

Conclusion Given the third trimester diagnosis in both cases, pregnancy was continued until 36 weeks balancing the risks to maternal health and prematurity. Peripartum radical hysterectomy is a rarely performed procedure. Timely involvement of the MDT is essential, to tailor management in such unique circumstances.

Disclosures Nil

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EVALUATION OF CERVICAL CANCER STAGING BASED ON MAGNETIC RESONANCE IMAGING IN COMPARISON WITH SURGICAL STAGING

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Introduction/Background Cervical cancer is prevalent cancer among women that correct diagnosis has very important role in its treatment. The aim of this study was to evaluate the accuracy of magnetic resonance imaging (MRI) in comparison with surgical staging. Also, we compared the accuracy of physical examination with surgical pathology.

Methodology This retrospective cross-sectional study was performed on women who had cervical cancer from the start of 2017 to the end of 2021. Age, tumor pathology report (squamous cell carcinoma, clear cell carcinoma, adenocarcinoma, and small cell carcinoma), stage of the tumor, involvement of vagina, uterine, and parametrium, cervical stroma invasion, mass size, pelvic and abductor lymph node metastasis were extracted from the patient's data and all were evaluated. The pathology report was considered as the gold standard.

Results Eighty women with cervical cancer were evaluated and the mean age was 47.3 years. There was a statistically significant difference between the different prevalence of disease stages (P-value = 0.035) and also stage diagnosis between the three methods

(P-value = 0.0004). The diagnostic accuracy of physical examination and MRI in terms of vaginal involvement, parametrium involvement, and uterine involvement were 97.5% and 98.7%; 98.7% and 96.2%; 94.9% and 93.6%; respectively.

Conclusion Magnetic resonance imaging is a good method for the assessment of the clinical staging of cervical cancer and its accuracy is more than 94% in the diagnosis of different parts of cervical cancer involvement.

Disclosures The authors have nothing to disclose.

#524

PATTERN OF RECURRENCE OF CERVICAL CANCER AFTER MINIMALLY-INVASIVE VERSUS OPEN ABDOMINAL RADICAL HYSTERECTOMY

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Introduction/Background In recent years, evidence has suggested that patients with cervical cancer (CC) treated with

minimally invasive surgery have an increased risk of recurrence and are more likely to develop peritoneal recurrences compared to those undergoing open surgery. The primary aim of this study was to compare the pattern of recurrence of CC treated with minimally-invasive vs. open abdominal surgery.

Methodology We retrospectively identified CC patients who underwent surgical treatment at the European Institute of Oncology, Milan from January 2010 to December 2021. Patients with FIGO 2018 stage IA1 with lymphovascular space invasion, IA2, IB1 and IB2 at diagnosis were included. All patients underwent either minimally-invasive robotic-assisted (MIRH) or open abdominal radical hysterectomy (ARH) and pelvic bilateral lymphadenectomy. We compared the two groups and evaluated the pattern of recurrence.

Abstract #524 Table 1 Abbreviation: SD, Standard Deviation; BMI, Body Max Index; LVSI, Lymph Vascular Space Invasion; RT, Radiotherapy; CHT, Chemotherapy.

	Total N= 413 (%)	Open N = 182 (%)	Robotic N= 231 (%)	P-value	
Age, mean (SD)	45,79 (10,6)	46,16 (11,3)	45,51 (10,2)	0,54	
BMI, mean (SD)	23,19 (4,1)	23,05 (3,9)	23,30 (4,3)	0,56	
Previous conization					
No	216 (52,3)	126 (69,2)	90 (39)	<0,001	
Yes	197 (47,7)	56 (30,8)	141 (61)		
LACC period					
2008-2009	310 (75,1)	105 (57,7)	205 (88,7)	<0,001	
2010-2021	103 (24,9)	77 (42,3)	26 (11,3)		
Stage					
IA1 LVSI +	7 (1,7)	3 (1,6)	4 (1,7)	<0,001	
IA2	28 (6,8)	2 (1,1)	26 (11,3)		
IB1	179 (43,4)	60 (33)	119 (51,5)		
IB2	118 (28,6)	64 (35,2)	54 (23,4)		
IB3	7 (1,7)	5 (2,8)	2 (0,9)		
IIA1	3 (0,7)	3 (1,6)	0		
IIA2	2 (0,5)	2 (1,1)	0		
IIB	10 (2,4)	6 (3,3)	4 (1,7)		
IIIC1	55 (13,3)	34 (18,7)	21 (9,1)		
IIIC2	1 (0,2)	0	1 (0,4)		
IIVA	3 (0,7)	3 (1,6)	0		
Histology					
Adenocarcinoma	178 (43,1)	89 (48,9)	89 (38,5)		0,10
Squamous carcinoma	207 (50,1)	80 (44)	127 (55)		
Adenosquamous carcinoma	27 (6,5)	12 (6,6)	15 (6,5)		
Other	1 (0,3)	1 (0,5)	0		
Grade					
1	18 (4,4)	6 (3,3)	12 (5,2)	<0,001	
2	166 (40,2)	79 (43,4)	87 (37,7)		
3	173 (41,9)	87 (47,8)	86 (37,2)		
Missing	56 (13,5)	10 (5,5)	46 (19,9)		
Margin					
Negative	401 (97,1)	176 (96,7)	225 (97,4)	0,92	
Positive	8 (1,9)	4 (2,2)	4 (1,7)		
Missing	4 (1)	2 (1,1)	2 (0,9)		
Close margin					
No	380 (92,0)	163 (89,6)	217 (93,9)	0,24	
Yes	27 (6,5)	16 (8,8)	11 (4,8)		
Missing	6 (1,5)	3 (1,6)	3 (1,3)		
LVSI (N=370)					
No	208 (56,2)	92 (52,3)	116 (59,8)	0,15	
Yes	162 (43,8)	84 (47,7)	78 (40,2)		
Stromal invasion (N=366)					
1/3 superficial	69 (18,9)	31 (17,6)	38 (20,0)	0,25	
1/3 middle	82 (22,4)	34 (19,3)	48 (25,3)		
1/3 deep	215 (58,7)	111 (63,1)	104 (54,7)		
Tumor size, mean (SD)	18,17 (10,6)	22,72 (11,7)	14,10 (7,6)	<0,001	
Treatment performed					
Observation	302 (73,1)	109 (59,9)	193 (83,6)	<0,001	
RT+/-CHT	96 (23,3)	59 (32,4)	37 (16)		
CHT	8 (1,9)	8 (4,4)	0		
Missing	7 (1,7)	6 (3,3)	1 (0,4)		
Pattern of recurrence (N=43)					
Pelvic	15 (34,9)	7 (28)	8 (44)	0,56	
Pelvic and distant	4 (9,3)	2 (8)	2 (11)		
Distant	18 (41,9)	13 (52)	5 (28)		
Peritoneal	2 (4,5)	1 (4)	1 (6)		
Peritoneal and distant	1 (2,3)	1 (4)	0		
Unknown	3 (7)	1 (4)	2 (11)		

Abbreviation: SD, Standard Deviation; BMI, Body Max Index; LVSI, Lymph Vascular Space Invasion; RT, Radiotherapy; CHT, Chemotherapy.

Results In total, 413 patients meeting inclusion criteria were identified: 231 (55,9%) undergoing MIRH and 182 (44,1%) undergoing ARH. We observed a statistically significant difference (p<0,001) between the two populations in terms of previous conization, stage at final histology, grade, tumor size, and adjuvant treatment. Overall, 43 (10,4%) patients experienced a recurrence, including 18 (7,8%) in the MIRH group and 25 (13,7%) in the ARH group. The median time of recurrence was 18,3 months (IQR 10,5–28,8), and the median time of follow-up of the patients with no recurrence was 71,7 months (IQR 37,1–99,1). There was no significant difference

in the pattern of recurrence between the two groups, with only 1 (6%) patient in the MIRH group experiencing a peritoneal recurrence.

Conclusion In contrast to previous studies, in our population we observed no significant difference in the pattern of recurrence of CC following ARH or MIRH. This result that may be attributed to the selection criteria used for the surgical approach.

Disclosures None.

#529 OUTCOMES OF PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER (LACC) WITHOUT NODAL INVOLVEMENT

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Introduction/Background Cervical tumor size ≥ 3 cm has been shown as poor prognostic factor in LACC. To assess the efficacy and safety of patients treated for cervical cancer ≥ 3 cm N0 and evaluate prognostic factors.

Methodology Retrospective, monocentric study. inclusion criteria were patients older than 18-y, biopsy-proven carcinoma of the uterine cervix, tumour size ≥ 3 cm, N0, M0. Between 01/2016 and 12/2021, 253p were included and treated with Radiochemotherapy (RCT) (weekly intravenous cisplatin 40 mg/m², 5–6 cycles, 1 day per cycle, plus 45–50 Gy external-beam radiotherapy delivered in 1.8–2 Gy fractions) followed by intracavitary/interstitial image guided adaptative brachytherapy (IGABT) (4 x 7Gy tu High Risk Clinical Target Volume).

Results Median follow-up was 37.7 months. In all population DFS at 1-year (95%CI) was 88.8% (84.2–92.1), DFS at 3-year (95%CI) 75.2% (69.0–80.4), DFS at 5-year (95%CI) 67.5% (59.6–74.2). OS at 1-year (95%CI) was 97.3% (94.5–98.7), OS at 3-year (95%CI) 82.3% (77.4–87.3), OS at 5-year (95%CI) 77.1% (70.3–82.5). Cumulative incidence of local control at 1-year (95%CI) was 4.4% (2.3–7.4), at 3-year (95%CI) 10.3% (6.8–14.6), at 5-year (95%CI) 16.9% (11.4–23.4). The most frequent acute toxicities were proctitis (59.6%) including 2.4% of grade 3 then cystitis 38.4% then pain 30.9%. Late grade 3 proctitis or cystitis and fistula toxicities affected 1.3%, 0.9%, 6.5% of patients respectively. A quarter of the patients (25.2%) have chronic sexual dysfunction. Univariate analyses revealed that poor DFS was associated with adenocarcinoma (HR= 1.65, 95%CI 0.98–2.78, p=0.016). Favourable DFS was associated with lymph node dissection (HR 0.33 95%CI 0.19–0.55, p < 0.001).

Conclusion Patients treated by RCT and IGABT for cervical cancer ≥ 3 cm N0, presents an excellent local control. We find a benefit in terms of DFS for patients who performed aortic lymph node dissection.

Disclosures No disclosures

#533 TREATMENT RESULTS OF STAGE IIIC2 LOCALLY ADVANCED CERVICAL CANCER PATIENTS TREATED WITH RADIOCHEMOTHERAPY

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Introduction/Background The aim is to analyze treatment results and prognostic factors of stage IIIC2 cervical cancer patients treated with radiochemotherapy.

Methodology 21 out of 239 Stage IIIC2 cervical cancer patients treated between 2012–2021 were included. Patients with paraaortic lymph nodes (PALN) prophylactically irradiated, with PALN recurrences, with PALN metastases found at PALN dissection and patients with distant metastases were excluded. A total of 21 locally advanced cervical cancer patients with PALN metastases initially diagnosed with PET-CT were evaluated. Radiotherapy was 3D conformal/IMRT-VMAT, concurrent chemotherapy was weekly 40mg/m² cisplatin or 2AUC carboplatin. Primary tumor, pelvic LNs and parametrium were treated with 50.4Gy (1.8Gy per fraction) then parametrium and metastatic pelvic/PA LNs were boosted up to 54–60Gy. Extended RT field was up to level of T12/L1. Brachytherapy (4x7Gy or 5x5Gy) was applied to 18 patients.

Results Median age was 54 (range: 29–89). Sixteen (76.2%) patients had SCC. Median tumor size was 4.9cm (range: 2.4–10cm). Thirteen patients (61.9%) had vaginal, 19 (90.5%) had parametrial infiltration. Three patients had hydronephrosis. Four (19%) patients had single, 17 (81%) had multiple PALN metastases. Median diameter of PALN is 1.5cm (1–3.9 cm).

Twelve (57%) patients had complete response, and 9 patients (43%) had either partial response/progressive disease. Eight patients received chemotherapy due to the residual/progressive disease. Among 12 patients with complete response to RCT; 5 patients died. One is due to local recurrence, 2 due to the distant metastases, 1 due to the primary lung cancer with brain metastases and 1 due to the complication.

OS was 24 months (8–112 months). Two-year DFS was 52% and OS was 47%. Presence of hydronephrosis (p:0.004), poor response/progressive disease at 3 months (p:0.000), radiotherapy without brachytherapy (p:0.002) were found unfavorable prognostic factors for DFS. Size of the PALN metastases (p:0.006), poor response/progressive disease at 3 months (p: 0.002) and radiotherapy without brachytherapy (p:0.006) were found unfavorable prognostic factors for OS.

Conclusion Even in the modern staging and treatment era, outcome of treatment in stage IIIC2 cervical cancer patients is still disappointing. Systemic treatment approaches with cytotoxic drugs, immunotherapy and/or targeted therapy agents should be integrated to new treatment protocols.

Disclosures None