

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