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KNOWLEDGE AND PRACTICE OF CERVICAL CANCER SCREENING AMONG WUSE MARKET WOMEN IN ABUJA NIGERIA

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Introduction Cervical cancer is the fourth most common cancer among women with estimated 604000 new cases and 342000 deaths in 2020. 90% of new cases and deaths worldwide in 2020 occurred in low middle income countries. The most important risk factor for cervical cancer is infection by human Papillomavirus (HPV). HPV can be spread during sex. Cervical cancer is highly preventable with screening but women rarely know the importance of cervix screening. Reports have shown that cervical cancer kills one woman every hour in Nigeria and ignorance remains the underlying risk factor for most Nigerian women.

Methods It was a cross-sectional semi descriptive study conducted among 200 market women randomly selected using systematic sampling technique. A questionnaire was used to collect data and the mean age of the study was 18- 65 years.

Results Significant numbers of market women exhibited a low knowledge of cervical cancer screening 86%. Some of these women reported not having been screened for cervical cancer and reasons were Religious beliefs. Low income. Cultural and language barrier 14%. In line with a study done in Abuja hospital. 94.5% of cervical cancer patients presented their cases late due to ignorance.

Conclusion/Implications There is a general need to educate market women. Governmental agencies should introduce cervical cancer educators with interpreters in market places. Most market women are not literates. It is important to use illustrative diagrams and 3D photographs to educate women on the importance of early cervical cancer screening and to enable them make an informed choice to prevent it.

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PROGNOSTIC VALUE OF RADIOLOGICAL AND PATHOLOGICAL EVALUATION OF PELVIC LYMPH NODES IN CERVICAL CANCER PATIENTS

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Introduction The presence of lymph node metastasis in cervical cancer is considered to be an independent prognostic factor for risk of recurrence and survival. Cases with lymph node metastasis are classified as stage IIIC in FIGO 2018 classification. In this study, we investigated the consistency of pre-operative imaging of lymph node enlargement with pathologic diagnosis, and its impact on prognosis in cervical cancer.

Methods We evaluated imaging and histological evaluation of pelvic lymph node, clinical stage, histological type, and oncologic outcome in 71 patients with cervical cancer who underwent radical hysterectomy in our hospital from 2014 to 2020.

Results Of the 14 patients with enlarged lymph nodes on imaging (r+), 11 had pathologic lymph node metastasis (group:r+p+) and 3 had no pathological metastasis (r+p-). In contrast, of the 57 patients without lymph node enlargement by imaging, 20 had pathologic lymph node metastasis (r-p+) and 37 did not (r-p-). In histologic types of r-p+ group were squamous cell carcinoma in 11 of 36 patients (30.6%) and adenocarcinoma in 9 of 35 patients (25.7%). Among adenocarcinoma, mucinous carcinoma of gastric type was the most common at 4 of 5(80.0%). The mean survival of r+p+, r-p+, and r+p- group was 65.9, 54.3, and 69.8 months, respectively, while 96.6 months for r-p- group.

Conclusion/Implications Patients with cervical cancer without lymph node enlargement on preoperative imaging but with pathologic lymph node metastasis had a similarly poor prognosis as those with enlarged lymph nodes on preoperative imaging.

EP084/#264

THE LANDSCAPE OF IMMUNE MICROENVIRONMENT AND THE POOR PROGNOSTIC VALUE OF TERTIARY LYMPHOID STRUCTURE IN GASTRIC-TYPE MUCINOUS CARCINOMA

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Introduction Gastric-type mucinous carcinoma (GAS) is the most common subtype in HPV-unrelated endocervical adenocarcinoma. GAS has aggressive behavior and worse clinical outcome compared with usual-type endocervical adenocarcinoma (UEA). In this research, we delineated the tumor immune microenvironment of GAS by comparing with UEA and found the adverse effect of TLS in them.

Methods Multiplex immunofluorescence (mIF) and RNA sequencing were applied in this study. We optimized 4 mIF panels about tumor-infiltrating immune cell, the subtypes of macrophages, tertiary lymphoid structure (TLS) and regular T cell (Treg) and regular B cell (Breg)

Results By analyzing mIF data, GAS tumors had less infiltration of CD4⁺ T cells and CD8⁺ T cells but more macrophages than UEA. In GAS patients, macrophage infiltration was significantly increased in patients with positive lymph node metastases and advanced stage, especially the M2 type macrophages. Functional pathway enrichment analysis also shew the immune-activated related pathways were more enriched in UEA tumors. By statistics, approximately 15% of patients had mature TLS. Surprisingly, mature TLS formation was associated with shorter overall survival time in both GAS and UEA. Patients with mature TLS had more Tregs and Bregs infiltrating in both the tumor region and the lymphocyte aggregation region. Gene expression analysis shew the tumor cell proliferation was increased, while the immune-activating was reduced in tumors with mature TLS.

Conclusion/Implications We found GAS had less lymphocytes infiltration than UEA, but more macrophage infiltration, especially M2-type macrophages. And the formation of mature TLS was a crucial adverse prognostic factor in GAS and UEA.