

in overall survival (OS; $P=0.241$) and disease-free survival (DFS; $P=0.156$) were observed between the two histologic subtypes. The MIS RH group ($n=99$) had significantly smaller tumor size ($P<0.001$) and less pathologic parametrial invasion ($P=0.001$) and lymph node metastasis ($P<0.001$) than the open RH group ($n=62$). The MIS RH and open RH groups showed similar OS (HR, 0.23; 95% CI, 0.03–2.17; $P=0.201$) and DFS (3-year DFS rate, 87.9% vs. 75.1%; $P=0.184$). In multivariate analysis, MIS did not influence DFS (adjusted HR, 1.30; 95% CI, 0.50–3.35; $P=0.589$), but pathologic parametrial invasion deteriorated DFS (adjusted HR, 3.41; 95% CI, 1.25–9.29; $P=0.016$). Consistent results were observed among the patients with UAC: MIS was not associated with DFS (adjusted HR, 1.79; 95% CI, 0.62–5.17; $P=0.285$).

Conclusion Our study suggests equivalent survival outcomes between MIS RH and open RH for early cervical cancer patients with UAC/ASC. While MIS RH was not a prognostic factor, pathologic parametrial invasion significantly deteriorated DFS in these histologic subtypes.

2022-RA-1469-ESGO UROLOGICAL OUTCOMES FOLLOWING NERVE SPARING RADICAL HYSTERECTOMY FOR EARLY STAGE CERVICAL CANCER

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Introduction/Background The current study retrospectively analysed the functional, urological outcomes of nerve-sparing radical hysterectomy performed for early stage cervical cancer.

Methodology Nerve sparing radical hysterectomy (NSRH) type C1 (Q-M) was performed on 42 patients included in this study. Bladder function was assessed symptomatically and objectively by ultrasonography, measuring post void residual urine volume (PVR) on 5th POD, at four and six weeks. The PVR of more than 100 ml on fifth post-operative day, more than 50 ml at four weeks after surgery was considered as bladder dysfunction.

Results The mean tumour size in our study is 2.1 cm with 73.8% were staged as IB (1–3). 66.7% ($n=28$) of nerve-sparing surgeries were performed laparoscopically and 33.3% ($n=14$) as open surgery with no conversion. First assessment on fifth POD revealed normal voiding pattern in 57.1% ($n=24$) of patients, 14.4% ($n=6$) had impaired sensation of fullness (sympathetic) and, 28.5% ($n=12$) had higher PVR (parasympathetic). The median PVR in our study was 88 ml by 5th POD. They were started on bladder training and reassessed four weeks later. By the end of 4 weeks after surgery, 90.5% ($n=38$) had normal voiding pattern and had sensation of fullness before voiding. However, 9.5% ($n=4$) had higher post void residual urinary volume and needed extended bladder training. The median post void residual urinary volume, one month after surgery was 37.5 ml. By the end of 6 months after surgery, all patients had complete sensation of bladder fullness and normal voiding pattern.

Conclusion NSRH was significantly associated with decreased rates of urological dysfunction and is associated with improved quality of life of patients who underwent surgical treatment for early stage cervical cancer.

2022-RA-1471-ESGO RADICAL HYSTERECTOMY IS NOT SUPERIOR TO CHEMORADIATION IN EARLY STAGE CERVICAL CANCER WITH SUSPICIOUS LYMPH NODES: A PROPENSITY SCORE ANALYSIS

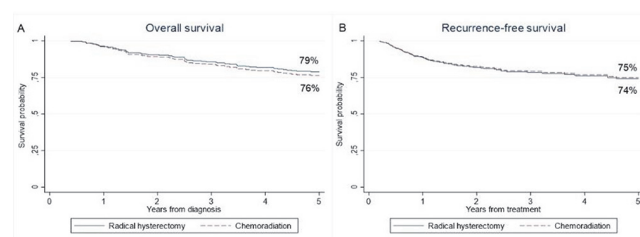
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Introduction/Background This retrospective cohort study aims to compare radical hysterectomy with primary chemoradiation regarding survival and toxicity (≤ 6 months) in women with early-stage cervical cancer and suspicious lymph nodes on pre-treatment imaging.

Methodology Women diagnosed between 2009–2017 with International Federation of Gynaecology and Obstetrics (FIGO) 2009 stage IA-IIA, suspicious/inconclusive pelvic and/or para-aortic nodes on radiological judgement by pretreatment imaging (i.e. computed tomography, magnetic resonance imaging, and/or positron emission tomography), and treated by radical hysterectomy with lymphadenectomy, or chemoradiation were selected from the Netherlands Cancer Registry. Propensity score stratification for age, FIGO, tumour morphology and size, suspicious node short-axis, location, and status was applied to control for heterogeneity between both treatment groups. Overall and recurrence-free survival were compared by Cox regression analyses, toxicity (Clavien-Dindo grade ≥ 2 and Common Terminology Criteria for Adverse Events ≥ 3) by logistic regression.

Results Of 319 patients included, 131 (41%) were treated by radical hysterectomy and 188 (59%) by chemoradiation. The pathological nodal status was known in 100% and 33% of the patients, of whom 43% (56/131) and 89% (54/61) had metastases, respectively. Radical hysterectomy was followed by (chemo)radiation in 54%. After balancing for confounding factors, radical hysterectomy yielded an almost similar overall (HR 0.91; CI 0.44–1.90) and recurrence-free (HR 1.18; CI 0.58–2.42) survival compared to chemoradiation (figure 1). However, radical hysterectomy was associated with more toxicity ($n=44$; 34%) compared to chemoradiation ($n=37$; 20%; $p=0.006$), also in adjusted analysis (OR 2.35; CI 1.18–4.68) and mainly caused by surgery-related complications (i.e. infection, bladder dysfunction, and blood transfusion) in 34 patients (26%).



Abstract 2022-RA-1471-ESGO Figure 1

Conclusion After balancing confounding factors, overall and recurrence-free survival were not significantly different between radical hysterectomy and chemoradiation. Radical

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 (cT1b2Nx,0M0; cT2bNx,0M0) cervical cancer and received 3 dose-dense intravenous neoadjuvant AP (cisplatin 75 mg/m², doxorubicin 3.5 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% (12/99 cases). 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 sparing 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 to establish the impact of conization before radical hysterectomy 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