

Introduction Cervical cancer is the fourth most common cancer in women in the world. Management usually includes surgery for early stage of the disease in cases with no contraindication for surgery. Lymph node metastasis is an indicator for primary chemoradiotherapy. Lymph node involvement is incorporated in FIGO's 2018 staging system. The involvement should be noted according to the method of detection as either radiological(r) or pathological(p). So, we evaluate MRI and PET CT values to detect nodal metastasis for single center.

Methods This retrospective analysis was performed in patients treated with surgery, who had MRI and PET CT imaging in The Department of Obstetrics and Gynecology, Gynecologic Oncology Surgery division at Akdeniz University School of Medicine between 2004 to 2020. A Total of 139 cases were included in the study where mean age was 49.68.

Results The most frequent symptom was postcoital bleeding. 29.5% cases had histologic node metastasis. Preoperative MRI showed that 56.1% of cases were node metastatic, and this rate was 38.1% for PET CT. Sensitivity, specificity, positive predictive value, negative predictive value and accuracy for MRI were 60.9%, 63.2%, 40.9%, 79.4%, 72.5% respectively and 70.7%, 75.5%, 54.7%, 86%, 74.1% for PET CT respectively. Negative predictive values are acceptable for both imaging methods. Accuracy of PET CT is higher than MRI to detect nodal metastasis.

Conclusion/Implications MRI and PET CT offer moderate value to detect lymph node metastasis for cervical cancer. Negative predictive value of PET CT is a better indicator for nodal involvement compared to MRI.

EP091/#144

COMPARISON OF SURVIVAL OUTCOMES BETWEEN DEFINITIVE CHEMORADIATION AND POST-RADIATION HYSTERECTOMY IN BULKY IB CERVICAL CARCINOMA

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Introduction Optimal treatment of bulky stage IB cervical cancer has long been a source of controversy. Definitive chemoradiation therapy (chemoRT) has been the preferred approach for large IB disease, however the role of post-radiation surgery has not been fully defined. The objective of the study was to compare the recurrence, complication, and survival data between patients with large primary cervical lesions undergoing definitive chemoRT with post-radiation surgery.

Methods Retrospective cohort analysis of patients at a single institution with IB cervical cancer and primary lesions greater than 4 centimeters treated between January 1st, 2008 and December 31st, 2016. Data was extracted from patient's electronic or paper medical records. Data variables included patient demographics, comorbidities, oncologic treatments, complications, and survival. The Kaplan-Meier method was used to estimate recurrence-free survival and overall survival censored at 5 years and the log-rank test provided a statistical

comparison between chemoradiation and post-radiation hysterectomy.

Results 42 patients were identified: 16 receiving chemoRT (Arm A) and 26 receiving post-radiation hysterectomy (Arm B). Demographics, comorbidities, and tumor characteristics were comparable between groups, with a majority of patients identified as stage IB2. Rates of treatment-related complications requiring hospitalization were low in both groups: Arm A (25%) vs Arm B (15.4%) ($p=0.45$). 5-year recurrence-free survival was comparable between both groups (62.5% vs 73%, $p=0.52$) and overall survival censored at 5 years in the post-radiation hysterectomy was more favorable although not statistically significant (68.75% vs 88.5%, $p=0.17$).

Conclusion/Implications Post-radiation hysterectomy, while safe in terms of long-term morbidity, did not confer a significant survival advantage.

EP092/#437

EFFECT OF DIFFERENT EDUCATIONAL INTERVENTIONS ON KNOWLEDGE OF HPV VACCINATION AND CERVICAL CANCER AMONG YOUNG WOMEN: AN INTERIM REPORT

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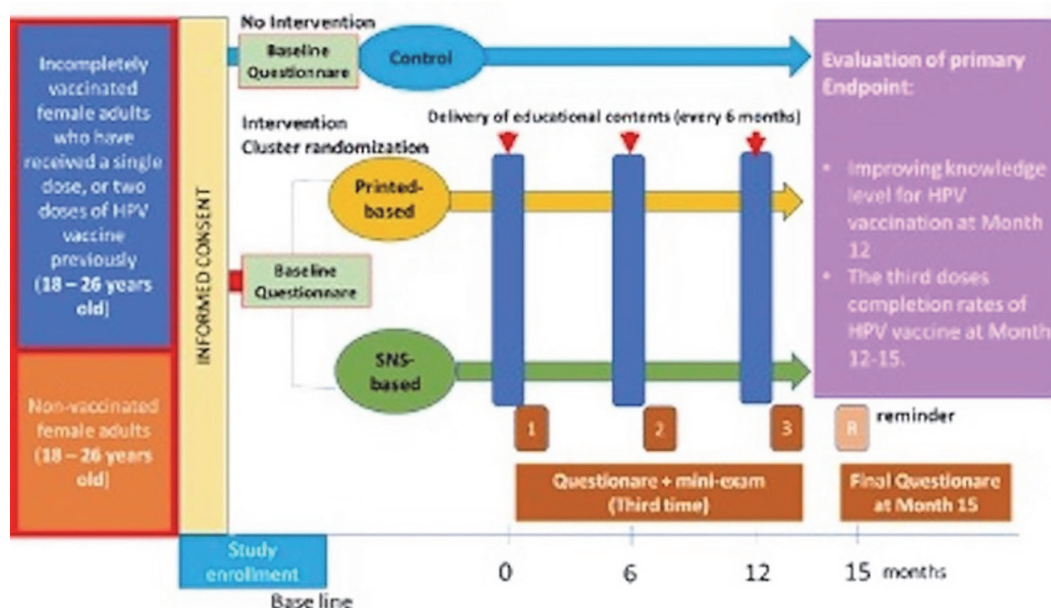
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Introduction The incidence and mortality rates of cervical cancer are rising among young women in Japan. In November 2021, the Japanese Ministry of Health, Labour, and Welfare reinstated the active recommendation for the human papillomavirus (HPV) vaccine, which was discontinued in June 2013 due to reports of adverse reactions, including chronic pain and motor dysfunction, following vaccination. However, vaccine hesitancy still remains. We aimed to conduct a randomized study using different methods of providing educational content to improve health literacy among female students in Japan.

Methods Data was collected three times from students in our university who were divided into three groups: no intervention, print-based intervention, and social networking service-based intervention, using the health literacy scale and communicative and critical health literacy scale.

Results As of April 2023, of the 267 participants in the study, 179 participants have completed the first questionnaires. One hundred forty-eight students (79.3%) were in medical-related faculties, 72 (40.2%) had relatives of medical professionals, 99 (55.3%) had never received the HPV vaccine, and 50 (28.0%) had completed three doses. There were significant differences in the total scores of the health literacy questionnaire depending on the above backgrounds.

Conclusion/Implications Our present analysis indicates that participants' knowledges due to lifestyles are related to health literacy. Therefore, medical professionals must provide accurate scientific knowledge about HPV vaccination and the risk of cervical cancer to improve students' health literacy and



Abstract EP092/#437 Figure 1

subsequently increase the HPV vaccination rates. The collected responses will be statistically reviewed and reported.

EP093/#971

ASSESSMENT OF QUALITY OF LIFE IN NEWLY DIAGNOSED CERVICAL CANCER PATIENTS IN NIGERIA – A MULTI-CENTER STUDY

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Introduction Most cervical cancer patients in LMICs tend to present at an advanced stage with associated health and psychological difficulties. This can affect their quality of life (QOL). There is limited published data about the QOL of women with cervical cancer in LMICs. AIM: To evaluate the QOL among women newly diagnosed with cervical cancer.

Methods This was a cross-sectional study of the QOL in women recently diagnosed Cervical Cancer (treatment naïve) using a validated tool, the Quality of Life Questionnaire domains (EORTC QLQ30) administered by trained assistants. The study was conducted from May 2022 to April 2023 in 6 tertiary health facilities, selected by multistage stratified sampling technique in 120 eligible consenting participants. The QOL score was graded into 5 categories: (≤ 15 - very good, 16–30– Good, 31–60– poor, 61–75– very poor, and ≥ 76 – worst). All data were exported into SPSS version 26 for analysis. Ethical approval was obtained.

Results The commonest age range (23.33%) was 44–49 years, 64.17% were married and 59.17% had monthly income less than \$33.2. Stage 4 (39.83%) and 3 (33.90%) disease were commonest. Most (71.67%) had poor quality of life while 20% had good quality of life. Half of the participants rated their perception of quality of life as poor and very poor (36.67% & 13.33% respectively). Depression (53.3%), difficulty controlling bowel (30%), and painful sex (20.8%) were common complaints.

Conclusion/Implications Majority of women newly diagnosed with cervical cancer in Nigeria had poor QOL. This needs to be a consideration when planning their treatment

EP094/#1572

UNRAVELING THE COMPLEXITIES OF CERVICAL CANCER: EXPLORATION OF MOLECULAR MECHANISMS AND IMMUNOLOGICAL DICHOTOMIES BETWEEN SQUAMOUS CELL CARCINOMA AND ADENOCARCINOMA

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Introduction This study aims to refine our understanding of the inherent heterogeneity in cervical cancer by exploring the differential gene expression profiles, immune cell infiltration dynamics, and implicated signaling pathways among the two predominant histological types: Squamous Cell Carcinoma (SCC) and Adenocarcinoma (ADC).

Methods This study builds upon our previous research that included samples of primary cervical cancer patients.¹ The samples were grouped based on their histopathology; comparing SCC to ADC. Existed targeted gene expression data were