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.