surgical approach and tumour diameter, and the results for the three different models are presented below.

**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**
one

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**Abstract #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 colposcopy with 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**
one

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**Abstract #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.