

DNA replication and repair pathway. By performing co-immunoprecipitation, reduced interaction of p110 α with ATR was found in cervical cancer cells with PIK3CA mutations, which made them sensitive to the combination of Alpelisib and cisplatin *in vivo*. Furthermore, we found that Alpelisib significantly suppressed tumor proliferation and migration in cervical carcinoma cells via inhibiting the AKT/mTOR pathway.

Conclusion Our study provides insights into the molecular characteristics between SCC and CAdC and identifies Alpelisib as a therapeutic option for PIK3CA mutational cervical carcinoma.

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PRACTICE PATTERNS AND 90-DAY TREATMENT-RELATED MORBIDITY IN EARLY-STAGE CERVICAL CANCER

¹Giorgio Bogani, ²Violante Di Donato, ³Giovanni Scambia, ²Pierluigi Benedetti Panici, ⁴Fabio Landoni, ⁵Francesco Raspagliesi, The Italian Gynecologic Oncology group. ¹Gynecologic Oncology, La Sapienza of Rome, Rome, Italy; ²University La Sapienza, Rome, Italy; ³Policlinico Gemelli, Rome, Italy; ⁴Università Bicocca – Policlinico di Monza, Monza, Italy; ⁵Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy

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Introduction/Background To evaluate the impact of the Laparoscopic Approach to Cervical Cancer (LACC) Trial on patterns of care and surgery-related morbidity in early-stage cervical cancer.

Methodology This is a retrospective, multi-institutional study evaluating 90-day surgery-related outcomes of patients undergoing treatment for early-stage cervical cancer before (period I: 01/01/2016–06/01/2018) and after (period II: 01/01/2019–06/01/2021) the publication of the results of the LACC trial.

Results Charts of 1,295 patients were evaluated: 581 (44.9%) and 714 (55.1%) before and after the publication of the LACC trial, respectively. After the publication of the LACC trial the number of patients treated with minimally-invasive radical hysterectomy decreased from 64.9% to 30.4% ($p < 0.001$). Overall, 90-day complications occurred in 110 (18.9%) and 119 (16.6%) patients in period I and period II, respectively ($p = 0.795$). Similarly, the number of severe (grade 3 or worse) complications did not differ between the two periods (38 (6.5%) vs. 37 (5.1%); $p = 0.297$). Overall and severe 90-day complications were consistent between periods even evaluating stage IA ($p = 0.471$), IB1 ($p = 0.929$), and IB2 ($p = 0.074$), separately.

Conclusion The present investigation highlighted that in referral centers the shift from minimally invasive to open radical hysterectomy does not influenced 90-day surgery-related morbidity.

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IMPACT OF THERAPEUTIC STRATEGY ON DISEASE-FREE AND OVERALL SURVIVAL OF EARLY STAGE CERVICAL CANCER: SURGERY ALONE VERSUS PRE-OPERATIVE RADIOTHERAPY

¹Katia Mahiou, ¹Laura Vincent, ²Karine Peignaux-Casasnovas, ¹Hélène Costaz, ¹Marie-Martine Padeano, ¹Alix Amet, ²Sandrine Dabakuyo, ²Leila Bengrine-Lefevre, ¹Charles Coutant. ¹Surgery, CGFL, Dijon, France; ²CGFL, Dijon, France

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Introduction/Background At present, there is no international consensus for management of early-stage cervical cancer (ESCC). This study aimed to retrospectively investigate disease-free survival (DFS) and overall survival (OS) in patients with ESCC according to the therapeutic strategy used, surgery alone *versus* pre-operative radiotherapy followed by surgery.

Methodology Data from patients with ESCC were retrospectively collected from January 1998 to December 2015 using the Breast & Gynecological Cancer Registry of the Côte d'Or, regrouping data from 7 centers. The inclusion criteria were: FIGO 2009 IB1 or lower; epidermoid, adenocarcinoma or adenosquamous type. The exclusion criteria were: history of pelvic radiation; concomitant radiochemotherapy; adjuvant radiotherapy. In the surgery group, patients had only a surgical treatment (hysterectomy, trachelectomy or conization). In the radiation group; patients had radiotherapy, brachytherapy and/or radiotherapy followed by surgery. DFS and OS were determined using the Kaplan-Meier method. Survival curves were compared using the log-rank test.

Results A total of 126 patients were included. Median survival was 90 months (47–148); 72 months for the surgery group, and 135.5 months for the radiation group. There was no significant difference in DFS between groups (HR=2.82, 95%CI [0.82–9.65], $p = 0.08$). Similarly, there was no significant difference in OS between groups (HR=1.35, 95%CI [0.6–3.05], $p = 0.5$). In the sub-group of patients with stage IB1 (FIGO 2009), there was no significant difference in DFS (HR=3.26, 95%CI [0.4–26.76], $p = 0.2$) or in OS (HR=3.87, 95%CI [0.49–30.35], $p = 0.2$).

Conclusion Cervical cancer counts among the only solid tumors for which increasing mortality has been observed in recent years. Radiation therapy is still a major source of morbidity for young patients. Therefore, key issues remain outstanding for the future management of young patients with cervical cancer and include reducing the morbidity of existing therapeutic options by identifying subgroups of patients at low or intermediate risk, and facilitating fertility-sparing surgery.

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UPDATED SYSTEMATIC REVIEW ABOUT RESULTS OF FERTILITY SPARING SURGERY OF CERVICAL CANCER

¹Sebastien Gouy, ¹Stephanie Scherier, ¹Amandine Maulard, ¹Francois Zaccarini, ¹Julie Zarokian, ¹Claire Sanson, ¹Sophie Espenel, ¹Alexandra Leary, ¹Patricia Pautier, ¹Catherine Genestie, ¹Cyrus Chargari, ²Michael Grynberg, ¹Philippe Morice. ¹Gustave Roussy, Villejuif, France; ²Antoine Beclere, Clamart, France

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Introduction/Background Six different techniques can be proposed to preserve the uterine corpus in early stage cervical cancer. Oncologic results (particularly recurrence rates) are the first aim of this review in order to evaluate the best strategy according both to the tumor size ($<$ or $>$ 20 mm) and the lympho-vascular space involvement status. When the results comparing different strategies are weighed, fertility results are analysed.

Methodology Data were identified from searches of MEDLINE, Current Contents, PubMed and from references in