#774 A CASE SERIES OF RARE CERVICAL CANCERS

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Introduction/Background Carcinoma cervix is the most common Gynecological cancer in India.

Abnormal vaginal bleeding is the most common presenting symptom .

Squamous cell carcinoma(SCC) is most common (80%) followed by adenocarcinoma (20%).

Rare types include Adeno-squamous, Neuroendocrine, clear cell, adenosarcoma, adenoid cystic carcinoma, melanoma, Cervical STUMP and Metastatic carcinoma etc.

Methodology Here we present 10 rare cases of cervical cancer at our institute between 2018 to 2023.

Suspicion of rare cervical cancers can be confirmed by IHC.

Results We present here 10 cases of rare cervical cancers, two of them were clear cell carcinoma of cervix stage-2B one in an 18 years and another 22 years unmarried nulliparous female who received chemoradiation after ovarian transposition. Out of three neuroendocrine tumors of cervix, one is at stage 3C1, progressed aggressively. Planned for Chemoradion, other one is at stage IB2 underwent radical hysterectomy. The last had an adjuvant hysterectomy after concurrent chemoradiation. Adenosarcoma of cervix a 50yr postmenopausal lady underwent radical hysterectomy, was at stage 1B3.

Rest three were adenosquamous type All of them presented with postmenopausal bleeding and were in early stages, underwent Wertheim's Hysterectomy with bilateral pelvic lymph node dissection, required no adjuvant treatments.

One case carcinosarcoma of cervix was diagnosed after inappropriate hysterectomy.

Conclusion Most patients in developing countries present with advanced disease.

Effective primary HPV vaccination and secondary prevention by screening and treating precancerous lesions will prevent most cervical cancer cases.

Non-HPV-related cervical cancer still has uncertain etiopathogenesis and nonspecific clinical manifestations that delay correct diagnosis.

Early diagnosis of rare cervical cancers can give better survival.

Disclosures none

#777 HPV AND HPV VACCINATION IN TUNISIA UNTIL 2022: A COMPREHENSIVE REVIEW

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Introduction/Background Cervical cancer is the third most prevalent gynecological cancer in Tunisia. Every year, 300 new cases and up to 150 related deaths are reported. Three quarters of those cases are diagnosed at an advanced stage. Given the well-established association between HPV and cervical cancer, WHO recommends screening programs and HPV vaccination.

Methodology Studies conducted in Tunisia until 2022 were collected using two systematic searches on PubMed with 'HPV AND Tunisia' and 'HPV vaccine AND Tunisia'. Results were then analysed.

Results This review included 64 and 18 studies dealing respectively with HPV and HPV vaccine in Tunisia. Many HPV genotypes were detected among Tunisian women with cervical cancer, namely HPV35, 45, 58, 59, 40, 66, 73 and 82. Multiple infections mixing type 2 and 4 genotypes were also described. HPV16 and 18 were the most prevalent, and general HPV prevalence was of 7.8% with a peak under the age of 30 and another over 50. While HPV18 was the most oncogenic genotype, identified HPV infection risk factors were mainly sexual behaviors and socioeconomic status. Despite the availability of two bivalent HPV vaccines in the private sector, its uptake has been low due to the lack of awareness, the high cost of the vaccine, and other vaccines being prioritised. Fostering Tunisian women's knowledge around HPV was suggested to drive forward the national cervical cancer preventive programme, which was established in 2000 to screen women between the age of 35 and 65.

Conclusion HPV vaccine uptake by the age of 15, with a vaccination coverage of at least 50% nationally, would significantly decrease the prevalence of oncogenic HPV types. Introducing the vaccine into the Tunisian national immunisation programme is thus key to reducing the burden of cervical cancer. To facilitate vaccine acceptability and uptake, integrated educational programmes about HPV and its vaccine are also essential.

Disclosures The author works as a consultant in Global Health Strategies, which is an advocacy company that promotes prevention efforts towards the elimination of cervical cancer.

#781 THE OPTION TO THE FERTILITY-SPARING TREATMENT IN PATIENTS WITH CERVICAL CANCER WITH THE TUMOR SIZE >2 CM

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Introduction/Background Radical trachelectomy (RT) combined with pelvic lymphadenectomy (PLND) has been used to treat early stage cervical cancer patients who wish to preserve their fertility. Currently there is no standard of fertility-sparing treatment for women with stage IB2-IIA1 cervical cancer. Neoadjuvant platinum based chemotherapy (NACT) is used to reduce the tumor size. The next stage is RT combined with PLND. But vaginal, abdominal, laparoscopic, and robotic approaches have been used during RT with pelvic PLND, all of these approaches cause peritoneal damage, which could result in periadnexal adhesion. The aim of the present study was to discuss a fertility-preserving option, NACT with the VRT with retroperitoneal PLND.

Methodology To reduce a tumor and minimize peritoneal damage, we introduce NACT with retroperitoneal PLND.Nine Ukrainian women with FIGO 2018 stage IB2 and IIA1 cervical cancers have received 3 to 4 cycles of chemotherapy according to TP regimen. VRT with retroperitoneal PLND was performed in all patients.

Results All patients have had response to chemotherapy. The complete resection of the disease was achieved without causing any intraoperative and severe postoperative complications. Four patients have had lymphocysts in the postoperative