hysterectomy was associated with more toxicity compared to chemoradiation, mainly surgery-related and short-term.

2022-RA-1477-ESGO NEOADJUVANT PLATINUM-BASED DOSE-DENSE CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER

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Introduction/Background To evaluate the results of dose-dense neoadjuvant chemotherapy (NACT) in treatment of locally advanced cervical cancer IB2-IIB stages.

Methodology A cohort of 120 consecutive patients with median age of 43 (range 27–68) years was studied. All patients had verified locally-advanced (cT1в2Nx,0M0; cT2вNx,0M0) cervical cancer and received 3 dose-dense intravenous neoadjuvant AP (cisplatin 75 mg/m2, doxorubicin 35 mg/m2; n=58) or TP (cisplatin 60 mg/m2 and paclitaxel 60 mg/m2; n=62) chemotherapy cycles. To determine prognostic factors, 2 retrospective groups of patients were examined: group I – surgical treatment without NACT (n=25; IB2 stage), group II – concomitant chemoradiotherapy (n=44; IIB stage).

Results The median follow-up was 31 months. The overall 3-year survival rates in was 94.2%. The 4-year disease-free survival rate was 87.5%. The disease-free survival rate was higher in group with NACT (p = 0.03).According to RECIST 1.1 criteria the complete response rate was 10% (12/120 cases), partial response 57.5% (69/120 cases), stable disease 29.2% (35/120 cases), progressive disease 3.3% (4/120 cases). The surgical intervention was performed in 82.5% (99/120 cases), in 17,5% (21/120) – concomitant chemoradiotherapy. The pathomorphological response rate was 85,8% (85/99 cases). The complete morphological tumor regression (ypCR) was confirmed in 12,1% (12/99cases). An independent prognostic factors of the recurrence were parametric invasion and tumor degree differentiation.

Conclusion The dose-dense chemotherapy is an effective treatment modality for cervical cancer IB2-IIB stages and may be a feasible alternative for standard treatment approach.

2022-VA-1482-ESGO RADICAL ROBOTIC TRACHELECTOMY WITH BILATERAL PELVIC LYMPHADENECTOMY AND SENTINEL LYMPH NODE USING INDOCYANINE GREEN

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Introduction/Background Cervical cancer continues to affect young patients that desire to preserve their fertility. In selected cases, this procedure offers a good outcome for the patient. Although the procedure was initially performed via vaginal and laparoscopic route, radical robotic trachelectomy with bilateral pelvic lymphadenectomy can be a safe alternative for the treatment of early cervical cancer in patients who desire to preserve fertility.

Methodology In this video we will be presenting the case of 26 year old patient with cervical adenocarcinoma that received radical robotic trachelectomy with bilateral pelvic lymphadenectomy and sentinel lymph node procedure using indocyanine green (ICG).

Results The duration of the procedure was 177 minutes. Surgical outcome included a blood loss of 100 ml and there were no complications reported intraoperatively or postoperatively. The patient was discharged on day 2 postoperatively. The sentinel lymph node was negative as well as the pelvic lymph nodes. Negative sentinel lymph node was used as a decision criteria to continue the fertility sparring surgery. At 24 months of follow-up, the patient is disease free.

Conclusion Radical robotic trachelectomy with bilateral pelvic lymphadenectomy is a safe procedure and a good alternative in selected cases of patients with cervical cancer who wish to preserve their fertility.

2022-RA-1510-ESGO THE PROTECTIVE ROLE OF CONIZATION BEFORE RADICAL HYSTERECTOMY IN CERVICAL CANCER

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Introduction/Background The risk of tumor spillage is associated with cervical mass size at the time of surgery, and some recent studies suggested that cervical conization may be a significant independent predictor of the risk of disease relapse. The purpose was stablish the impact of conization before radical histerectomy in early-stage cervical cancer.

Methodology A retrospective observational cohort study (n=91). 47 (51.7%) received preoperative cervical conization, 44 (48.3%) without preoperative cervical conization.

Results Perioperative complications were lower in the conization group (19 (40,4%) vs 13 patients (29,6%), p=0,277). Relapses were higher in the non-conization group 23 (30.3%) vs 10 (17,9%). DFS were higher in the conization group 81,8% vs 62,7% (HR 0.38, 95% CI 0.15 to 0.95, p=0.040). No differences in overall survival rate were reported between two groups (7,1% vs 13,2%, log-rank p = 0.685) (HR 0.71, 95% CI 0.16 to 3.10, p=0.646). Patients who underwent laparoscopy without prior conization had a 5.80 times higher chance of relapse compared with those who underwent a laparotomy with previous conization (HR 5.80, 95% CI 1.45 to 23.27, p=0.013). Patients who underwent laparoscopy with prior conization and those who underwent laparotomy without prior cone biopsy showed no differences in relapse rates