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.

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+). Examinations 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.

Disclosures No financial support no conflict of interest.

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.
Abstract #217 Figure 1  The cervical intra-epithelial neoplasia risk according to the different HPV genotype and Pap smear results

Results In this study, 621 women were evaluated with a positive high-risk HPV (HPV-16 = 184, HPV-18 = 69, and HPV-others = 368). From 184 positive HPV-16, 37 cases had CIN3+ (20%), which this rate was 8% in NILM, 20% in ASCUS, 15% in LSIL. Out of 69 positive HPV-18, 11 cases had CIN3+ (15.9%), which this rate was 4.7% in NILM, 10% in ASCUS, 16.6% in LSIL. Out of 368 HPV-others positive, only 7 cases had CIN3+ (1.9%), which this rate was 3.2% in NILM, with no case of CIN3+ in ASCUS, and LSIL.

Conclusion According to our findings, it seems colposcopy examination in patients with positive others high-risk HPV should be considered only in high-grade (ASCH, HSIL, and ACG) Pap smear results.

Disclosures The authors indicate no conflict of interest.

#223 RECURRENCE-FREE SURVIVAL OF CERVICAL ADENOCARCINOMA IN SITU FOLLOWING LLETZ, CONISATION OR Hysterectomy

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Introduction/Background Internationally, there is little consensus about the best treatment for cervical adenocarcinoma in situ (AIS), i.e., large loop excision of the transformation zone (LLETZ), conisation, or (supplementary) hysterectomy after completion of childbearing. This study aims to compare the incidence of recurrent AIS and progression to adenocarcinoma following these treatments.

Methodology From the Dutch Nationwide Pathology Databank (Palga) AIS patients who underwent treatment between 2011 and 2021 in the Netherlands were identified. Their survival status was retrieved from the Central Bureau of Genealogy. Patients diagnosed with cervical cancer within 3 months after AIS treatment were excluded. The cumulative incidence of recurrent AIS did not differ between LLETZ versus hysterectomy (p = 0.992) and conisation versus hysterectomy (p = 0.993), but the cumulative incidence of recurrent AIS was increased following LLETZ compared to conisation (HR = 2.27, 95% CI: 1.2–4.0), and after hysterectomy no recurrence occurred. The cumulative incidence of progression to adenocarcinoma was 0.6% (95% CI: 0.1–1.1), 0.8% (95% CI: 0.1–1.4), and 0.4% (95% CI: 0–1.3) following LLETZ, conisation, and hysterectomy, respectively. The cumulative incidence of recurrent AIS did not differ between LLETZ versus hysterectomy (p = 0.992) and conisation versus hysterectomy (p = 0.993), but the cumulative incidence of recurrent AIS was increased following LLETZ compared to conisation (HR = 2.27, 95% CI: 1.38–3.71; p = 0.001). The rate of progression to adenocarcinoma did not differ between LLETZ, conisation, and hysterectomy.

Conclusion Conisation is a safe treatment for AIS compared to hysterectomy. For LLETZ the recurrence and progression rates are slightly elevated but still low, indicating that LLETZ could be offered as superior fertility-sparing treatment in women motivated to adhere to stringent follow-up.

Disclosures Nothing to disclose.

#255 FACTORS ASSOCIATED WITH THE DIAGNOSIS OF ADVANCED STAGE OF UTERINE CERVICAL CANCER IN PATIENTS OF A SPECIALIZED ONCOLOGICAL INSTITUTE IN THE PERIOD 2020 TO 2022

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Introduction/Background Advanced cervical cancer is one of the leading causes of cancer-related mortality in the female population. Consequently, numerous studies have emerged worldwide in recent years with the aim of identifying determinants of late presentation in patients with cervical canc. The present study aims to determine the factors associated with an advanced-stage diagnosis of cervical cancer in patients at the IREN center from February 2020 to December 2022.

Methodology A quantitative, observational, correlational, population-based retrospective cross-sectional study was conducted using a database constructed from secondary data. The study population consisted of 420 women over 18 years of age with a diagnosis of cervical cancer during the specified period and location. The sample was selected using a non-probabilistic census method while considering inclusion and exclusion criteria. The sample size obtained was 208 patients who were included in the analysis. Information was collected from the patient’s digital medical records using a data collection instrument developed based on the relevant literature.