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 affect 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 up to 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/m², 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

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**INCIDENCE OF LYMPHATIC METASTASES IN WOMEN WITH CERVICAL CANCER STAGE IB**

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10.1136/ijgc-2023-ESGO.117

**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 salpingooophorectomy 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.

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

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10.1136/ijgc-2023-ESGO.118

**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**

none

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

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10.1136/ijgc-2023-ESGO.119

**Introduction/Background**

Concurrent chemoradiotherapy (CCRT) is the standard-of-care treatment for locally advanced cervical cancer (LACC) and complete response (CR) is achieved.
in 70%–90% of patients. Surgery after CR is still debated. Is definitive CCRT recommended in our population?

**Methodology** We retrospectively reviewed the clinical record of 22 patients treated for LACC by definitive CCRT between 2011 and 2021.

**Results** The mean age of patients at diagnosis was 55.5 years old.

Patients were staged as stage IB3, IIA, IIB, III to stage IV in 9.1%, 13.6%, 36.4%, 31.7% and 9.1% of cases respectively.

All subjects received CCRT followed by brachytherapy.

Response after CRRT, evaluated by a magnetic resonance imaging (MRI) and cervical biopsy, was complete in all cases.

Six patients presented with a loco-regional relapse (LRR) respectively on pelvic lymph nodes (3cases), uterine cervix (2cases), and on the vagina. The relapses occurred in the first 18 months in 5 cases. One patient had a late LRR after 45 months of follow-up.

Three of them underwent surgery with an R0 resection while the other ones received palliative chemotherapy. One patient presented after 13 months of follow-up with bone metastasis that was treated by exclusive external radiotherapy.

Clinical factors correlated with LRR were pelvic nodal status on MRI (p<0.01), bladder involvement on MRI (p<0.035) and clinical tumor stage (p<0.047).

However age, tumor size, histological type and the presence of lympho-vascular invasion were not significantly related to the risk of LRL.

The average duration of follow-up was 27.05 months. The 2-year OS rate was 76.4% visualized in Kaplan–Meier curves; however, the disease-free survival rate was about 85.9% for all cases in 2 years.

**Conclusion** To date no study has attested of a significantly improved OS and DFS after complete surgery.

A prospective randomized trial is mandatory to compare the two approaches and to evaluate the morbidity and survival outcome.

**Disclosures** The authors have nothing to disclose.

## Abstracts

### INCIDENCE AND PREVALENCE OF CERVICAL CANCER IN UZBEKISTAN

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10.1136/ijgc-2023-ESGO.120

**Introduction/Background** According to world statistical data, there were more than 604 thousand new cervical cases registered and more than 341 thousand of death from cervical cancer. In Uzbekistan, cervical cancer remains the most common cancer type.

**Methodology** We collected cancer incidence and mortality data from official statistical report in Uzbekistan for the years 2005–2022.

**Results** The results of the study showed, that the cervical cancer incidence of Uzbek population increased over 2005–2022 almost by 2 times. Thus, the number of newly diagnosed patients with cervical cancer over the last 17 years has increased from 971 to 1 851 cases and incidence rate per 100,000 population - from 3.7 to 5.1. The most commonly diagnosed cancer for both sexes in the country is breast (17.2%), followed by stomach (7.9%) and cervical (7.1%) cancer. Meanwhile, for women the most frequently occurring cancers are breast (28.1%), cervical (11.9%) and ovarian (6.6%) cancer. In turn, the number of death cases from cervical cancer over 2005–2022 raised from 414 to 969. Mortality rate per 100,000 population over 2013–2022 has increased from 1.6 to 2.7. In women breast (23.4%), cervical (12.7%) and stomach (7.1%) cancer are the main cause of death. In 2022, 71.0% of cervical cancer cases were detected in the early stages (I-II st) (in comparison with 2005 y – 59.3%), and 27.7% of cancer cases (2005 y - 39.7%) were diagnosed in advanced stages.

### LAPAROSCOPIC OR ROBOTIC VERSUS TOTAL ABDOMINAL RADICAL HYSTERECTOMY FOR EARLY-STAGE CERVICAL CANCER: A MULTICENTER, PROSPECTIVE, REAL-WORLD OBSERVATIONAL COHORT STUDY

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10.1136/ijgc-2023-ESGO.121

**Introduction/Background** With an effective of reducing tumor cells dissemination, non-touch isolation techniques are being emphasized during operation these days. Compared with total abdominal radical hysterectomy, whether improving the tumor-free strategy in the laparoscopic/robotic radical hysterectomy (minimally invasive surgery) benefits patients, is still unclear.

**Methodology** Patients with early-stage cervical cancer (stage IA1 with lymphovascular invasion, IA2, IB1, IB2 and IIA1) were prospectively enrolled in this study, and were divided...