invading ureters onmagnetic resonance imaging. This surgery is presenting acentral pelvic recurrence of a cervix cancer previously treatedwith chemoradiation. After an anterior pelvic exenterationsurgery, an ileal conduit urinary diversion performed. Thissurgical video contains the steps of ileal conduit; isolation of theileal loop, stapled side to side ileo-ileal anastomosis, urostomyfixation, pigtail stent insertion and uretero-ureteral anastomosis.

Methodology A 20 cm ileum segment is isolated and ureters areanastomosed to the proximal end of the conduit and the distalend is used to perform a cutaneous stoma for urine drainage,which is externally connected to a collection device attached tothe skin

Results Ileal conduit urinary diversion is an incontinanturinary diversion.

Conclusion This type of urinary diversion is incontinent but can beeasily managed by patients.

2022-RA-1174-ESGO ROLE OF ADJUVANT THERAPY IN INTERMEDIATE-RISK CERVICAL CANCER PATIENTS – SCCAN STUDY SUB-ANALYSIS

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Introduction/Background The 'intermediate-risk' (IR) group of early-stage cervical cancer patients is characterised by negative pelvic lymph nodes and a combination of tumour-related prognostic risk factors such as tumour size ≥2 cm, presence of lymphovascular space invasion (LVSI), and deep stromal invasion. The role of adjuvant treatment in these patients remains controversial, based on a single randomised GOG 92 study performed more than 20 years ago. The objective of our study was to evaluate if adjuvant (chemo)radiation is associated with a disease-free survival benefit after radical surgery in patients with IR cervical cancer.

Methodology We analysed data from patients who met criteria for intermediate risk cervical cancer (tumour 2–4 cm +LVSI OR tumour size >4 cm; N0; no parametrial invasion; clear surgical margins), underwent primary surgical treatment with a curative intent between 2007 – 2016, and were registered in the international multicentre Surveillance in Cervical CANcer (SCCAN) study. Administration of the adjuvant treatment stratified the cohort in two subgroups in which oncological outcomes were evaluated and compared using log-rank test.

Results Of 692 patients included in the analysis, 274 (39.6%) patients received no adjuvant treatment (AT-) and 418 (60.4%) were treated with adjuvant radiotherapy or chemoradiotherapy (AT+). The 5-year disease-free survival was 83.2% and 80.3% (P=0.365) and corresponding overall survival 88.7% and 89.0% (P =0.281) in AT- and AT+ groups, respectively (figure 1). Separate sub-group analyses in patients with tumour ≥4 cm and 2–4 cm +LVSI also did not reveal any significant survival benefit of combined treatment in either of the sub-groups. Adjuvant (chemo)radiotherapy was not identified as an independent prognostic factor in the cohort or any of the sub-groups.

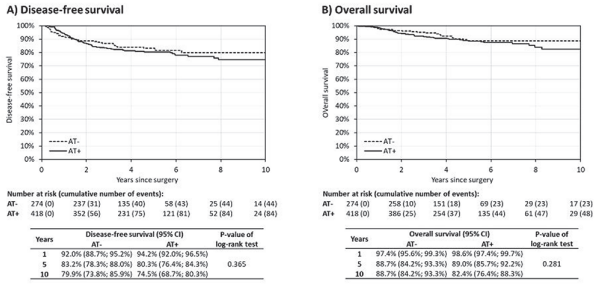

Figure 1 Disease-free survival (A) and Overall survival (B) of intermediate-risk cervical cancer patients divided by administration of adjuvant treatment

AT-: patients did not undergo adjuvant treatment; AT+: patients underwent adjuvant treatment (radiotherapy or chemoradiation). Time 0 marks the day of the surgical treatment.

Abstract 2022-RA-1174-ESGO Figure 1 Disease-free survival (A) and overall survival (B) of intermediate-risk cervical cancer patients divided by administration of adjuvant treatment
AT-: patients did not undergo adjuvant treatment; AT+: patients underwent adjuvant treatment (radiotherapy or chmoradiation). Time 0 marks the day of the surgical treatment

Conclusion Radical surgery alone achieved equal disease-free and overall survival in patients with intermediate-risk, early-stage cervical cancer as compared with combined treatment composed of radical surgery and adjuvant (chemo) radiotherapy.

2022-RA-1180-ESGO NONFUNCTIONAL COMPLICATIONS ASSOCIATED WITH RADICAL HYSTERECTOMY

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Introduction/Background Bladder disfunction is the most frequent complication after radical hysterectomy. However, there are other relevant complications associated with cervical cancer

surgery much less reported in literature. The aim of this study was to evaluate the frequency of nonfunctional complications associated to radical procedures and to determine if there is any risk factor associated with their appearance.

Methodology A retrospective study was conducted including consecutive patients diagnosed with early-stage cervical cancer who underwent radical hysterectomy or radical trachelectomy at La Paz University Hospital from January 2005 to December 2019. Data from intraoperative complications, short-term (<30 days after surgery) and long-term (>30 days after surgery) complications were retrospectively collected. A multivariable analysis was performed in order to identify possible predictors of surgical complications.

Results A total of 111 patients were included. Intraoperative complications occurred in 13 (11.7%) women. Multivariable analysis showed there was a greater risk of intraoperative complications if microscopic parametrial involvement was present (at postoperative analysis). 41 (36.9%) patients had any short-term postoperative complication, being urological complications the most frequent ones. 33 (29.7%) patients had any long-term complication, where lymphedema was the most frequent one (20 patients, 18%).

Conclusion Urological complications are the most frequent ones in radical uterine procedures, especially bladder disfunction. However, other complications such as ureteral injury, fistula or lymphedema, are less frequent but also important due to their impact in the quality of life of patients. We found that parametrial involvement in postoperative pathological analysis was associated with higher intraoperative complications, being the most important factor impacting the presence of bladder dysfunction.

2022-VA-1193-ESGO RECURRENT CERVICAL CANCER CASE WITH SACRAL METASTASIS

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Introduction/Background Cervical cancer is the third most common gynecologic cancer in women worldwide and human papillomavirus (HPV) infection is the primary risk factor for cervical neoplasms. The recurrence rates of cervical cancer are 11% to 22% and 28% to 64% for those with Federation of Gynecology and Obstetrics (FIGO) stage IB-IIA and IIB-IVA disease, respectively. Surgery is one of the treatment methods for oligometastatic recurrence. In this video we aimed to demonstrate a radical surgical treatment approach in a patient with sacral cervical cancer recurrence

Methodology A 38-year-old patient with stage IIB underwent primary chemoradiotherapy in 2018. In 2019 a parametrial recurrence detected and she underwent radical hysterectomy followed by chemotherapy. She presented to our gynecologic oncology department with right leg pain in 2020. Magnetic resonance imaging and positron emission tomography revealed a 4 x 3.5 cm recurrent mass extending into the neural foramen in the right half of the sacrum and hypermetabolic residual mass adjacent to the right internal iliac artery and vein. The patient underwent surgery with these findings. Internal iliac artery and external iliac vein excision, sacral tumor resection and Boari flap ureteroneocystostomy was performed. The patient was discharged uneventfully.

Results She stayed at the intensive care unit for one day and discharged on the 11th postoperative day without any early complications.

Conclusion Recurrent cervical cancer has a poor prognosis. Surgery, radiotherapy, chemotherapy, or various combinations may be used to treat recurrent disease. Removal of metastases or pelvic exenteration are surgical treatment options. Post recurrence surgery can improve progression-free survival (PFS) and overall survival (OS) in selected patients.

2022-RA-1205-ESGO MANAGEMENT OF LATE PRESENTATION OF ADVANCED CERVICAL NEOPLASIA IN PREGNANCY DURING THE COVID-19 PANDEMIC – AN ETHICAL DILEMMA

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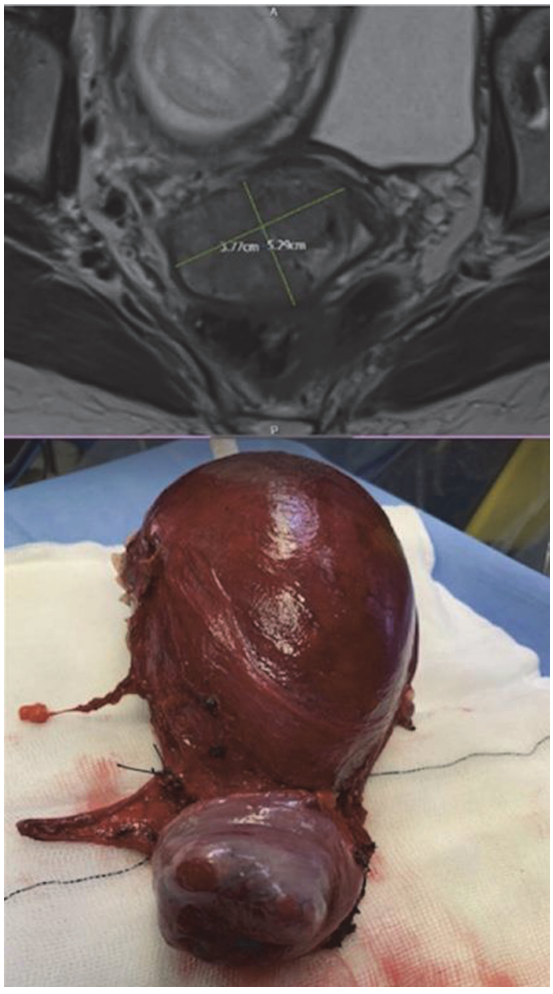
Introduction/Background Holistic care is found at the heart of every oncology patient's journey, but perhaps nowhere more pivotal than in the case of concurrent pregnancy. We present this rare case in recognition of the onerous effect of the covid-19 pandemic with a focus on the emotional burden of such difficult circumstances.



Abstract 2022-RA-1205-ESGO Figure 1