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

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 $i^2$.

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.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Family's history of breast cancer or ovarian cancer $\times$</th>
<th>p $\times$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of abdominal pain</td>
<td>4 (2.89%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Presence of a positive SLN</td>
<td>33 (21.4%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Presence of lower abdominal pain</td>
<td>85 (54.9%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Presence of lower abdominal pain</td>
<td>11 (7.2%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Presence of lower abdominal pain</td>
<td>20 (13.2%)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

#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 line 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.

#299 ALVEOLAR SOFT PART SARCOMA OF THE CERVIX MIMICKING A CERVICAL FIBROID: A DIAGNOSTIC AND MANAGEMENT CHALLENGE
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10.1136/ijgc-2023-ESGO.133

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 haemangiendothelioma 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 metastasise. 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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10.1136/ijgc-2023-ESGO.134

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.