

prognostic variables. Univariate and multivariate analysis showed that none of the parameters were associated with OS. **Conclusion** Among the parameters of FDG PET/CT, TLG 3.0 was the independent prognostic factor for DFS and maybe associated with overall survival.

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SENTINEL NODE BIOPSY DIMINISHES DE USE OF ADJUVANT THERAPY IN WOMEN WITH EARLY CERVICAL CANCER IN THE SUCCOR COHORT

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Introduction/Background The aim of the study was to compare the use of adjuvant therapy in women with stage IB1 cervical cancer depending on the method used to diagnose lymphatic node invasion.

Methodology We used data from the SUCCOR study, that collected information from 1049 women operated on stage IB1 cervical cancer between January 2013 and December 2014. Inverse probability weighting was used to adjust for surgical approach, use of uterine manipulator, lymphovascular space invasion, parametrial space invasion and conization, such that there were no significant differences between both groups. We calculated the adjusted proportion of women who received adjuvant therapy depending on the lymph node diagnosis method and compared disease free and overall survival using Cox regression.

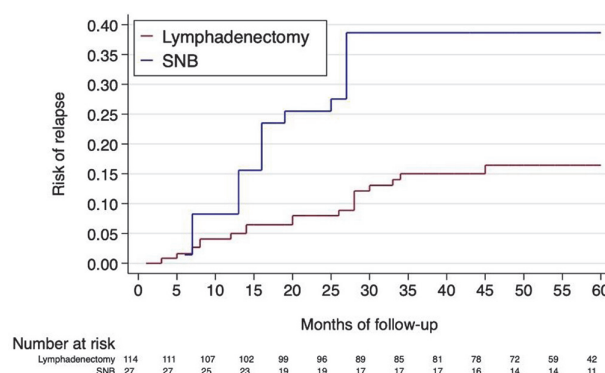
Results The adjusted proportion of women who received adjuvant therapy was 33.8% in the sentinel node biopsy (SNB) group and 44.7% in the lymphadenectomy group ($p=0.02$), although the proportion of positive nodal status in both groups was similar (14% and 10.7% respectively. $p=0.30$). That difference was even greater in women with negative nodal status (adjusted difference 13.7%; $p=0.002$) and in the analysis restricted to women with negative nodal status and positive SEDLIS criteria (adjusted difference 31.2%; $p=0.01$). In this last group, women who underwent a SNB had an increased risk of relapse (HR: 2.50; 95%CI 0.98–6.33) and risk of death (HR: 3.5; 95% CI 1.04–11.7) compared to those who underwent lymphadenectomy.

Abstract 2022-RA-827-ESGO Table 1 Proportion of women in the SUCCOR cohort that underwent adjuvant therapy by method of lymph node diagnosis

Overall sample				
	SNB	Lymphadenectomy	Adjusted difference*	p
Percentage of women that received adjuvant treatment.	33.8%	44.1%	10.9%	0.015
Analysis restricted to women with negative nodal status				
	SNB	Lymphadenectomy	Adjusted difference*	p
Percentage of women that received adjuvant treatment.	25.1%	38.1%	13.7%	0.002
Women with positive Sedlis criteria	43.3%	74.5%	31.2%	0.011
Women with negative Sedlis criteria	22.8%	29.3%	6.57%	0.212

*Adjusted for surgical approach, use of uterine manipulator, lymphovascular space invasion, parametrial space invasion and conization

Nelson-Aalen curve for Disease-free Survival (SNB vs. Lymphadenectomy in N0 SEDLIS+)



Abstract 2022-RA-827-ESGO Figure 1

Conclusion Women with the same clinical characteristics were less likely to receive adjuvant therapy if their nodal invasion was determined using SNB compared to lymphadenectomy. This difference was at the expense of women with negative nodal status but positive SEDLIS criteria. These results suggest a lack of therapeutic measures when a negative result is obtained by SNB, which may have an impact on the risk of recurrence and survival.

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SIMULTANEOUS 18F-FDG PET/MRI AS SINGLE IMAGING METHOD IN THE ASSESSMENT OF CERVICAL CANCER- A PILOT STUDY

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Introduction/Background Simultaneous PET/MRI is a relatively new imaging method, and its role in diagnostics of gynaecologic cancer is unclear. The aim of the present study is to investigate the use of PET/MRI in the assessment of cervical cancer and its potential to be used as a single imaging method.

Methodology In 2015–2016, 15 patients with primary cervical cancer FIGO stage IB or higher, at Akademiska Sjukhuset, Uppsala, Sweden, were prospectively enrolled for a simultaneous whole-body 18F-FDG (Fluorodeoxyglucose) PET/MRI. The PET/MRI images were evaluated in consensus by a fourth-year resident in radiology and a senior consultant for the following parameters; maximal tumor size, SUV-max, direct tumor extension to adjacent structures as the parametrium and pelvic wall, corpus, vagina, ovaries, presence of lymph nodes metastases and distant metastasis. The results of staging from PET/MRI were compared with standard radiology (Diffusion weighted-MRI and CT or PET/CT) and clinical staging. Furthermore, the separate contribution of the PET component in PET/MRI was analysed.

Results Five of the patients were treated with primary surgery and ten with radio-chemotherapy. In nine patients, staging with PET/MRI differed from clinical staging, whereof eight were upstaged (table 1). PET/MRI and standard imaging