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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**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 3.9 cm 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 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.

**Abstracts**

**#294 RADICAL SURGERY IN PERSISTENCE AND RECURRANCE 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.

10.1136/ijgc-2023-ESGO.132

**#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.

10.1136/ijgc-2023-ESGO.134
Methodology We have been prospectively collecting AGC-FN PAP smears (both conventional (CC) and liquid-based (LBC) signed out in Bioptricka laboratory, Pilsen (BL), between 2017–2021. In the case of CC, it was supplemented by a subsequent LBC smear. Residual LBC material was used for HPV genotyping and methylation assay (QIAsure Methylation Test, QIAGEN). Patients were followed and treated according to current Guidelines. In case of surgery, histologic results were obtained.

Results AGC-FN represented 0.08% PAP smears performed at BL between 2017–2021. Seventy-three patients fulfilled the inclusion criteria of the study. All patients in HPV+/methylation+ subgroup (53 patients) presented some cervical pathology (10 [18.9%] cervical cancer, 41 [77.3%] HSIL and/or AIS, and 2 [3.8%] LSIL. HPV+/methylation- subgroup consisted of 11 patients. Six of them (54.5%) presented AIS and/or HSIL and 4 (36.4%) were without dysplasia. There were six patients in the HPV-/methylation+ subgroup. Four of them (66.7%) had an invasive disease (3 endometrial cancer, 1 gastric type of cervical adenocarcinoma). HPV-/methylation- subgroup consisted of three patients (1 with HGSC – high-grade serous carcinoma of the endometrium, 2 without dysplasia).

Conclusion AGC-FN PAP smear is frequently associated with cervical precancer/cancer and cancer of other parts of the female genital tract. We show that the HPV co-test can identify patients with a high probability of cervical pathology (HPV+). In the HPV negative subgroup we recommend a close examination of the uterine cavity and pelvic organs in addition to colposcopy/biopsy. In our experience, irrespective of HPV status, a positive methylation test predicts precancer or malignancy.

Disclosures Study was supported by grant: FNPI 00669806/ Ministry of Health of the Czech Republic

Abstract #316 Figure 1 conflict of interest form

Introduction/Background Diagnostic workup and prevention of overtreatment of the patients diagnosed with a cytological diagnosis of atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion (ASC-H) may be challenging in clinical practice. We aimed to evaluate the histological outcome of ASC-H cytology and to evaluate the accuracy of colposcopy in predicting both low grade and high-grade histological lesions.

Methodology A retrospective study was conducted from January 2014 to December 2022, in Akdeniz University Faculty of Medicine Hospital. We selected all cases with ASC-H diagnosed by cervical cytological examinations. Demographic characteristics, colposcopic findings, diagnostic procedures, and histological outcomes were analyzed using SPSS, version 23.0.

Results Seventy-six patients were included in this study. The mean age at diagnosis was 47.2 years (range, 25 to 77 years). The overall incidence of cervical dysplasia of any grade was 83.6% (n = 56). The incidence of high-grade lesions was 38.2% (n = 29) (including 5 cases of in situ carcinoma). A high-grade lesion was detected in only three of the patients who underwent endocervical curettage. HPV test was positive in 28.9% (n:22) cases, and negative in 32.9% (n:25) cases. Colpo-histologic concordance was 82.9, 9, 75.8% for grade 1-lower lesions and high grade lesions, respectively. The sensitivity, specificity, positive predicted value (PPV) and false negative ratio was 75.8, 82.9, 9, 47.5, and 14.8, respectively.

Conclusion ASC-H is associated with high-grade histological lesions. Colposcopy, when performed by expert clinicians, has great accuracy in detecting both low and high-grade lesions. Therefore, patients who do not have an indication for excisional treatment and who desire fertility can be followed up with colposcopy.

Disclosures The authors have no conflict of interest.

Abstract #326 BRACHYTHERAPY AND QUALITY OF LIFE: A CROSS-SECTIONAL STUDY OF WOMEN WITH GYNECOLOGICAL CANCER IN TUNISIA

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Introduction/Background Brachytherapy can have significant side effects on a patient’s quality of life. This study aims to...