Introduction/Background Previously, our research team suggested patients with 2009 FIGO stage IB1 cervical cancer with tumor size ≤2 cm on preoperative magnetic resonance imaging (MRI) were safe candidates as laparoscopic radical hysterectomy (RH) did not influence disease recurrence in this subgroup. We aimed to investigate whether laparoscopic RH is also feasible in parametrial-positive or node-positive, early cervical cancer with a small sized tumor.
Methodology From Cervical Cancer cohorts of three tertiary institutional hospitals, we identified patients with 2009 FIGO stage IB1 who received either open or laparoscopic Type C RH. Among them, those with cervical tumor ≤2 cm on pre-operative MRI and were adherent to the guidelines for adjuvant treatment were included. Patients' clinicopathologic characteristics and survival outcomes were compared between the laparoscopic and open RH groups. Subgroup analyses were conducted according to the presence or absence of parametrial invasion (PMI) and lymph node metastasis (LNM).
Results In total, 498 patients were included: 299 and 199 for laparoscopic and open RH groups, respectively. After surgery, all study population was managed properly in terms of adjuvant treatment. After a median observation period of 59.4 months, the two groups showed similar progression-free survival (PFS; P=0.615) and overall survival (P=0.439). On pathologic examination, 16 (3.2%) and 49 (9.8%) had PMI and LNM, respectively, and 10 (2.0%) had both. In a subgroup of PMI, no difference in PFS was observed between the laparoscopic and open RH groups (P=0.893). In a subgroup of LNM, the two groups also showed similar PFS (P=0.169). Consistent results were also found in subgroups of non-PMI and non-LNM.
Conclusion Our study results demonstrate that laparoscopic RH might be safe in early cervical cancer with tumor size ≤2 cm, regardless of parametrial and nodal status, when adjuvant treatment is administered properly. Further large cohort studies are warranted to support our findings.

2022-RA-1070-ESGO COLPOSCOPY CLINIC REFERRALS & CERVICAL CANCER DIAGNOSIS AT A TERTIARY GYNAE-ONCOLOGY CENTRE COVERING NORTH & EAST LONDON DURING THE COVID 19 PANDEMIC

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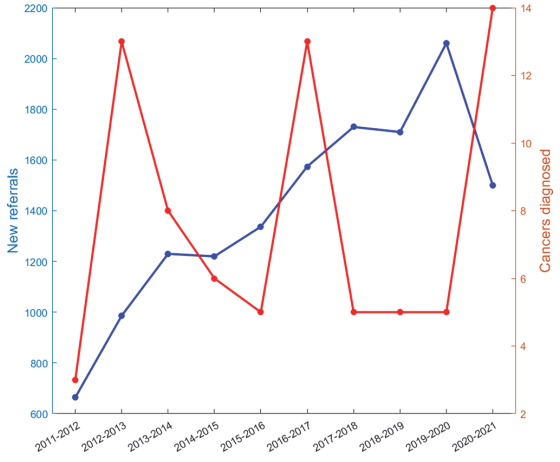
Introduction/Background Cervical cancer screening in England was one of five national screening programmes that were temporarily suspended during the COVID 19 pandemic due to the unprecedented demands on the medical services. Between April and August 2020, screening invitations stopped going out and General practitioners discontinued face to face consultations which led to a fall in two-week wait referrals for suspected cancers. We reviewed the referrals to the colposcopy clinic and cervical cancer diagnosis at Royal London Hospital during the COVID 19 pandemic.
Methodology The study was a Retrospective cohort study of women diagnosed with cervical cancer between May 2020 and April 2021 at the Royal London Hospital, a tertiary Gynae-oncology centre covering North and East London.
Results There were 1,500 colposcopy clinic referrals in this period which was a 37.3% reduction from the previous year. Of these, 14 cervical cancer cases were diagnosed which was an increase of 180% from the previous year (when 5 cases were diagnosed). See figure 1 below. Six out of the 14 new cases (42.8%) were late-stage presentation- at least stage 2B of the International Federation of Gynaecology and Obstetrics (FIGO) 2018 staging of cervical cancer.



Abstract 2022-RA-1070-ESGO Figure 1

Conclusion The fall in colposcopy clinic referral can be explained by the disruptions from the COVID 19 pandemic as cervical screening invitations reduced during this time. However, the accompanying surge in cervical cancer diagnosis was unexpected. Further research is needed to compare with data from other gynaecology oncology centres and the Cancer research UK for the period of the COVID 19 pandemic when this is available.

2022-RA-1071-ESGO PRIMARY TREATMENT AND PROGNOSTIC FACTORS OF NEUROENDOCRINE CARCINOMA OF THE UTERINE CERVIX

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Introduction/Background Neuroendocrine carcinoma of the cervix (NECC) is a rare, aggressive histologic type of cervical cancer. Currently, there is no standardized therapy for NECC. This study aims to investigate prognostic factors of NECC and compare survival outcomes according to the treatment methods.
Methodology NECC patients who received primary treatment at our institution between 2000 and 2020 were retrospectively identified. We collected patients' clinicopathologic and survival data, including age at diagnosis, histologic subtype, stage, immunohistochemical staining results, and detailed treatment methods. Multivariate analyses were conducted to identify prognostic factors for progression-free survival (PFS) and overall survival (OS).
Results In total of 47 NECC patients included, mean age at diagnosis was 46.9 years. The most common chief complaint was vaginal bleeding (61.7%). In relation to histologic

subtypes, 23 (48.9%) and 7 (14.9%) were diagnosed with small cell and large cell NECCs, while the other 17 (36.2%) was combined with other carcinomas. Patients with early-stage (IB1) showed longest median PFS of 15.6 months, whereas shortest was with distant metastasis (IVB) of 7.0 months, with 94.7%, 15.6% 18-month OS rates, respectively. In multivariate analysis adjusting clinicopathologic variables, distant metastasis (adjusted HR, 7.941; 95% CI, 2.799–22.530; P<0.001) and small cell NECC (adjusted HR, 0.297; 95% CI, 0.133–0.663; P=0.003) were identified as poor and favorable prognostic factors for PFS. Distant site metastasis was also associated with worse OS (adjusted HR, 7.528; 95% CI, 1.666–34.007; P=0.009). In a subgroup of stage IVB NECC, no differences in PFS and OS were observed between the chemotherapy-only and combined therapy with two and more treatment modalities (P=0.0214 and P=0.357, respectively).

Conclusion Higher disease recurrence and mortality rates were observed in patients with NECC. Initial FIGO stage and histologic subtypes were significant prognostic factors for survival. For patients with stage IVB disease, chemotherapy only might be preferable rather than combined therapy.

2022-RA-1081-ESGO A PROSPECTIVE STUDY TO EVALUATE THE AGREEMENT OF HIGH-RISK HUMAN PAPILLOMAVIRUS DETECTIONS BY VAGINAL SELF-SAMPLING AND PHYSICIAN-SAMPLING

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Introduction/Background Various human papillomavirus (HPV) testing using physician-collected cervical samples have been approved for cervical screening. The COVID-19 pandemic highlights the need of self-sampling test for high-risk patients who are unwilling to participate routine screening program. The aim of clinical trial is to introduce a new 'Hygeia Touch Self Sampling Kit for Women' and evaluate the agreement of high-risk human papillomavirus (hrHPV) detections between vaginal self-sampling via Kit by patients and physician-collected cervical sampling.

Methodology Women aged 21–65 years without hysterectomy were enrolled by stratification: normal population and participants with Pap smear ≥ASCUS or cervical biopsy ≥ CIN 1 (ratio=1:10). All the participants had video-guided self-collected vaginal sampling, then physician-collected cervical sampling. The hrHPV types include types16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68. The primary endpoint is to evaluate the agreement of hrHPV detection between self-sampling via Kit and physician-cervical sampling using Cohen's kappa statistic, and the sensitivity and specificity of detection methods were also compared.

Results There were 1170 eligible participants. For the detection of hrHPV and any specific HPV type of 27 types, the concordance between self-collected sampling and physician was high (Cohen's kappa 0.75, 95% CI 0.72–0.79 and 0.75, 95% CI 0.71–0.79, respectively). The detection rate of ≥ cervical intraepithelial neoplasia 2 (CIN2+) via HPV testing between self-collected vaginal samples and physician-collected cervical samples were similar in sensitivity (85% vs 89%, relative accuracy 95%), specificity, positive predictive value, and negative predictive value. Two participants had mild anxiety and seven participants had mild perineal pain, and the symptoms subsided after sampling. The adverse event is 0.7%.

Conclusion These results demonstrate good agreement for detecting hrHPV and HPV between self-collected vaginal swabs and physician sampled cervical specimens in detecting CIN2+ lesions.

2022-RA-1095-ESGO CONSERVATIVE MANAGEMENT OF CIN-2: A RETROSPECTIVE, SINGLE-CENTRE STUDY

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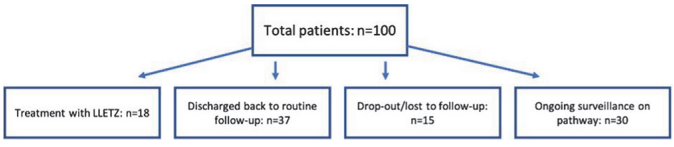
Introduction/Background Past management of cervical intra-epithelial neoplasia-2 (CIN-2) has centred around treatment via excision. Contemporaneously, more onus has been placed on conservative management of this disease in women of reproductive age. This is namely to prevent future preterm birth.

Methodology A retrospective analysis was completed of patients undergoing conservative management of biopsy confirmed CIN-2 between 2017–2021 in a single tertiary centre. This included 6 monthly colposcopic assessment for a total 24 months with either smear or biopsy alternatively. Excision was offered in the event of progression or patient choice. Primary outcome was divided into successful regression and discharge back to routine monitoring, progression or persistence requiring intervention, and patient adherence (drop-out or loss to follow-up). Further secondary measures were also examined, including pregnancy outcomes, and a sub-group analysis of smokers and those aged over 35 years old. Statistical analysis was completed using R Studio Ver 1.2.5033.

Results A total of 100 patients underwent conservative management. Primary outcomes are summarised in figure 1. A total of 18 women were treated with LLETZ, including 6 for patient choice. No women had progression of disease to malignancy, and 5 progressed to CIN-3. The average time to dropout was 12.42 months (1–22). Smokers and those over 35 were not significantly more likely to require intervention then the rest of the population (p=1.0000 and p=0.5936 respectively). 15 women became pregnant either during or after management. A total of 12 live births occurred, and 3 losses between 6–12 weeks gestation. A single preterm delivery occurred due to other reasons.



Abstract 2022-RA-1095-ESGO Figure 1

Conclusion • Conservative management represents a safe management to those of reproductive age.

• Therefore, critical reductions in preterm birth and pregnancy loss are possible.