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

¹Dogan Vatansever, ¹Emin Erhan Donmez, ¹Burak Giray, ²Mehmet Ali Deveci, ³Tayfun Oktar, ¹Macit Arvas, ¹Cagatay Taskiran. ¹Gynecologic Oncology, Koc University Hospital, Istanbul, Turkey; ²Orthopedics and Traumatology, Koc University Hospital, Istanbul, Turkey; 3 Urology, Koc University Hospital, Istanbul, Turkey

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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.

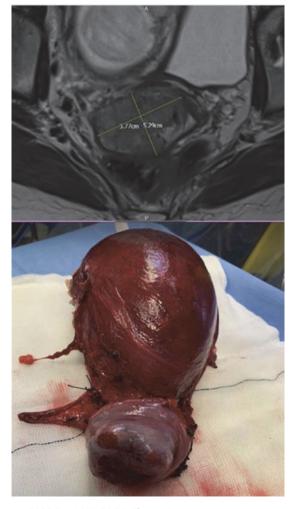
Conclusion Recurrent cervical cancer has a poor prognosis. Surgery, radiotherapy, chemotherapy, or various combinations may be used to treat recurrent disease. Removal of metastases or pelvic exenteration are surgical treatment options. Post recurrence surgery can improve progression-free survival (PFS)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

Sarah Louise Smyth, Imogen Cowdell, Hooman Soleymani. Churchill Hospital, Oxford, UK

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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

Methodology A 33-year-old primiparous female attended at 16 weeks pregnant with vaginal spotting and abnormal cervix on inspection; her smear test had been delayed due to COVID-19. Investigations revealed a stage 2b squamous cell cervical carcinoma. Proposed management options were of pregnancy continuation with neoadjuvant chemotherapy and elective preterm caesarean section or surgical termination; both followed by chemoradiotherapy.

Results Following fertility counselling, the patient underwent surgical peripartum fetocidal type III nerve sparing radical Wertheim hysterectomy and pelvic lymphadenectomy. Findings were of a 5 cm exophytic tumour with a 3 cm and 5 cm margin of vaginal cuff and parametrium respectively. The couple were subsequently referred on to clinical oncology and for bereavement counselling, mourning the loss of their future fertility over and above that of their unborn baby.

Conclusion Throughout this patients journey there was not only a host of support including cancer nurse specialist teams; but also in consideration of the clinicians residing over this patient's case. The provision of compassionate care was coupled alongside that of emotionally supporting colleagues within the multidisciplinary team. This case raised significant ethical dilemmas regarding aspects of clinical management with extremely difficult and heartfelt decisionmaking challenges, which greater emphasised the present loss of life.

2022-RA-1217-ESGO | SUCCOR MORBIDITY. INTRAOPERATIVE AND POSTOPERATIVE COMPLICATIONS INMINIMALLY INVASIVE VERSUS OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER

¹Daniel Vázquez Vicente, ²Felix Boria, ²Teresa Castellanos, ²Mónica Gutiérrez, ³Enrique Chacon, ²Nabil Manzour, ³JA Minguez, ³JL Alcázar, ²Luis Chiva. ¹Gynecology, Clínica Universidad de Navarra, Madrid, Spain; ²Clínica Universidad de Navarra, Madrid, Spain; ³Clínica Universidad de Navarra, Pamplona, Spain

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Introduction/Background The aim of this study is to compare the incidence of intra and postoperative complications in both approaches.

Methodology We review data from the SUCCOR study (1272 patients with IB1 cervical cancer with a radical hysterectomy performed during 2013-2014). We review the duration of the surgeries, the estimated blood loss, and lenghtstay. Regarding intraoperative complications we looked for bleeding, ureteralinjury, bladderinjury, vascular injury, bowel injury and nerve injury. Regarding postoperative complications we looked for abdominal wall infection, vaginal bleeding, vaginal cuff celulitis, vaginal cuff dehiscence, fever, postoperative bleeding, bladder dysfunction, urinary infection, hematuria, incontinence, bladder fistula, ureteral fistula, bowel obstruction, pulmonary embolism, pneumonia, pleural effusion, lymphorragia and quilous ascites.

Results We noticed than in the MIS compared with abdominal surgery the duration of the surgery was longer (246 vs. 196 minutes) (p<0,01), the estimated blood loss was lower (171 vs 418 mls) (p<0,01) and the lenghtstay was shorter (4,7 vs 8,3 days) (p<0,01) We did not find any difference in overall incidence of intraoperative and postoperative complications in the MIS compared with open group. However we found that in the MIS the incidence of vaginal bleeding (2.9% vs 0.6%); p<0,01, the incidence of vaginal cuff celulitis(2,9 vs 0,8%); p<0,01 and the vaginal cuff dehiscence were higuer than in the open group (3,3 vs 0,5%); (p <0,01). Regarding Grade III clavien dindo complications, in the open group bladder disfunction (1,3 vs 0,2%) (p 0,046), and abdominal wall infection were higuer (1,1 vs 0%)(p 0,018) than in the minimal invasive group. Nevertheless Ureteral fistula was higuer in the MIS than in the open group (1,7 vs 0,5%)(p 0,037)

Conclusion We did not find any difference in the overall incidence of intra and postoperative complications in the SUC-COR study when comparing the MIS arm vs open group arm

2022-RA-1219-ESGO

SUCCOR QUALITY: VALIDATION OF ESGO **QUALITY INDICATORS FOR SURGICAL** TREATMENT OF CERVICAL CANCER

¹Felix Boria, ²Nerea Martin-Calvo, ³Enrique Chacón, ²Arantxa Berasaluce, ⁴Nabil Manzour, ⁵Daniel Vazquez, ⁶Teresa Castellanos, ⁶Luis Chiva. ¹Gynecologic oncology department, Clinica universidad de Navarra, MAdrid, Spain; ²Statistics, Clinica Universidad de Navarra, Pamplona, Spain; ³Gynecologic oncology department, Clinica Universidad de Navarra, Pamplona, Spain; ⁴Gynecologic oncology, Clinica Universidad de Navarra, Pamplona, Spain; ⁵Gyencologic oncology, Clinica universidad de Navarra, Madrid, Spain; ⁶Gynecologic oncology, Clinica Universidad de Navarra, Madrid, Spain

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Introduction/Background The main objective of this study was was to evaluate the impact in the disease-free survival and risk of relapse of ESGO quality indicators compliance in cervical cancer surgery.

Methodology In this retrospective cohort study 15 ESGO quality indicators were assessed in the succor database (patients who underwent radical hysterectomy for stage IB1 cervical cancer (FIGO 2009)), and the final score ranged between 0 and 16 points. Centers with more than 13 points were classified as high-quality indicator compliance centers. We constructed a weighted cohort using inverse probability weighting to adjust for the variables and using inverse probability weighting. We compared disease-free survival and overall survival using Cox proportional hazards regression analysis in the weighted cohort.

Results A total of 838 patients were included in the study. The mean number of quality indicators compliance in this cohort was 13.6 (SD 1.45). 479 patients were operated in high compliance centers and 359 patients were operated in low compliance centers. Women who were operated on centers with high compliance of quality indicators had significant lower risk of relapse (HR, 0.39; 95% CI, 0.25 to 0.61; P<0.001). The association was slightly reduced but remained significant after further adjustment for surgery related variables - conization, surgical approach and use of manipulator- (HR, 0.48; 95% CI, 0.30 to 0.75; P=0.001) and variables related with clinical evolution- Adjuvant therapy- (HR, 0.47; 95% CI, 0.30 to 0.74; P=0.001). Risk of death from the disease was significantly lower in women operated on in centers with high adherence to quality indicators (HR, 0.42; 95% CI, 0.19 to 0.97; P=0.041). However, the association became no significant after the adjustment for surgery and clinical related

Conclusion Patients with early-stage cervical cancer operated on centers with high compliance of ESGO quality indicators have lower risk of recurrence and death.