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FERTILITY-SPARING TREATMENT IN PATIENTS WITH IB1 CERVICAL CANCER – RESULTS OF THE INTERNATIONAL MULTICENTRE RETROSPECTIVE FERTISS STUDY (ENGOT CX14; CEEGOG CX-03)

[1]Jiri Slama, [2]Ingo Runnebaum, [3]Giovanni Scambia, [4]Martina Aida Angeles, [5]Kiarash Bahrehmand, [6]Stefan Kommoss, [3]Anna Fagotti, [7]Fabrice Narducci, [8]Olga Matylevich, [9]Jessica Holly, [10]Fabio Martinelli, [11]Meriem Koual, [12]Viacheslav Kopetskyi, [13]Ahmed El-Balat, [3]Giacomo Corrado, [14]Mihai Emil Capilna, [15]Willibald Schroder, [5]Zoltan Novak, [8]Alexander Shushkevich, [1]Lenka Fricova, [16]David Cibula. *[1]Department of Obstetrics and Gynecology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; [2]Department of Gynecology and Reproductive Medicine, Jena University Hospital, Friedrich Schiller University, Jena, Germany; [3]Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Catholic University of the Sacred Heart Rome, Rome, Italy; [4]Claudius Regaud Institute – University Cancer Institute, Toulouse, France; [5]Department of Gynecology, Hungarian National Institute of Oncology, Budapest, Hungary; [6]Department of Women's Health, Tuebingen University Hospital, Tuebingen, Germany; [7]Department of Gynecology Oncology, Oscar Lambret Cancer Center, Lille, France; [8]Gynecologic Oncology Department, N.N. Alexandrov National Cancer Centre of Belarus, Minsk, Belarus; [9]Department of Gynecology and Gynecologic Oncology, Kliniken Essen-Mitte, Essen, Germany; [10]Fondazione IRCCS Istituto Nazionale Tumori – Milan, Milan, Italy; [11]Gynecologic and Breast Oncologic Surgery Department, Georges Pompidou European Hospital, Paris, France; [12]Department of Gynecologic Oncology, National Cancer Institute, Department of Gynecologic Oncology, National Cancer Institute, Kyiv, Ukraine; [13]Department of Gynecology and Obstetrics, University Clinic Frankfurt, Goethe-University; Spital Uster, Women's Hospital, Uster, Switzerland; [14]First Obstetrics and Gynecology Clinic, 'George Emil Palade' University of Medicine, Pharmacy, Science and Technology Târgu Mureș, Târgu Mureș, Romania; [15]Gynaekologicum Bremen, Bremen, Germany; [16]Department of Gynecology and Obstetrics, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic*

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Introduction/Background One of the key conditions for selecting candidates for fertility sparing treatment (FST) is a tumour size not exceeding 2 cm in the largest dimension. While there is a consensus on the choice of surgical treatment in stage IA, both radical (radical trachelectomy) and non-radical (simple trachelectomy or conisation) procedures are advocated in stage IB1, often depending on tumor size (>1 cm vs. 1–2 cm) and the presence of LVSI.

Methodology Patients with IB1 cervical cancer were recruited from the international multicenter retrospective FERTISS study. Inclusion criteria were lymph node negativity, age 18–40 years, and any type of FST, regardless of neoadjuvant chemotherapy, histotype, or tumour grade. Parameters representing disease and treatment characteristics were analyzed for risk of recurrence.

Results A total of 356 stage IB1 patients from 44 institutions in 13 countries were enrolled in the study. The mean age of the patients was 31.7 years, 70.2% of them were nulliparous. One-third of the tumours were adenocarcinomas and one-third of cases were LVSI positive. Oncological treatment characteristics are summarized in table 1. During median follow-up of 72 months there were 27 recurrences (7.6%) and 8 deaths (2.3%) from the disease. Recurrence rates did not differ between patients after non-radical cervical procedures (conization or simple trachelectomy) and radical trachelectomy (7.5% vs. 7.7%; p=0.957), even after subgroup analysis according to tumour size (<1 cm: 5.2% vs. 7.4%; p=0.507; 1–2 cm: 10.9% vs. 8%; p=0.553) or presence of LVSI (11.5% vs. 9.4%; p=0.725) (table 2).

Abstract 2022-RA-689-ESGO Table 1 Overview of oncological treatment

Stage		IB1 (N=356)
NACT		
No		330 (92.7%)
Yes		26 (7.3%)
Type of LN staging		
Sentinel lymph node biopsy		171 (48.0%)
Pelvic lymphadenectomy		310 (87.1%)
Paraaortic lymphadenectomy		15 (4.2%)
Type of cervical procedure		
Non-radical Procedures	Conization	133 (37.4%)
	Simple vaginal trachelectomy	27 (7.6%)
Radical procedures	Laparoscopic radical trachelectomy	30 (8.4%)
	Radical abdominal trachelectomy	93 (26.1%)
	Radical vaginal trachelectomy	67 (18.8%)
	Robotic radical trachelectomy	6 (1.7%)
Repeated cervical procedure		**N=65**
Hysterectomy		3 (4.6%)
Laparoscopic radical trachelectomy		1 (1.5%)
Radical abdominal trachelectomy		3 (4.6%)
Radical vaginal trachelectomy		4 (6.2%)
Re-conization		37 (56.9%)
Robotic radical trachelectomy		4 (6.2%)
Simple vaginal trachelectomy		13 (20.0%)
Adjuvant chemotherapy		
No		343 (96.3%)
Yes		13 (3.7%)

Abstract 2022-RA-689-ESGO Table 2 Recurrences risk according to different radicality of FST

Category (N; %)	Recurrence				p-value
	Yes		No		
	Less radical	Radical	Less radical	Radical	
IB1	12 (7.5%)	15 (7.7%)	148 (92.5%)	181 (92.3%)	0.957
IB1 L1	6 (11.5%)	5 (9.4%)	46 (88.5%)	48 (90.6%)	0.725
IB L0	4 (4.4%)	8 (6.5%)	86 (95.6%)	115 (93.5%)	0.520
IB1 (<1 cm)	5 (5.2%)	9 (7.4%)	91 (94.8%)	112 (92.6%)	0.507
IB1 (1-2 cm)	7 (10.9%)	6 (8.0%)	57 (89.1%)	69 (92.0%)	0.553

L1 = Lymphovascular space invasion positivity; L0 = Lymphovascular space invasion negativity

Conclusion We have demonstrated that in patients with HPV-associated tumour types, negative regional lymph nodes, and tumour size ≤2 cm, oncological outcome after FST is excellent, and it is not inferior after non-radical cervical procedures.

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HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESIONS IN PREGNANCY: CASE SERIES OF 35 PATIENTS

[1]Olga P Matylevich, [1]Ilya A Tarasau, [1]Tatsiana U Vertsikhouskaya, [2]Sviatlana Y Shelkovich. *[1]NN Alexandrov National Cancer Centre of Belarus, Minsk, Belarus; [2]Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus*

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