

second-line plus (2L+) have improved outcomes in patients with recurrent/metastatic cervical cancer (r/mCC). Previous reports show potentially enhanced efficacy and tolerable safety with TV + pembrolizumab, carboplatin, or bevacizumab. We report interim safety and efficacy results from the dose-expansion cohorts evaluating 1L TV + pembrolizumab (1L-TP), 2/3L TV + pembrolizumab (2/3L-TP), and 1L TV + carboplatin (1L-TC) in patients with r/mCC.

**Methodology** In the 1L-TP cohort, patients with r/mCC who had no prior systemic therapy (excluding chemoradiation) received TV 2.0 mg/kg + pembrolizumab 200 mg IV Q3W. In the 2/3L-TP cohort, patients with r/mCC who experienced disease progression on/after 1–2 prior systemic therapies received TV 2.0 mg/kg + pembrolizumab 200 mg IV Q3W. In the 1L-TC cohort, patients with r/mCC who had no prior systemic therapy (excluding chemoradiation) received TV 2.0 mg/kg + carboplatin AUC 5 IV Q3W. The primary end point was confirmed objective response rate (cORR) per RECIST v1.1.

**Results** In the 1L-TP, 2/3L-TP, and 1L-TC cohorts, respectively, 33, 35, and 33 patients received treatment, and, at data cut-off, median follow-up was 18.8, 15.0, and 14.6 months. cORR was 41%, 38%, and 55%, with a median DOR of not reached, 14.0, and 8.6 months in the 1L-TP, 2/3L-TP, and 1L-TC cohorts, respectively. Adverse events (AEs) of special interest in patients in the 1L-TP, 2/3L-TP, and 1L-TC cohorts (grade 1–2/grade  $\geq 3$ ) included ocular events (58/9; 51/3; 58/9), bleeding (61/6; 61/9; 52/6), and peripheral neuropathy (49/3; 37/3; 48/12), respectively; one patient in 2/3L-TP and one patient in 1L-TP experienced grade 4 and 5 treatment-related bleeding, respectively. Additional data will be presented at the meeting.

**Conclusion** TV + pembrolizumab or carboplatin in patients with r/mCC demonstrated encouraging and durable anti-tumour activity, with tolerable safety profiles.

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#### 2022-RA-1415-ESGO PERSPECTIVE ON THE FUTURE OF THE SENTINEL LYMPH NODE IN CERVICAL CANCER

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**Introduction/Background** Good oncologic outcomes after surgery have been reported for early-stage cervical cancer with a disease free survival of 90.6% at 3 years and 96.5% at 4.5 years respectively and an overall survival of 96% and 99%, respectively. For this subset of patients, lymph node status is a major prognostic factor since five-year disease free survival falls from 88% to 57% in case of lymph node metastasis.

**Methodology** We present a systematic review in which we included articles concerning the sentinel lymph node mapping and the future perspective of this procedure.

**Results** According to the international guidelines for the treatment of early-stage cervical cancer, the gold-standard treatment includes pelvic-lymph-node dissection (PLND) in order to adapt the treatment to a potential lymphatic metastasis. A

lymph-node metastasis is present in 27% of early cervical cancers, leading to a high rate of overtreatment with unnecessary pelvic lymphadenectomy in three out of four patients. Moreover, this lymphatic surgery is known to induce significant morbidity and to lead to a decreased quality of life. The sentinel node detection rate is high in women with early stage cervical cancer, 96,3% with 82,0% bilateral detection. Sentinel node mapping has a sensitivity of 96,3% and a negative predictive value of 98,7% in women with tumor size >20 mm.

**Conclusion** The current trend in cervical cancer management is focused on less aggressive strategy without jeopardizing oncologic outcomes. The sentinel lymph node biopsy is a sturdy alternative to systematic full pelvic lymphadenectomy for lymph node staging in early-stage cervical cancer. In regard with the abundant literature, there is a trend in the acceptance of sentinel lymph node biopsy in current clinical practice and in time maybe will become the gold standard of node staging in early-stage cervical cancer.

#### 2022-RA-1430-ESGO MINIMALLY INVASIVE SURGERY IN EARLY STAGE CERVICAL CANCER

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**Introduction/Background** The standard treatment for early stage cervical cancer is represented by radical hysterectomy with pelvic lymphadenectomy. Laparotomy has been the main choice of approach for a long period of time and, although effective, it is highly invasive and associated with increased morbidity, longer hospital stay and postoperative complications. Since the early 1990's radical hysterectomy with pelvic lymphadenectomy has been successfully performed laparoscopically. The use of minimally invasive techniques has led to better postoperative outcomes, lower intraoperative blood loss and shorter hospital stay. Although there is recent debate concerning the significant inferiority of the minimally invasive approach followed by the LACC study in 2018, there are recent studies that question its findings and that sustain that there is still an important place for minimally invasive surgery (MIS) in early cervical cancer.

**Methodology** We present a systematic review in which we included articles concerning minimally invasive surgery in cervical cancer and the future perspective of this approach.

**Results** There are several meta-analysis that compared minimally invasive surgery with open surgery for early cervical cancer. Concerning intraoperative blood loss, hospital stay and postoperative complications there are four meta-analysis that conclude that laparoscopic approach is superior to the abdominal one. Careful selection of patients can lead to excellent oncologic outcomes. The results from the studies incriminating minimally invasive surgery showed no significant differences in disease free survival rate and overall survival rate for low risk cervical cancer. So, at least for these patients, MIS is naturally a better solution. Fertility sparing surgery includes mainly patients with low risk cervical cancer, a category for which MIS should be primarily used for.

**Conclusion** While there are still aspects that undoubtedly need to be improved concerning a standardized technique,

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 .

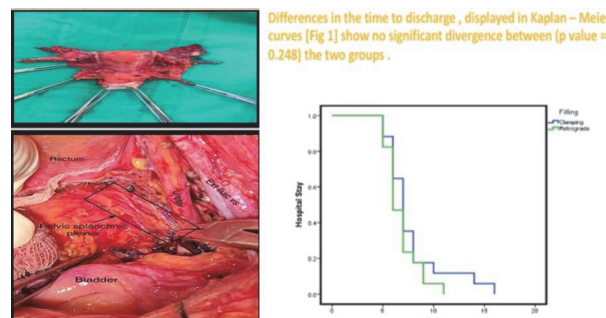
**EXCLUSION CRITERIA:** DISTANT METASTASIS

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

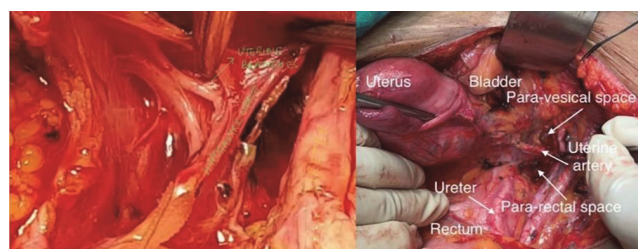
WHILE IN THE RETROFILLING APPROACH FOLEYS WAS REMOVED ON POD 5 .BLADDER FUNCTION RECOVERY WAS COMPARED IN THESE TWO GROUPS IN TERMS OF PREVOID VOLUME AND POST VOID RESIDUAL VOLUMES ON DAY 5, DAY 14 AND 4 TH MONTH FOLLOW UP .

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

ASSESSMENT INDICATORS	CLAMPING GROUP	RETROGRADE FILLING 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
RESIDUAL URINE VOLUMES [AT 4 MONTHS FROM SURGERY]	37.88±12.2	39.18±8.92	0.726



**Abstract 2022-RA-1431-ESGO Figure 1** Kaplan meier curve for duration 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, PRE-VOID VOLUME COULD BE MEASURED SIMULTANEOUSLY 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 CANCER CENTRE

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**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