

**Results** Eighty-three patients with HSIL were reported. The median age was 37 (IQR:13; 95% CI: 13.95–40.40), whereas the median number of partners was 5 (IQR:7; 95% CI: 5.52–8.61). Eighty-one (97.6%) patients were treated with Loop Electrosurgical Excision (LEEP) and 2 (2.4%) with cold knife conization (CKC). The histopathological results showed 1 case of low-grade intraepithelial lesions (LSIL) (1.2%), 70 HSIL (84.4%), 5 micro-invasive cancers stage IA1 (6%), 2 of stage IA2 (2.4%) and in 5 patients (6%), the results were negative for cervical lesions. The two cases with IA2 diagnosis were further treated with radical abdominal hysterectomy plus lymphadenectomy, while two out of five patients with IA1 were treated with total abdominal hysterectomy after discussion and patient decision. In total, 4 hysterectomies (4.8%) were performed. The incidence of the IA1 stage after treatment of HSIL was 6% (5/83); whereas the incidence of stage IA2 was 2.4% (2/83).

**Conclusion** The recurrence rate of HSIL after surgical treatment was high. Positive surgical margins (ORs: 20.571; 95% CI: 6.044–70.018,  $p$ -value<0.001), excision of the cone in multiple pieces (ORs: 5.624, 95% CI: 1.991–15.887,  $p$ -value=0.001) and the depth of cone less than 1cm (ORs: 4.359; 95% CI: 1.470–12.927,  $p$ =0.009) were related to increased risk of recurrence.

**Disclosures** No conflict of interest.

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#### **SURVIVAL OF WOMEN WITH ADVANCED STAGE CERVICAL CANCER: NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADIOTHERAPY AND HYPERTHERMIA VERSUS CHEMORADIOTHERAPY WITH OR WITHOUT NODE DEBULKING**

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**Introduction/Background** According to ESGO guidelines, chemoradiation without nodal debulking is standard of care for patients with (locally) advanced cervical cancer (LACC). In some centers, for selected cases induction chemotherapy followed by radiotherapy and hyperthermia is offered. In other centres lymph node debulking is performed prior to chemoradiation. These different approaches have not been compared directly in prospective clinical trials.

**Methodology** This is a retrospective observational study to investigate the overall survival (OS) and progression-free survival (PFS) using the Cox-proportional hazards model in women who underwent either upfront chemotherapy followed by radiotherapy and hyperthermia (triple therapy, TT) or chemoradiotherapy (either with, i.e. CRTN, or without prior, i.e. CRTO, lymph node debulking) for advanced stage cervical cancer in the Netherlands.

**Results** A total of 373 patients were included: 213 (57%) in the CRTO group, 66 (17.6%) in the CRTN group and 94 (25.2%) in the TT group. Mean age was 50.14 (SD 13.95) years. The mean tumour size was 61.98 (SD 16.72) mm.

Squamous cell carcinoma (91.4%) was the most frequent histological type. According to FIGO 2009 stage, following groups were observed: 15.5% IB2, 18.3% IIA, 31.6% IIB, 7.2% IIIA, 21.4% IIIB, 5.6% IV. According to treatment group, the five-year overall survival rate was 46% for in the CRTN group and 54% for the TT and CRTO group ( $p$ =0.479). The five-year PFS was 64% for the TT group,

53% for the CRTO group and 38% for the CRTN group ( $p$ =0.054). Cox proportional hazards analysis could identify FIGO stage as significant covariate.

**Conclusion** Overall survival results were similar between groups ( $p$ =0.479). Our data suggests an improvement in PFS for TT in comparison to CRTN ( $p$ =0.014). This could, however, be explained by the heterogenous study population and retrospective nature of the data.

Randomised controlled trials to further investigate potentially beneficial treatment options for LACC are warranted.

**Disclosures** Coordinating investigator (Erasmus MC) Dr H.J. van Beekhuizen

Coordinating investigator (Amsterdam UMC) Dr. C.H. Mom

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#### **LAPAROSCOPIC ANATOMIC IDENTIFICATION OF THE INFERIOR HYPOGASTRIC PLEXUS AND NERVE**

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**Introduction/Background** To clarify the laparoscopic anatomy necessary for the nerve sparing radical hysterectomy. We meticulously separated the blood vessels and connective tissues to preserve, the pelvic splanchnic nerve, the hypogastric nerve and the bladder branch of the inferior hypogastric plexus.

**Methodology** Operative procedure

Isolation of the deep uterine vein could preserve one of the branches of the pelvic splanchnic nerve.

The hypogastric nerve in the lateral rectal wall was isolated to the inferior hypogastric plexus.

During the division of the posterior leaf of the vesicouterine ligament, isolation of the inferior vesical vein could reveal the bladder branch from the inferior hypogastric plexus.

Only the uterine branch from the inferior hypogastric plexus was isolated and divided.

The T-shaped nerve plane consisting of the hypogastric nerve, the pelvic splanchnic nerve and the bladder branch from the inferior hypogastric plexus is preserved.

**Results** All patients recovered their urinary function completely by POD 3–5..

**Conclusion** In order to accomplish the nerve sparing procedure, it is necessary to meticulously divide the posterior leaf of the vesicouterine ligament.

By the separation of the inferior vesical vein in the posterior leaf of the vesicouterine ligament, the bladder branch from the inferior hypogastric plexus can be identified and preserved.

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#### **EFFECT OF DIABETES MELLITUS ON TREATMENT RESPONSE IN PATIENTS OF CERVICAL CARCINOMA**

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**Introduction/Background** To study the effect of Type 2 diabetes mellitus on treatment response in locally advanced

carcinoma cervix patients receiving chemoradiotherapy. Type 2 diabetes mellitus cases are rising due to life style changes and interplay of genetic changes. These changes have various detrimental effect on body, which can effect treatment response to chemo-radiation in carcinoma cervix patients.

**Methodology** The data of patients of locally advanced cervical carcinoma and who had received definitive chemoradiotherapy between 2016 and 2018 was retrospectively analysed. A total of 183 patients had undergone definitive chemo-radiation by external beam radiation using either 6MV and 18MV energy depending on their anterior-posterior separation, by 2 fields or 4 fields upto a dose of 50Gy in 25 fractions, followed by HDR Intra-cavitary radiotherapy in three sessions of 7Gy each. All patients received concurrent cisplatin at the dose of 35mg/m<sup>2</sup>, weekly during external beam radiotherapy.

**Results** 8.2% of the total patient subset were found to have Type2DM, 4.9% had Type2DM along with hypertension, 12.56% were found to have only hypertension and 74.31% were having no comorbidities. Patients with diabetes and diabetes plus hypertension had residual in 25% of the cases and 37.5% of the cases had recurrence. In the patients having no comorbidities 14.7% had residual and 16.91% had recurrence. The differences in response rates and recurrence on comparing patients with no comorbidities and those with diabetes were found to be statistically significant. The P value for residual and recurrence is 0.003 and 0.019 respectively.

**Conclusion** In this retrospective study, we found that patient of carcinoma cervix with diabetes mellitus alone or with both diabetes and hypertension had poor response to chemoradiotherapy vis a vis those who had no diabetes or had only hypertension. These group of patients had either residual or showed recurrence.

**Disclosures** none

### #130 INCIDENCE OF LYMPHATIC METASTASES IN WOMEN WITH CERVICAL CANCER STAGE IB

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**Introduction/Background** The aim of our study is to determine the frequency of lymphatic metastases in women with cervical cancer with stage IB.

**Methodology** Material and methods: The study is single-center, retrospective for 1 year and was conducted in the Clinic of General and Oncological Gynecology, Medical Academy. All patients with histologically proven cervical carcinoma in stage IB were included. All women underwent preoperative laboratory tests, gynecological examination with ultrasound examination, and preoperative imaging of the lung, abdomen, and pelvis. All patients underwent radical laparohysterectomy with salpingoophorectomy type C (Querleu and Morrow type C2), systemic pelvic lymphatic dissection with/without para-aortic lymphatic dissection.

**Results** The study included 29 female patients with an average age of 56.8 years (from 35 to 84 years). Squamous cell carcinoma was found in 27 (93.1%) of the patients, and adenocarcinoma in the remaining 2 (6.9%). A total of 459 lymph nodes were removed, or an average of 15.8 nodes per patient. In 6 (20.7%) of all women, metastases were found in lymph nodes, all of which were squamous cell carcinomas with varying degrees of differentiation. Moderately differentiated

squamous cell carcinoma was found in 3 (50%) of the patients with metastases, in 2 (33.3%) of them was poorly differentiated, and in 1 (16.7%) patient with highly differentiated.

**Conclusion** Lymph node metastases are found in patients with cervical cancer regardless of the degree of differentiation. Their removal may have a beneficial effect on the patient's survival.

**Disclosures** Systematic pelvic lymphadenectomy or whole pelvic irradiation is recommended for the patients with stage IB1 cervical cancer. However, the precise pattern of lymphatic tumor spread in cervical cancer is unknown.

### #143 MESONEPHRIC AND MESONEPHRIC LIKE ADENOCARCINOMA OF FEMALE GENITAL TRACT: REPORT OF THREE CASES

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**Introduction/Background** Mesonephric adenocarcinomas (MA) of the female genital tract are rare tumors originating from mesonephric duct remnants, which mainly occur in cervix followed by ovarian hilum and broad ligament, and rarely in uterine corpus and lateral wall of vagina. The diagnosis of MA is challenging as it exhibits mixture of histomorphological pattern that can be confused with endometrioid, serous, clear cell carcinomas and sex cord stromal tumors of female genital tract. Similar tumors cervix or paravaginal area are labeled as mesonephric like adenocarcinoma (MLA). KRAS is the most common molecular alteration seen in MA and MLA.

**Methodology** We present three such rare cases of MA and MLA with challenging diagnostic features.

**Results** All our 3 cases were post-menopausal females. One of the cases was diagnosed as MA of the cervix, and 2 cases as MLA from ovary. All the cases were positive for PAX-8, GATA-3, TTF-1. All 3 cases exhibited KRAS mutation in exon 2, using real-time polymerase chain reaction (RT-PCR).

**Conclusion** The application of a panel of immunohistochemical markers can help in correct diagnosis while ruling out the mimickers. Treatment of these tumors is based on the stage, and they usually show aggressive biological behavior with increased risk of recurrence.

**Disclosures**

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### #146 NON-SURGICAL MANAGEMENT OF LOCALLY ADVANCED CERVICAL CANCER: A TUNISIAN EXPERIENCE

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**Introduction/Background** Concurrent chemoradiotherapy (CCRT) is the standard-of-care treatment for locally advanced cervical cancer (LACC) and complete response (CR) is achieved