type C2. All patients underwent uroflowmetry at the preoperative and postoperative stages in order to exclude dysfunction of the lower urinary tract.

Abstract #654 Figure 1 Obstructive type of uroflowmetric curve in the postoperative period

Results In a comparative study of the parameters of uroflowmetry before surgery and 2 months after surgical treatment in patients of the main group, significant differences were obtained in such parameters as the average and maximum velocity of urine flow. In control group A, statistically significant differences were obtained in such parameters as the average urine flow rate, maximum urine flow rate, urine flow time, and the volume of residual urine. In control group B, all indicators had significant differences, with the exception of the volume of urine excreted.

Conclusion The introduction of urodynamic testing into the practice of pre- and postoperative examination has improved the understanding of changes in bladder and urethra function after radical gynecological surgery. In this study we demonstrated the benefits of using a water jet dissector due to faster functional recovery in the postoperative period.

Disclosures Comparative results before surgery and 2 months after surgical treatment in the main group indicate the advantage of the water jet dissection technique as the most precise and nerve-sparing method.

#665 REGULARITY OF CERVICAL CANCER SCREENING IN KOREA: ANALYSIS USING NATIONAL PUBLIC DATA FOR 12 YEARS

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Introduction/Background This study aimed to assess the frequency of regular uptake of national cervical cancer screening (CCS) program and identify associated factors among Korean women.

Methodology Using data from the 2007–2012 Korean National Health and Nutrition Examination Survey (KNHANES), a cohort of 4,663 women was followed up for up to 12 years (2007–2018) using linked individual level data from the Korean National Health Insurance Service (KNHIS) and the Korean Health Insurance Review and Assessment Service (KHIRA). Compliance level with CCS was categorized as none, irregular and regular, and an ordinal logistic regression model was employed to investigate the contributing factors.

Results The multivariate logistic analysis showed individuals aged 40–59 exhibited the highest likelihood of regular adherence to CCS among participants. Regular adherence of CCS were associated with certain groups, including those with an income between 100–150% of the median, service workers, residents of small to medium-sized cities, middle-school graduates, and married individuals. Furthermore, individuals who had private insurance, a history of non-cervical cancer or carcinoma in situ (CIS) of the cervix, family history of cervical cancer, or a higher frequency of general check-ups demonstrated greater adherence to CCS.

Conclusion This study revealed that regular uptake of CCS in South Korea was low at 18.9%. Moreover, the study identified new factors associated with regular adherence to CCS, such as having personal history of non-cervical cancer, a history of CIS of the cervix, a family history of cervical cancer, and a higher frequency of general check-ups.

#666 PREDICTORS OF RECURRENCE IN SURGICALLY STAGED INTERMEDIATE-RISK EARLY-STAGE CERVICAL CANCER

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Introduction/Background The Sedlis criteria [a) lymphovascular space invasion, b) depth of invasion, c) tumour diameter] have long been considered primary predictors of recurrence in early-stage cervical cancer. Consequently, over the past decades they have served as the primary indication for determining the need for adjuvant treatment. However, the LACC trial findings have highlighted the significance of non-histological risk factors in predicting recurrence, raising concerns regarding the need to reassess treatment planning.

Methodology A retrospective analysis was conducted on intermediate-risk cervical cancer (FIGO-2009 stage IB1 with negative nodes at final pathology) of the SUCCOR study database. Univariate and multivariable Cox proportional hazards models were used to evaluate independent risk factors for disease-free survival (DFS). Survival curves were generated using the Kaplan-Meier method and compared using log-rank test.

Results The study included 572 patients, of whom 67 (11.7%) experienced recurrence. In the univariate analysis, Minimally Invasive Surgery (MIS) and the use of uterine manipulator were found to be associated with an increased risk of recurrence (p<0.001), while preoperative conization was identified as a protective factor (p 0.002). Patients aged over 50 years were more likely to experience recurrence (p 0.04), while no other baseline characteristics examined appeared to have an influence on the risk of recurrence.

Among the conventional histologic risk factors, only tumour diameter, specifically when ≥2 cm, was found to be associated with an elevated risk of recurrence (p 0.006). The Kaplan-Meier curves illustrating disease-free survival were stratified by
Conclusion
MIS was confirmed as the strongest predictor of recurrence in surgically treated FIGO-2009 stage IB1 cervical cancer with negative lymph nodes. Among the Sedlis criteria, tumour diameter and deep stromal invasion were identified as the only factors negatively impacting DFS.

Disclosures
none

#669
ADENOCARCINOMA OF THE UTERINE CERVIX: CLINICOPATHOLOGICAL FEATURES OF AN UNCOMMON ENTITY
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Introduction/Background
Adenocarcinoma of the uterine cervix is not as common as squamous cell carcinoma. It accounts for 10–25% of all cervical cancers, yet this rate has been increasing over the past few decades. Uterine cervix adenocarcinoma is a very heterogeneous disease, with different histological subtypes, having an affinity for lymphoid, ovarian, and distant metastases, and a poorer prognosis compared to squamous cell carcinoma.

Methodology
We conducted a retrospective descriptive study including patients followed and treated for adenocarcinoma of cervix at the Salah Azaiez institute over a period of 20 years from 2004 to 2020.

Results
Sixty-eight female patients were included in our study. The mean age was 58.19±13 years ranging from 35 to 86 years. HPV infection was documented in 13% of cases. Clinically, the tumor size varied between 1 and 6 cm, parametrium’s invasion was estimated in 46% of cases. Concerning histological subtypes, endocervical adenocarcinoma was the most frequent subtype, occurring in 41.5% of cases, followed by mucinous adenocarcinoma (23.1%), clear cell adenocarcinoma (15.8%), Adenosquamous carcinoma (11.8%), and finally, the endometrioid subtype (7.4%). Only two cases of mesonephric adenocarcinoma were reported. The most frequent FIGO stages were IIB (27.9%) and IIIC1 (14.7%). Seventy-one percent of patients underwent neoadjuvant radiotherapy associated to chemotherapy and 61% had brachytherapy. After neoadjuvant treatment, 31% had partial response, 0.7% had no response and 4 patients progressed. Subsequently, 70.6% of patients underwent surgery, type colpo hysterectomy and pelvic lymphadenectomy in 50% of cases.

After a median follow-up of 90 months, only 35% of our patients are alive with no sign of recurrence.

Conclusion
Adenocarcinoma of the uterine cervix is a very heterogeneous disease, including different histological subtypes. Current guidelines recommend the same management approach as for squamous cell carcinoma; however, adenocarcinoma has been associated with a poorer prognosis and a higher likelihood of distant recurrence.

Disclosures
None

#706
RADIO-HISTOLOGICAL CORRELATION OF RESIDUAL TUMORS AFTER CONCOMITENT RADIOCHEMOTHERAPY AND BRACHYTHERAPY FOR SQUAMOUS CELL CARCINOMA OF THE CERVIX
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Introduction/Background
Advanced cervical tumors are managed with concomitant radiochemotherapy and brachytherapy. Radiochemotherapy significantly improves overall survival rates, reduces recurrence rates, and decreases distant metastasis dissemination.

Disclosures
None