invasive cervical cancer. The surgical margins were positive in 78 (31.7%) of the patients. The average age of the patients was 41.13 and 35 (14.23%) of the patients were menopausal. The multivariate logistic regression identified preoperative forcepts biopsy of micro-invasive SCC, HSIL or higher cone specimen histology and shorter cone depth as independent predictors of surgical margin involvement in patients undergoing cold knife conization.

Conclusion In the current study, we have found no association between the inherent characteristics of the patient and the surgeon and the surgical margin state after a CKC. The most important predictors for positive margins were the severity of the lesion and the cone depth.

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Disclosures I have nothing to disclose.

**#85** CLINICOPATHOLOGICAL CHARACTERISTICS AND ONCOLOGICAL OUTCOMES OF THREE SUBTYPES OF NEUROENDOCRINE CARCINOMA OF THE CERVIX: A MULTICENTER RETROSPECTIVE STUDY OF 288 PATIENTS

1. Yu Gu*, 2. Xiaoxin Ma, 3. Guonan Zhang, 4. Yang Xiang. 1. Peking Union Medical College Hospital, Beijing, China; 2. Shengjing Hospital of China Medical University, Shenyang, China; 3. Sichuan Cancer Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu, China

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Introduction/Background Neuroendocrine carcinoma of the cervix (NECC) is a rare type of cervical cancer, and is divided into small cell neuroendocrine carcinoma (SCNEC), large cell neuroendocrine carcinoma (LCNEC) and mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN). Present literature on NECC mainly focus on SCNEC, and the clinical features of LCNEC, especially MiNEN, are not well understood.

Methodology The multicenter, retrospective study enrolled 288 patients. The primary outcomes were progression-free survival (PFS) and overall survival (OS). The Kaplan-Meier method and Cox proportional hazard analysis were performed.

Results With a median follow up of 25 months, the 5-year PFS of NECC, SCNEC, LCNEC and MiNEN was 40.2%, 40.4%, 30.3%, and 41.6%; and the 5-year OS was 45.4%, 40.4%, 32.3%, and 50.3%. In the whole cohort, it showed that adjuvant chemoradiotherapy was an independent protective factor of OS (HR=0.175, 95%CI: 0.079~0.388, p<0.001).

Conclusion This multicenter retrospective study first focused on three pathological subtypes of NECC. SCNEC has a worse biological behavior than the other two types. Patients with MiNEN did not show better prognosis than the other two. LVS and >2/3 stromal invasion and adjuvant chemoradiotherapy are prognostic factors for PFS; age, LVS, and >2/3 stromal invasion and adjuvant chemoradiotherapy are prognostic factors for OS in patients with NECC.

Disclosures There was no conflicts of interests, and I have nothing to disclose.

**#97** INCIDENCE OF CERVICAL CANCER AFTER PRIMARY TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA

Kyriaki Mitta, Athina Tsarandou, Evrim Zoubanidi, Ioannis Tsakiridis, Themistoklis Dagklis, Apostolos Mampoulous, Apostolos Athanasiadis, Ioannis Kalogiannidis*. infield Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki, Greece, Thessaloniki, Greece

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Introduction/Background The aim of this study was the evaluation of the incidence of cervical cancer after primary treatment for high-grade squamous intraepithelial lesions of the cervix (HSIL) and the identification of risk factors of cervical pathology recurrence after surgical treatment.

Methodology This was a retrospective study of patients with cervical pathology (CIN 2+) during the period 2014–2020. The Chi-square test (χ2) and the multivariate regression analysis were used to identify the risk factors of recurrence and the Kaplan-Meier survival analysis for the study of the recurrence of the lesions was conducted as well.