

#574 THE PROGNOSTIC VALUE OF THYMUS HYPERPLASIA IN CERVICAL CANCER ASSESSED ON FDG PET-CT SCAN

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10.1136/ijgc-2023-ESGO.163

Introduction/Background Cervical cancer represents one of the most common cancers among women worldwide. According to FIGO 2018, FDG PET-CT became a part of the initial staging of the disease.

Rebound-thymus-hyperplasia (RTHP) with increased FDG accumulation in the thymus is a known phenomenon that is observed particularly among pediatric and young adult, secondary to recovery from stressors, such as surgery and chemotherapy.

To date, there isn't much information regarding RTHP and its significance in women with cervical cancer. We aimed to investigate this phenomenon in cervical cancer patients.

Methodology Patients with cervical cancer who had been treated in Shamir-Medical-Center between 2010–2020 and undergone FDG PET-CT were collected respectively. We compared patients with and without RTHP.

The demographic, imaging and clinical characteristics were evaluated including histological type, stage at diagnosis, tumor size at diagnosis, treatment, SUV-max values, thymus size, time interval between treatments to scan, disease-free-survival and overall-survival.

The 3-dimensions and volume of the thymus, and SUV-max uptake were measured on PET-CT scans using PACS software (SECTRA IDS7, Sweden).

Results 106 patients included in the study with a mean-age of 55 years (range 27 - 88 years). 22 patients died during the follow-up with overall-survival rate of 79.2%. There was no measurable thymic tissue in 80 (75.5%) patients. In 26 patients the mean-thymic-volume calculated 2.33 cm³ (range 1.32 cm³ - 24 cm³). The SUV-max FDG-uptake measured with mean 2.0 (range 0.78- 4.9). We didn't find any statistical significant differences between the groups.

Conclusion In our cervical cancer patients, we didn't find any significant differences between those with or those without RTHP. Further research is needed to evaluate if there is any association between RTHP and cervical cancer in larger populations.

Disclosures There is no conflict interest.

#575 HISTOLOGICAL TUMOR TYPE, SENTINEL NODE DISTRIBUTION AND INVOLVEMENT IN WOMEN WITH EARLY STAGE CERVICAL CANCER – SINGLE CENTER EXPERIENCE

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10.1136/ijgc-2023-ESGO.164

Introduction/Background Sentinel node biopsy (SNB) with indocyanine green (ICG) is relatively new. More studies on distribution and involvement are required in any stage of cervical cancer.

Methodology 67 cervical cancer patients hospitalized within clinical study in University Clinical Center in Katowice between January 2021 and December 2022 were analyzed. Out of them 33 were qualified for surgical interventions based on imaging and clinical evaluation – stage IA1-IB2, and IIA1. Laparoscopy with ICG cervical injection on 9 and 3 o'clock superficially and deeply (1.25 ml of 6.25 mg ICG, 25 mg in total) was performed to identify the sentinel nodes. All nodes were analyzed with hematoxylin-eosins staining and with ultrastaging.

Results Out of 33 patients qualified for the surgery, 66.7 women had squamous cell carcinoma, 30.3% - adenocarcinoma, and one adenosquamous carcinoma. In 4 cases SNB was a part of diagnostic procedure due to indecisive MRI images (3 cases) and fertility sparing procedure (one case). SNB in the last patients were negative (FIGO IA1), in 2 out of 3 with inconclusive MRI - positive (FIGO IIC1) but in third metastasis were present in sigmoid (FIGO IVB). Out of the rest patients total 65 nodes were removed. Hematoxylin-Eosin staining revealed metastatic disease in 9 nodes (8 macrometastasis, one micrometastasis). Additionally, in ultrastaging 4 nodes with micrometastasis were identified. The concordance was 82.7%. Finally in 15 cases (51.7%) final stage was higher than suspected based on clinical examination and MRI images (9 women with IIC1 and 6 with IIB).

Conclusion The proportion of advance stage cancer is very high what requires additional prevention strategies to decrease that numbers. As the prevalence of endocervical adenocarcinoma is high, Silva classification should be implemented to estimate survival prognosis and extent of treatment. Pre-operation work-up should be improve to properly identify patient with nodes and parametrial involvement.

Abstract #575 Table 1 Location on SN and distribution of metastatic lymph nodes.

Location	Site (n=65)		Metastatic nodes (n=13)	
	Left site	Right site	Left site	Right site
External iliac	39,4% (13)	39,4% (13)	33.3% (4)	38.5% (5)
Iliac bifurcation	27,3% (9)	27,3% (9)	0.0% (0)	7.7% (1)
Internal iliac/obturator	24,2% (8)	18,2% (6)	16.7% (2)	0.0% (0)
Common iliac	9,1% (3)	12,1% (4)	0.0% (0)	7.7% (1)
Presacral	0,0%	3% (1)	0.0% (0)	0.0% (0)

Disclosures none

#579 A RISK SCORING SYSTEM FOR CERVICAL CANCER PATIENTS WITH EARLY METASTASIS: A RETROSPECTIVE COHORT STUDY

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10.1136/ijgc-2023-ESGO.165

Introduction/Background Outcomes are poor for cervical cancer (CC) patients with metastatic within one year after successfully completing the treatment, and no well-established