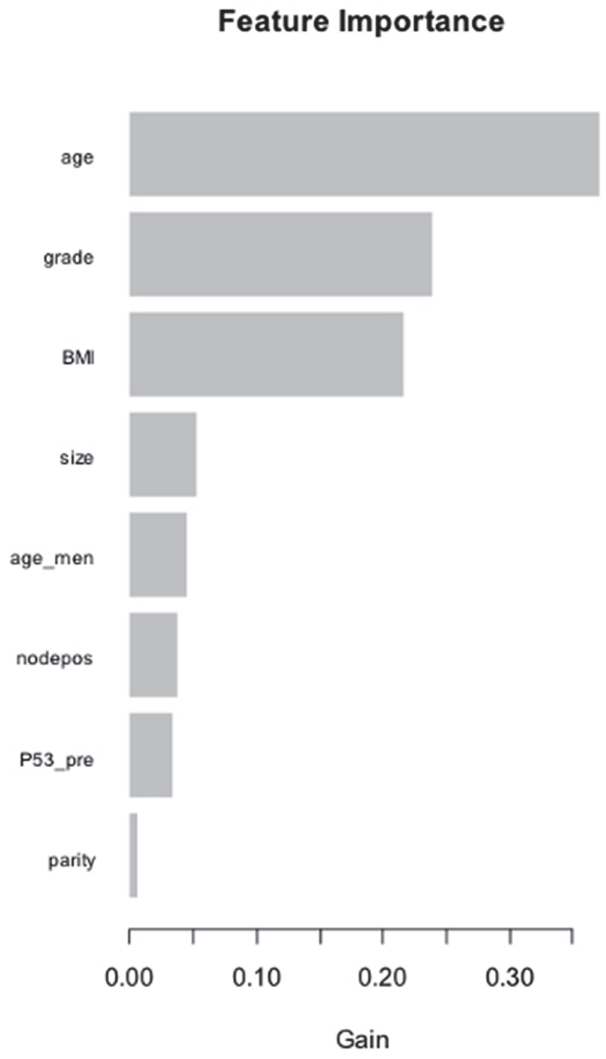
Results 55.7% of patients had a pathological response to NACT and showed a 5 years survival between 100% (complete response) and 85.7% (partial response). Age, body mass index (BMI) and grade represented the most important predictors of response at random forest analysis. Area under the curve was 0.8676. Tree based boosting analysis confirmed that after adjusting for other prognostic factors, age, grade, BMI and tumor size were independent predictor of response to NACT, while p53 was moderately related to response to NACT. Whereas Bcl1 and Bcl2, were not predictors for response to NACT. The logistic regression reported that age and grade were significant factors unlike p53.

Conclusion Combined model that included clinical pathologic variables plus p53 cannot predict response to NACT. Despite this, NACT treatment remain a safe treatment in chemosensitive patients avoiding collateral sequelae related to chemoradiotherapy.



Abstract #203 Figure 1 A Combined model. Importance of Clinical factors plus biomarkers pre-treatment as predictors to NACT at the tree based boosting analysis. Area under the curve (crude estimate): 0.8676

Disclosures The Authors declare no conflicts of interest.

#209 UNCOMMON TUMOR IN AN ADULT WOMAN: RHABDOMYOSARCOMA OF THE UTERINE CERVIX

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Introduction/Background Rhabdomyosarcoma (RMS) of the female genital tract is an infrequent type of cancer that affects mainly children and teenagers. It commonly arises from the vagina followed by the uterus, cervix and ovaries. As it is extremely rare in adults, the management of this type of malignancy is not yet well codified and we mainly rely on case reports described in literature.

Methodology We report a medical case of a 30-year-old woman with cervical rhabdomyosarcoma treated in Salah Azaiz Institute of Oncology.

Results A 30-year-old woman, with no pathological past history, presented a cervical polyp. On the gynecological examination a polypoid mass of 3 cm was found on the lower lip of the cervix. A surgical removal of the cervical polyp was performed. Histopathological analysis concluded to an embryonic RMS with spindle cells (desmin+, myogenin+). Explorations including a PET-CT and a pelvic MRI, showed no hypermetabolic nor residual mass. In the tumor board, we opted for a conization. On the histology, it was an embryonal rhabdomyosarcoma of the uterine cervix with microscopically involved margins. Therefore, an amputation of the whole cervix was performed. No remnant tumor was found on the definitive histopathological analysis. According to IRSG Group, the patient was classified to IA IRSG Group, stage I (T1a according to the TNM classification, Favorable) which corresponds to the low risk of recurrence subgroup. She received adjuvant chemotherapy based on 4 cycles of Doxorubicin and Ifosfamide. Multidisciplinary decision retained no indication for radiotherapy.

Conclusion Despite its rarity, RMS of the cervix should be considered as a possible diagnosis in patients with vaginal bleeding or cervical polyp. Every effort should be done during both the diagnostic and therapeutic phase to offer the best chance of survival. Further studies on best approach, chemotherapeutic protocols, and outcome in adults are warranted.

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#217 THE ROLE OF HUMAN PAPILLOMAVIRUS GENOTYPE IN CERVICAL INTRA-EPITHELIAL NEOPLASIA SCREENING

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Introduction/Background Recent cervical cancer screening guidelines recommend complementary Pap smear test and colposcopy examination in patients with a positive high-risk human papillomavirus (HPV) test. This study aimed to evaluate the role of HPV genotype in colposcopy examination needed in cervical intra-epithelial neoplasia (CIN) screening.