

#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 Chemoradiation, 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

period. These patients were treated by the conservative methods. No adjuvant treatments were given, and the patients are currently free of disease.



Abstract #781 Figure 1 Retroperitoneal PLND

Conclusion NACT for fertility sparing treatment is an innovative approach which is potentially quite interesting for many young women affected by cervical cancer with the tumor size >2 cm. And VRT with retroperitoneal PLND can be safely performed. Because peritoneal damages, which can cause periaxial adhesion, could be avoided. We consider that this surgical approach and NACT may be a good treatment option for women with cervical cancer who wish to preserve their fertility.

Disclosures no potential conflict of interest to report

#792 OUR SINGLE-CENTER EXPERIENCE WITH COLPOSCOPY IN CASES OF POSTCOITAL BLEEDING

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Introduction/Background To analyze the risk of cervical pre-invasive disease in women with post-coital bleeding (PCB)

Methodology In our study, the findings and results of colposcopic examination of 185 women who were admitted to Hacettepe University Faculty of Medicine Hospital Obstetrics and Gynecology Department between January 2018 and December 2022 and who were evaluated for PCB and who underwent colposcopic examination were evaluated retrospectively. Primary outcome was to find out to risk of CIN 2 and above pre-invasive disease in woman with PCB

Results The median age of the women included in the study was 38 (min: 19-max: 64). 85.4% had cervical cytology results (158/185). 4.9% of cytology results evaluated were ASC-US (9/185) and 1.1% were LSIL (2/185). 60% of the women had Human Papilloma Virus (HPV) screening results. 15.6% of the women were HPV test positive (4.8% HPV 16–18, 6.5% other high-risk HPV, and 4.3% low-risk HPV).

The most common pathological finding detected with the direct examination during the colposcopic examination was ectropion with 18.4% (34/185). Cervical biopsy was performed in 48.6% of the evaluated women. In most of the biopsies performed (86.6%), a single sample was taken.

While CIN 2 was detected in 1.1% of the women (2/185) and the most common histological result was cervicitis (73/185). Two women whose biopsy showed CIN 2 were also positive for HPV infection. Whereas CIN 2 lesion was found in 2 (11%) of 18 patients with positive HPV test in the biopsy group, CIN 2+ was not detected in any of the HPV negative patients (P=0.038).

Conclusion The rate of detecting cervical lesions through colposcopic examination is low in women experiencing PCB complaints. The utilization of HPV testing in the triage of PCB can reduce unnecessary colposcopic examinations and cervical biopsies.

Disclosures The authors have no conflict of interest related this research

#814 SUSPICIOUS LYMPH NODES ON PET-CT AND THE IMPACT ON NODAL TREATMENT IN ADVANCED CERVICAL CANCER

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Introduction/Background Despite the risk of false-positive lymph nodes, FDG-PET/CT scans are increasingly used to guide treatment decisions in advanced-stage cervical cancer. The standard treatment for locally advanced cervical cancer is chemoradiotherapy. We evaluated how often standard treatment plans were modified with regard to nodal treatment (i.e. debulking, boosting and/or extended field radiotherapy) in the case of FDG-positive nodes, with the corresponding over/undertreatment rates.

Methodology Women who received chemoradiotherapy for FIGO (2009) stage IB2, IIA2-IVB cervical cancer with an FDG-positive node, between 2009–2017, were retrospectively selected from the Netherlands Cancer Registry. Patients with pathologic examination of nodes before nodal treatment were excluded.

False-positive (13–30%) and true-positive (70–87%) rates from the literature (Vermolen et al.2021) were related to the rate of patients with and without treatment modification to estimate overtreatment and undertreatment, respectively. Sensitivity analysis was performed to estimate over/undertreatment rates for patients with a higher pre-test probability of nodal metastases, using a higher PPV (94%) corresponding to an increased prevalence of nodal metastases.

Results A total of 379/435 (87%) patients had their treatment plan modified based on FDG-positive nodes, which may have resulted in undertreatment and overtreatment in 9–11% and