Results Of the 208 patients diagnosed with cervical cancer, 135 (64.90%) had an advanced stage (FIGO III and IV) at the time of diagnosis. After statistical analysis, the factors associated with an advanced-stage diagnosis of cervical cancer were observed to be the place of residence in a rural area (PR=1.77, CI 95% =1.41–2.23, p), presence of lower abdominal pain (PR=1.90, CI 95% =1.40–2.58, p ≤0.05), HIV infection (PR=0.81, CI 95% =0.67–0.99, p≤0.05), and screening within less than 3 years (PR=0.67, CI 95% =0.49–0.91, p ≤0.05).

Abstract #255 Table 1 Characteristics associated with the diagnosis of advanced-stage cervical cancer in the bivariate analysis (n=208)

Características			Estadio avanzado de cáncer de cérvix uterino		p*
			No	Sí	
			73 (35.10%)	135 (64.90%)	
Factores sociodemográficos	Edad	Menor a 35 años	4 (50.00%)	4 (50.00%)	
		De 35 a 49 años	29 (40.28%)	43 (59.72%)	0.480
		De 50 a 64 años	25 (30.86%)	56 (69.14%)	
		De 65 años a más	15 (31.91%)	32 (68.09%)	
	Distancia al EOE	Menos de 50 kilómetros	33 (39.29%)	51 (60.71%)	
		Entre 50 y 99 kilómetros	5 (23.81%)	16 (76.19%)	0.391
		De 100 kilómetros a más	35 (33.98%)	68 (66.02%)	
	Lugar de residencia	Urbano	60 (60.00%)	40 (40.00%)	**≤0.05**
		Rural	13 (12.04%)	95 (87.96%)	
	Nivel educativo	Sin educación formal / analfabetismo	9 (23.08%)	30 (76.92%)	
		Primaria	28 (34.15%)	54 (65.85%)	**≤0.05**
		Secundaria	25 (36.23%)	44 (63.77%)	
		Superior (Técnica o Universitaria)	11 (61.11%)	7 (38.89%)	
	Estado Civil	Soltera	21 (29.17%)	51 (70.83%)	
		Conviviente / pareja estable	21 (50.00%)	21 (50.00%)	
		Casada	21 (31.34%)	46 (68.66%)	**≤0.05**
		Viuda	10 (47.62%)	11 (52.38%)	
		Divorciada / separada	0 (0.00%)	6 (100%)	
	Gastos médicos	Atención médica gratuita	65 (35.52%)	118 (64.48%)	0.729
		Pago por atención médica	8 (32.00%)	17 (68.00%)	
Factores gineco obstétricos	Número de partos eutócicos	Menos de 4 partos	33 (41.25%)	47 (58.75%)	
		De 4 a 6 partos	28 (34.15%)	54 (65.85%)	0.223
		Más de 6 partos	12 (26.09%)	34 (73.91%)	
	Edad de la menarquía	Menos de 16 años	61 (34.66%)	115 (65.34%)	0.757
		De 16 años a más	12 (37.50%)	20 (62.50%)	
	Número de parejas sexuales	Menos de 2 parejas sexuales	30 (31.91%)	64 (68.09%)	
		De 2 a 3 parejas sexuales	33 (35.48%)	60 (64.52%)	0.321
		De 4 a 5 parejas sexuales	7 (41.18%)	10 (58.82%)	
		Más de 5 parejas sexuales	3 (75.00%)	1 (25.00%)	
	Edad del debut sexual	Menos de 15 años	9 (31.03%)	20 (68.97%)	
		De 15 a 19 años	43 (33.33%)	86 (66.67%)	0.433
		De 20 años a más	21 (42.86%)	28 (57.14%)	
Factores clínicos	Dolor abdominal bajo	No	44 (65.67%)	23 (34.33%)	**≤0.05**
		Sí	29 (20.57%)	112 (79.43%)	
	Sangrado vaginal anormal	No	10 (71.43%)	4 (28.57%)	**≤0.05**
		Sí	63 (32.47%)	131 (67.53)	
Factores patológicos	Infección por VIH	No	73 (35.44%)	133 (64.56%)	0.296
		Sí	0 (0.00%)	2 (100.00%)	
	Grado de anemia	Sin anemia	57 (41.30%)	81 (58.70%)	
		Anemia leve	9 (26.47%)	25 (73.53%)	**≤0.05**
		Anemia moderada	5 (27.78%)	13 (72.22%)	
		Anemia grave	2 (11.11%)	16 (88.89%)	
	ITS previa	No	66 (35.87%)	118 (64.13%)	0.518
		Sí	7 (29.17%)	17 (70.83%)	
	Antecedente familiar de CCU	No	69 (35.75%)	124 (64.5%)	0.478
		Sí	4 (26.67%)	11 (73.33%)	
	Antecedente familiar cáncer	No	68 (35.60%)	123 (64.40%)	0.608
		Sí	5 (29.41%)	12 (70.59%)	
Factores conductuales	Tamizajes previos de CCU	Nunca	34 (26.15%)	96 (73.85%)	
		Hace 3 o menos años	35 (63.64%)	20 (36.36%)	**≤0.05**
		Hace más de 3 años	4 (17.39%)	19 (82.61%)	
	Tiempo de diagnóstico	De 3 a menos meses	37 (50.68%)	36 (49.32%)	
		De 4 a 6 meses	14 (27.45%)	37 (72.55%)	**≤0.05**
		De 7 a 9 meses	5 (33.33%)	10 (66.67%)	
		Más de 9 meses	17 (24.64%)	52 (75.36%)	

† Algunas variables pueden sumar menos de 208 por datos faltantes. * Media ± desviación estándar.
EOE: Establecimiento oncológico especializado. CCU: Cáncer de cérvix uterino
FUENTE: Historiales clínicos de las pacientes del IREN Centro con diagnóstico de cáncer de cérvix uterino.

Conclusion The prevalence of patients diagnosed with advanced-stage cervical cancer was high. Rural residence and the presence of lower abdominal pain were identified as risk factors associated with an advanced-stage diagnosis of cervical cancer. Conversely, HIV infection and screening within less than 3 years were identified as protective factors for this condition.

Disclosures None

#284 SURVIVAL AFTER SENTINEL LYMPH NODE BIOPSY FOR EARLY CERVICAL CANCERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background Sentinel lymph node biopsy (SLNB) represents an alternative to pelvic lymphadenectomy (PLND) for lymph node staging of early stage cervical carcinoma but prospective evidence on long-term oncological safety is actually missing. The objective of this study is to investigate the impact of SLNB alone versus PLND on survival for early stage cervical cancers patients.

Methodology A systematic literature review was performed by June 2022. We excluded studies where systematic PLND was performed. A meta-analysis was carried out combining 5-year DFS and OS rates with random and fixed effect model. Heterogeneity was tested using the Cochran chi-square test and quantified with Higgins information i2.

Results The search of databases and registers found 927 items and 6 articles were finally retained. The median time of follow-up was 34.8 months. Overall common effect DFS was 0.98, random effect DFS was 0.94. Overall heterogeneity was 77%. The subgroup analysis on SLNB negative data only indicated common effect DFS 0.91 and random effect DFS 0.90. Negative and positive SLNB subgroup common effect DFS was 0.98 and random effect DFS was 0.96. In the analysis of OS positive and negative SLN cases were examined together (common and random effect OS 0.99).

Conclusion SLN biopsy alone instead of PLND doesn't affect survival rates with a reduction of complications due to surgery procedure. Anyways, very few studies are available in literature with a great heterogeneity between them.

Disclosures Survival rates after SLN biopsy alone are high both in global and subgroup analysis and they do not differ from literature PLND survival rates.

#286 ESTABLISHMENT AND COMPARISON OF THREE SUBTYPES FROM A HUMAN UTERINE CARCINOSARCOMA CELL LINE (ESCA)

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Introduction/Background Uterine carcinosarcoma (UCS) is a highly aggressive malignancy, which is composed of epithelial and mesenchymal elements histologically. Several studies indicated that UCS and endometrial cancer (EC) shared similarity in cellular and molecular characteristics. However, we have not explained why the prognosis of UCS was poorer than that of EC. In consideration of lack for cell line of UCS in ATCC, we established one from a Chinese woman named ESCA, especially, three subtypes were isolated and characterized.

Results Three subtypes from ESCA were named ESCA-2, ESCA-3, and ESCA-5. ESCA and its subtypes have been subcultured for more than 60 generations. ESCA subtypes display different cell morphology, consistent with their respective proliferation rate. ESCA showed the fastest proliferation and ESCA-3 was the lowest. ESCA showed severe chromosome karyotype abnormalities and abnormal number of chromosomes. All ESCA cells could be transplanted and produced tumor mimicking, we found that the transplanted tumors from ESCA cell lines showed highly invasive ability and had no lack of blood supply. However, the transplanted tumor

from ESCA-5 proliferated fastest with relatively low level of glucose uptake evaluated by micro-PET/CT scanning. Whole exome sequence showed ESCA and its subtypes, tissue block shared similar single nucleotide variants, such as TP53, ARHGAP35, CDH3 mutations, while relatively large difference in copy number variations on the basis of some common variants, such as amplification of FGFR3 (chr.4) and BCL9L (chr.11) genes.

Conclusion ESCA cell line is the very first cell line of UCS until now, which showed infinite multiplication and tumorigenicity in vivo. ESCA harbored TP53, ARHGAP35, CDH3 mutations and amplification of FGFR3 and BCL9L genes, which would probably be a good model for exploring the molecular mechanism of UCS.

Disclosures There have no conflicts of interest to disclose

#294 RADICAL SURGERY IN PERSISTENCE AND RECURRENCE OF CERVICAL CANCER: EXPERIENCE IN A TERTIARY HOSPITAL

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Introduction/Background Radical surgery is the only curative treatment for persistent or recurrent cervical cancer. Pelvic exenteration is the preferred treatment and is associated with significant morbidity and mortality.

The objective of this study is to review the cases of radical surgery for recurrence or persistence of cervical cancer in a tertiary hospital in Spain between 2017 and 2022.

Methodology A retrospective descriptive study was carried out. Patients undergoing surgery for recurrence or persistence of cervical cancer in a tertiary hospital in Madrid (Spain) between 2017 and 2022 were selected.

Results A total of 12 cases were studied: 3 (25%) adenocarcinomas, 8 (66.6%) epidermoid carcinomas, 1 (8.4%) mixed carcinoma (adenocarcinoma and neuroendocrine). Primary treatment was radiotherapy and chemotherapy in 9 cases (75%) and surgery in 3 cases (25%). Radical surgery was performed in 6 (50%) cases due to persistent disease and in 6 (50%) cases due to recurrence. Surgeries performed were: 2 posterior exenterations (16.7%), 2 anterior exenterations (16.7%), 2 total exenterations (16.7%), 2 total exenterations + LEER (lateral extended endopelvic resection) (16.7%), 1 simple hysterectomy (8.3%), 2 radical hysterectomies (16.7%), 1 vaginal cuff removal with parametrectomy and lymphadenectomy (8.3%). Surgical margins were negative in 10 cases (83.3%) and positive in 2 (16.7%). In 2 (16.7%) cases there was an exitus due to complications associated with surgery, 2 patients (16.7%) remained free of disease and the other 8 patients (66.6%) had recurrence. The median time to recurrence was 0.63 years.

Conclusion Studies with larger sample sizes are needed to assess the benefits of salvage surgery in cases of persistent or recurrent cervical cancer, given the high morbidity of surgery and the frequent early recurrence after surgery.

Disclosures There is no conflict of interest among the authors.

#299 ALVEOLAR SOFT PART SARCOMA OF THE CERVIX MIMICKING A CERVICAL FIBROID: A DIAGNOSTIC AND MANAGEMENT CHALLENGE

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Introduction/Background Alveolar soft part sarcoma (ASPS) of the cervix is a rare mesenchymal tumour. Due to its rarity and paucity of definitive guidelines, diagnosis and management, especially during adolescence can be challenging.

Methodology We describe a case of a 13-year-old girl who presented with abnormal uterine bleeding and a broad ligament mass. Pelvic ultrasound showed a 3.9cm heterogeneous mass in the right cervical wall, mimicking a cervical fibroid. On MRI pelvis, this vascular mass, was suspected to be an atypical cellular leiomyoma. Diagnostic laparoscopy and biopsy of the pelvic mass showed a circumscribed lesion adjacent to cervix. The morphologic features and TFE3 positivity by immunohistochemistry raised the differential diagnoses of PEComa(perivascular epithelioid cell tumour), Epithelioid haemangioendothelioma or alveolar soft part sarcoma. Molecular testing with Archer fusionplex pan-solid tumour panel showed ASPSCR1 (exon 7)::TFE3 (exon 6) and TFE3 (exon 5):: ASPSCR1 (exon 8) gene fusions. A laparotomy, vaginoscopy and surgical resection of the tumour enabled confirmation of final diagnosis as ASPS of the cervix.

Results Currently, there is no consensus regarding the optimal management of this rare neoplasm. ASPS is an indolent tumour but prone to metastasis especially to lungs and brain. Surgical excision with clear margins, often via hysterectomy, is the treatment of choice. However, this can be associated with significant morbidity and loss of fertility potential in adolescents. The role of adjuvant radiotherapy is usually for high-grade tumours and close margins. The role of adjuvant chemotherapy is unclear. Targeted therapies with multi target tyrosine kinase inhibitors may be considered for selected cases.

Conclusion ASPS of the cervix is a rare entity with propensity to metastasize. Early diagnosis and surgical resection with clear margins are important for a more favourable prognosis.

Disclosures Nil

#304 MANAGEMENT AND STRATIFICATION OF PATIENTS WITH AGC-FN PAP SMEAR

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Introduction/Background Atypical glandular cells, favor neoplastic (AGC-FN) PAP smears are rare and might be frequently associated with cervical precancer/cancer. This study explores the value of the HPV test and methylation test as a co-test in stratifying patients with AGC-FN cytology for further management.