minimally invasive surgery still has an important role in the treatment of early stage cervical cancer.

2022-RA-1431-ESGO DEMYSTIFYING NOVEL BLADDER RETROFILLING APPROACH IN NERVE SPARING RADICAL HYSTERECTOMY: A NEW KID ON THE BLOCK IN THE ERA OF ERAS FOR RADICAL SURGERIES

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Introduction/Background RECENT STUDIES HAVE SHOWN THAT PATIENTS UNDERGOING VOIDING TRIAL BY BLADDER RETROFILLING ARE DISCHARGED FROM THE HOSPITAL FASTER . BUT NONE, SO FAR HAVE INCORPORATED THIS TECHNIQUE FOR NERVE SPARING RADICAL HYSTERECTOMY(NSRH) .

THIS NOVEL BLADDER RETROFILL METHOD CAN BE A PRACTICE CHANGING APPROACH FURTHER REDUCING THE HOSPITAL STAY AND THUS BE A NEW KID ON THE BLOCK IN THE ERA OF ERAS FOR RADICAL SURGERIES.

Methodology WE CONDUCTED A PILOT STUDY TO

I) COMPARE THE NOVEL RETROGRADE BLADDER FILLING TECHNIQUE WITH CONVENTIONAL BLADDER TRAINING FOR VOIDING TRIAL

II) INVESTIGATE THE BLADDER FUNCTION RECOVERY AND QUALITY OF LIFE (QOL) IN PATIENTS UNDERGOING NERVE-SPARING RADICAL HYSTERECTOMY (NSRH)

STUDY PERIOD: JAN 2019 -DEC 2021

TYPE: PROSPECTIVE INCLUSION CRITERIA: PATIENTS WHO UNDERWENT NSRH PATIENTS WITH NORMAL PREOPERATIVE BLADDER FILLING AND VOIDING FUNCTION .

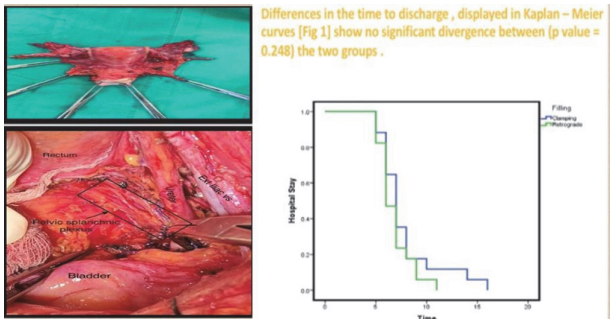
EXCLUSION CRITERIA: DISTANT METASTASIS

AS PER THE CONVENTIONAL CLAMPING METHOD OF VOIDING TRIAL FOLEYS WAS REMOVED ON 7 TH DAY AFTER INTERMITTENT CLAMPING ON DAY 5 AND 6.

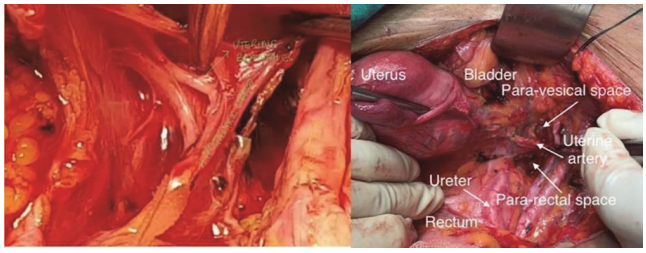
WHILE IN THE RETROFILLING APPROACH FOLEYS WAS REMOVED ON POD 5 .BLADDER FUNCTION RECOVERY WAS COMPARED IN THESE TWO GROUPS IN TERMS OF PREVOID VOLUME AND POST VOID RESIDUAL VOLUMES ON DAY 5, DAY 14 AND 4 TH MONTH FOLLOW UP .

Abstract 2022-RA-1431-ESGO Table 1 Bladder function assessment: clamping v/s retrograde technique

ASSESSMENTINDICATORS	CLAMPING GROUP	RETROGRADEFILLING GROUP	P VALUE
PREVOID VOLUME	232.94±63.02	244.71±41.25	0.524
RESIDUAL URINE VOL ON POD5	71.76±27.44	55.47±18.88	0.052
RESIDUAL URINE VOLUMES [AT 14 DAYS FROM SURGERY]	36.18±15.86	40.06±8.84	0.385
RESIDUALURINEVOLUMES [AT4MONTHSFROMSURGERY]	37.88±12.2	39.18±8.92	0.726



Abstract 2022-RA-1431-ESGO Figure 1 Kaplan meier curve for dration of hospital stay among 2 groups



Abstract 2022-RA-1431-ESGO Figure 2 Intraoperative images of nerve sparing radical hysterectomy

Results THERE IS NO SIGNIFICANT DIFFERENCE BETWEEN BLADDER FUNCTION RECOVERY USING THE CONVENTIONAL CLAMPING METHOD AND THE RETROFILLING APPROACH.

Conclusion USING THE RETROFILLING APPROACH PATIENT CAN BE DISCHARGED ON POST OPERATIVE DAY 5, FURTHER REDUCING HOSPITAL STAY IN NSRH CASES.

ALSO IN RETROGRADE FILLING APPROACH, PREVOID VOLUME COULD BE MEASURED SIMULATANEOUSLY WITHOUT NEEDING USG FOR SAME .

OURS IS THE FIRST EVER STUDY TO HAVE INCORPORATED THIS TECHNIQUE FOR NSRH.

2022-RA-1436-ESGO PELVIC EXENTERATION – BOON OR A BANE ? ANALYSIS FROM TERTIARY CARE CANCERCENTRE

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10.1136/ijgc-2022-ESGO.129

Introduction/Background Pelvic exenteration is a complex procedure and usually the only viable salvage option in recurrent cervical and rectal cancer. However, postoperative morbidity is deemed unfavourable by many groups. Our aim of the study is to analyse the patient profile and perioperative outcomes with survival data in our cohort.

Methodology An analysis of prospectively maintained computerized database was performed including patients undergoing

pelvic exenteration from 2012 to 2021 for surgical and survival outcomes.

Results A total of 65 patients were included. Mean age of the patients was 46.17 (18–70 years). Predominant primary sites were rectum, ovary and cervix. All were curative intent resections. Majority of patients underwent supra-levator posterior exenteration.Mean duration of surgery was 342.30 min (150–600 min). Mean blood loss was 614.89 ml (100 ml to 2500 ml). Length of hospital stay was on average 11.16 days (5–45 days). R0, R1 resection rates were 97.5% and 2.5% respectively. In-hospital mortality was 3.6%. Urinary leak rates (5.6%), GI anastomotic leak (7.27%), enteric fistula (9.09%). Follow up data was available for 38 patients, 14 expired due to disease (26.9%), with median time to death from surgery of 14.3 months (2.3–57.53 months). Overall, 58.3% of the patients were alive at the end of 3 years (with available follow up data).

Conclusion Long term outcomes are favourable with pelvic exenteration in select subset of patients with acceptable morbidity.

2022-RA-1439-ESGO IS IT TIME TO PERFORM RADIOCHEMOTHERAPY AND BRACHYTHERAPY FOR CERVICAL TUMORS HIGHER THAN 3 CM?

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Introduction/Background The objective of this study is to evaluate the survival and describe the recurrence of patients with early stage cervical cancer treated with 'Schautheim radical hysterectomy' by minimally invasive surgery (MIS) at the Oscar Lambret Center.

Methodology From 01/1999 to 12/2018, we included all patients managed by minimally invasive surgery at the Oscar Lambret Center for early stage cervical cancer with tumor size < 4 cm (FIGO stage IA1 with emboli at IIA1). The primary endpoint was the 5-year overall and recurrence-free survival rates in these patients. Overall survival (OS) and Disease-Free Survival (DFS) were estimated from the initial biopsy using the Kaplan-Meier method. Hazard ratio (HR) was estimated with 95% confidence interval (CI95%).

Results A total of 239 patients were included. All patients underwent bilateral pelvic lymphadenectomy before radical hysterectomy . Preoperative image adapted brachytherapy (IABT) was performed in 125 patients. The 5-year overall and recurrence-free survival rates were 92% (95% CI 87.4–95%) and 86.9% (95% CI 81.6–90.7%), respectively. The multivariate analysis showed 2 associated factors to risk of recurrence: previous conization (HR = 0.21 (CI95% 0.06–0.70); p=0.01) and tumor size > 30 mm (HR = 2.26 (CI95% 1.08–4.73); p=0.031). We observed 33 recurrences, including 22 deaths due to disease. The recurrence rates were respectively 7.5% for tumor ≤20 mm, 12.9% for tumor between 20–30 mm, and 24.1% for tumor >30 mm.

Conclusion MIS is safe and for tumor size ≤20 mm with a very low rate of local recurrence; for tumors size >30 mm relapse rates are high and should be treated with concomitant radiochemotherapy and brachytherapy. For sizes between 20 and 30 mm, further data are needed to define management recommendations. Previous conization allow us to have a better accuracy regarding the tumor size in order to tailor the treatment.

2022-RA-1462-ESGO IMPACT OF MINIMALLY INVASIVE RADICAL HYSTERECTOMY ON SURVIVAL OUTCOMES IN EARLY-STAGE USUAL-TYPE ADENOCARCINOMA AND ADENOSQUAMOUS CARCINOMA OF THE CERVIX: A TWO-CENTER STUDY WITH PATHOLOGIC REVIEW

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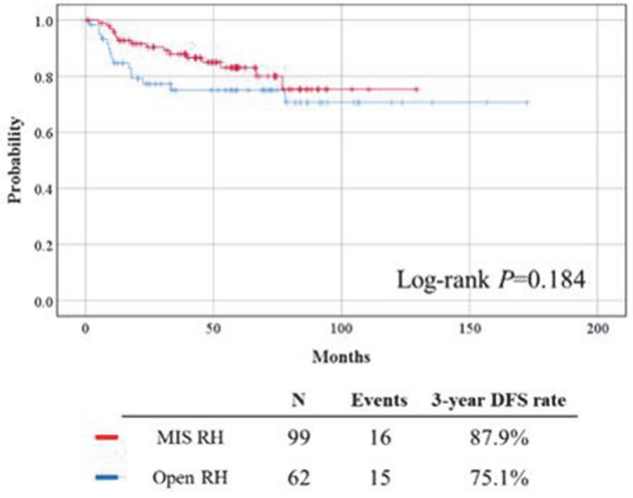
Introduction/Background We compared survival outcomes of minimally invasive surgery (MIS) and open surgery for radical hysterectomy (RH) in early-stage usual-type adenocarcinoma (UAC) and adenosquamous carcinoma (ASC) of the cervix.

Methodology From the two centers' cervical cancer cohorts, cervical cancer patients with 2009 FIGO stage IB who underwent Type C RH between 2007 and 2021 were identified. Patients with UAC and ASC were included in the analysis after pathologic review according to the updated WHO Classification of Tumors. Patients' clinicopathologic characteristics and survival outcomes were compared by surgical approach.



Abstract 2022-RA-1462-ESGO Figure 1

Results A total of 161 patients were included in this analysis: 136 and 25 had UAC and ASC, respectively. No differences