Abstract EP097/#28 Table 1 HPV-16/18 IgG GMT ratio grouped by baseline HPV-DNA status

HPV antibody	Visit	HPV-16 DNA positive vs. negative		HPV-18 DNA positive vs. negative	
		GMT ratio	*P* value	GMT ratio	*P* value
HPV 16	Baseline	3.8 (3.20,4.51)	0.000	1.71 (1.30,2.24)	0.000
	M7	0.71 (0.60,0.83)	0.000	0.86 (0.67,1.11)	0.240
	M12	0.78 (0.66,0.93)	0.007	0.91 (0.70,1.19)	0.486
	M24	0.86 (0.72,1.03)	0.094	0.91 (0.70,1.18)	0.486
	M36	0.9 (0.73,1.1)	0.300	0.9 (0.67,1.22)	0.501
	M48	0.89 (0.72,1.11)	0.293	0.97 (0.71,1.33)	0.843

HPV antibody	Visit	HPV-18 DNA positive vs. negative		HPV-16 DNA positive vs. negative	
		GMT ratio	*P* value	GMT ratio	*P* value
HPV 18	Baseline	3.08 (2.5,3.81)	0.000	1.39 (1.21,1.60)	0.000
	M7	0.74 (0.58,0.94)	0.015	0.94 (0.81,1.11)	0.486
	M12	0.76 (0.59,0.99)	0.042	0.86 (0.72,1.03)	0.095
	M24	0.79 (0.6,1.04)	0.087	0.94 (0.78,1.14)	0.529
	M36	0.82 (0.6,1.12)	0.204	0.97 (0.79,1.21)	0.813
	M48	0.77 (0.55,1.08)	0.133	0.96 (0.77,1.21)	0.761

GMTs were observed between DNA-positive and negative females. However, until Month 48, the GMTs remained at much higher levels than those before vaccination, and the seropositive rates maintained at approximately 100%.

Conclusion/Implications HPV vaccine induced high and sustained immunity in women with existing HR-HPV infection. The results of our study would support vaccination recommendations and policy-making.

EP099/#921 RISK FACTORS OF RESIDUAL DISEASE IN PATIENTS WITH A DIAGNOSIS OF CERVICAL ADENOCARCINOMA IN SITU WHO WERE TREATED BY HYSTERECTOMY

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Introduction The incidence of cervical adenocarcinoma in situ (AIS) has recently risen in reproductive-age women. This study aimed to investigate the effects of various factors such as Pap smear, HPV, margin status, ECC, and crypt involvement on the residue of disease and outcomes of patients with AIS.

Methods This study was conducted on 22 women with cervical AIS who were treated in a tertiary hospital, between 2004 and 2022.

Results In this study, 22 women with AIS which was diagnosed in cone biopsy (84% in loop electrosurgical excision procedure and 16% in cold knife cone method), underwent hysterectomy. Positive internal and external margins were noted in 45.0% and positive internal margins in 9% of patients. Residual disease was detected in 7 (31%) patients; three of them had invasive carcinoma. In patients with invasive carcinoma, one had positive internal and external margins and ECC, and two others had positive internal and external margins. Although, CIN3 and SCC were noted in 3 and 1 patients of negative margins, respectively.

Conclusion/Implications The results of this study indicated that hysterectomy should be recommended even in patients with negative margins; and in women with positive margins (internal or external), the re-cone biopsy should be performed before hysterectomy to detect invasive carcinoma.

EP100/#579 COMPARISON OF ONCOLOGICAL OUTCOMES AND COMPLICATION RATE BETWEEN RADICAL HYSTERECTOMY AND CONCURRENT CHEMORADIATION IN STAGE IIIC CERVICAL CANCER WITHOUT PARAMETRIAL INVASION

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Introduction In 2009 International Federation of Gynecology and Obstetrics (FIGO) staging, patients with stage IB or IIA with lymph node metastasis (LNM) underwent operation or concurrent chemoradiation (CCRT). However, in revised 2018 FIGO staging, patients with LNM were stage IIIC and have been underwent CCRT. The purpose of study was to compare outcome of CCRT and operation in patients with stage IIIC.

Methods Total 106 patients treated either surgical treatment or CCRT for cervical cancer with pelvic and/or paraaortic lymph node metastasis were enrolled retrospectively in study. LNM was confirmed by either radiologically (IIICr) or pathologically (IIICp). We observed 55 patients underwent radical hysterectomy (type 3) between Jan 2011 and Dec 2019 and 51 patients with CCRT between Jan 2001 and Sep 2016.

Results Pathological type was statistically different (p=0.006). Operation group had more prevalence of adenocarcinoma than CCRT group (34.5% vs 7.8%). Kaplan-Meier survival curve showed both overall survival (OS, p=0.424) and disease-free survival (DFS, p=0.183) were not different in two