PFS regardless of stage (stage I 28.9%, II 19.0%, III 39.4%, IV 11.7%).

Conclusion/Implications Restaging EC patients with the 2023 guidelines resulted in upstaging of a significant proportion of patients with resulting survival differences. p53 mutation impacted survival negatively regardless of stage.

Introduction Serous endometrial cancer (EC) is the deadliest subtype because of high recurrence rates and few proven targeted therapies in this setting. Leveraging a tendency to have homologous recombination deficiency (HRD) and the development of novel topoisomerase inhibitor-based antibody drug conjugates, this study aimed to test synergy between poly (ADP-ribose) polymerase inhibitor, rucaparib, and SN38, an active metabolite of DNA topoisomerase I inhibitor, irinotecan.

Methods A genomic instability score (GIS) was derived from low-pass whole genome sequencing-based bioinformatics analysis and calculated for 34 patient derived xenograft (PDX) tumors, of which eight had serous histology. EC PDX tumors were treated with rucaparib and SN38 in ex vivo 3D cell culture experiments using RealTime Glo to assess viability after 4–5 days. Synergy was assessed by calculating the combination...
index (CI) using Chou-Talalay method. Clinical information was extracted for correlation.

**Results** 62.5% (5/8) of serous EC PDX tumors had GIS≥42 while only 19.2% (5/26) of non-serous ones did. Synergy (CI<1.0) between rucaparib and SN38 was demonstrated in 85.7% (6/7) of serous EC PDX ex vivo 3D cell culture experiments, but only 62.5% (10/16) of non-serous ones. 66.7% (6/9) of serous EC primary patient 3D cell culture experiments also showed synergy.

**Conclusion/Implications** Most serous EC PDX tumors had high GIS, consistent with HRD, compared to a minority of non-serous histologies. Combination therapy demonstrated synergy in almost all serous and most non-serous EC PDX models. Additional studies including more tumors and in vivo correlation are needed to assess the predictive value of GIS on synergy between rucaparib and SN38.

**AS05. Fertility/Pregnancy**

**PR047/#570 UTERINE TRANSPOSITION IN THE TREATMENT OF INVASIVE CERVICAL CANCER FOR PRESERVE FERTILITY**

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10.1136/ijgc-2023-IGCS.88

**Introduction** Indications for a radical trachelectomy can be significantly expanded if an adjuvant concurrent chemoradiotherapy can be provided. These conditions can be achieved by the uterine transposition which must be done during the period of radiotherapy. When the radiation treatment is completed, the uterus can be repositioned back to the pelvic.

**Methods** Our research has included 11 patients with stage Ib1-Iib cervical cancer. Median of their age is 29 year old. At the first step of treatment, 2–3 courses of chemotherapy were carried out. At the second step radical trachelectomy (Piver type III) with uterine and ovarian transposition were done (photo 1). The oncological stages of operation corresponded to a routine radical trachelectomy. Paraumbically uterine transposition created conditions for performing the radiotherapy. The third step included a concurrent chemoradiotherapy. On the next step of treatment uterine reposition with utero-vaginal anastomosis was conducted (photo 2). Today all the patients has no sign of recurrence and may start to realize the pregnancy.

**Results** The median observation is 23,4 months so far. All our patient’s menses have been recovered. No one has any signs of recurrence. Three of them are preparing to the in vitro fertilization.

**Conclusion/Implications** The uterine transposition enhanced limits of treatment for patients with stage Ib1-Iib cervical cancer and makes feasible to provide a radiotherapy according to