Introduction/Background**

Funding This work was supported by Charles University in Prague (UNCE 204065 and PROGRES Q28/LF1) and by a grant from the Czech Health Research Council (NV19–03-00023). The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the presentation; or in the decision to publish the results.

**Conclusion** Our findings demonstrate that gene methylation detection, when compared to HPV testing and cytology, shows promise in cervical cancer screening, particularly for patients with CIN2 or lower. It has the potential to serve as an independent biomarker for accurate cervical cancer diagnosis and triage among the Chinese population.

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**Abstract #864**

**A NOMOGRAM COMBING MRI AND SERUM INFLAMMATORY BIOMARKERS PREDICTS POSTOPERATIVE VAGINAL INVASION IN IB-IIA STAGE CERVICAL CANCER — A SINGLE INSTITUTIONAL RETROSPECTIVE STUDY OF 580 PATIENTS**

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10.1136/ijgc-2023-ESGO.6

**Introduction/Background**

In cervical cancer (CC), pelvic examination has long been considered the standard method for clinical stage classification. However, it may easily misjudge and bias, including the occult vaginal invasion (VI). Insufficient preoperative assessment of VI often leads to vaginal lesions residues or inferior tumor-free distance during the operation. Recently studies showed MRI has the potential to detect occult tumors. At the same time, serum inflammatory biomarkers have been demonstrated to correlate with the tumor migration in various tumors such as lung cancer, esophageal cancer, and gastric cancer. Combining MRI and inflammatory biomarkers is meaningful to predict occult VI in CC patients with surgical procedures.

**Methodology**

Our study was designed one-center and retrospectively. 580 CC patients with FIGO2018 stages IB-IIA2 were enrolled between January 2013 and December 2021. All patients underwent preoperative MRI and radical hysterectomy. The demographic, bimanual examination, MRI, and laboratory data were analyzed based on logistic regression analysis. Then the nomogram was developed to predict the probability occurrence of postoperative VI.

**Results**

All patients were randomly divided into training set (n = 290) and validating set (n = 290). Parameters including MRI-derived vaginal invasion (P < 0.018), clinical vaginal invasion (P < 0.038), systemic inflammatory response index (SIRI) (P < 0.001), and platelet/albumin ratio (PAR) (P < 0.013) were the independent diagnostic factor for