

relevant articles from 1st of January 1987 to 15th of September 2021. We carry out an updated systematic review involving 5,862 patients initially selected for fertility-sparing surgery in 275 series.

**Results** In patients having a tumor size < 20 mm (stage IB1 disease), recurrence rates (RR) in patients undergoing simple conisation/trachelectomy, radical trachelectomy/RT by laparoscopic-vaginal approach, laparotomic or laparoscopic approaches are respectively: 4.1%, 4.7%, 2.4% and 5.2%. In patients having a tumor size between 20 mm and 40 mm (stage IB2 disease), recurrences rates in patients undergoing neo-adjuvant chemotherapy or RT by laparotomy are respectively 13.2% and 4.8% ( $p=.0035$ ). In patients having tumor size < 40 mm, RR observed in patients undergoing an open or a mini-invasive approach are respectively: 3.3% and 5.5% (NS). The lowest pregnancy rate is observed in patients undergoing RT by laparotomy (36%).

**Conclusion** The choice between these treatments should be based on the experience of the teams, on the discussion with the patient/couple but, above all, on objective oncological data. In patients having a stage IB1 disease, oncological results are quite similar according to the procedure used. In patients having a stage IB2 disease, RT by open approach should be preferred. Anyway the lowest pregnancy rate is observed in patients undergoing RT by laparotomy

#### 2022-RA-187-ESGO

#### FERTILITY-SPARING RADICAL TRACHELECTOMY FOR EARLY-STAGE CERVICAL CANCER: 12 CASES SERIES AND LITERATURE REVIEW

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**Introduction/Background** Radical trachelectomy is an alternative treatment for preserving fertility in selected patients with early stage cervical cancer. The purpose of this report is to describe our technique of abdominal radical trachelectomy and review the current literature on this procedure

**Methodology** We reported 12 cases of radical trachelectomy with pelvic lymphadenectomy in The Oncology Hospital of Ho Chi Minh city between 7/2018 and 9/2020.

**Results** The characteristics of the 12 adult patients who underwent radical trachelectomy included stage IB1 disease in all cases, a mean age of 31 years (range, 29–41), and a median estimated blood loss of 100 ml (range, 70–150). Among of them, one case was performed by laparoscopic approach. No one need adjuvant treatment after surgery and all patients resumed normal menstruation postoperatively. All patients remain disease-free at the time of this report. The only remaining uterine blood supply in these patients are the utero-ovarian vessels. There were one postoperative complication. It was one case of cervical stenosis. Transurethral Foley catheters were removed in all cases at postoperative days 02 – 04.

**Conclusion** Radical trachelectomy with pelvic lymphadenectomy is a feasible operation for selected women with early stage cervical cancer who desire to preserve reproductive function. Menstruation and reproductive function may be preserved after bilateral uterine vessel ligation.

#### 2022-RA-201-ESGO

#### LOCALLY ADVANCED CERVICAL CARCINOMA PATIENTS TREATED WITH CHEMORADIATION FOLLOWED BY RADICAL SURGERY: CLINICAL RESPONSE AND ONCOLOGICAL OUTCOMES ACCORDING TO HISTOTYPE AFTER PROPENSITY SCORE ANALYSIS

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**Introduction/Background** The aims of this study were to analyze the pathological response, and survival outcomes of adenocarcinoma/adenosquamous (AC/ASC) versus squamous cell carcinoma (SCC) in patients with locally advanced cervical cancer (LACC) managed by chemoradiotherapy followed by radical surgery.

**Methodology** Retrospective, multicenter, observational study, including patients with SCC and AC/ASC LACC patients treated with preoperative CT/RT followed by tailored radical surgery (RS) between 06/2002 and 05/2017. Clinical-pathological characteristics were compared between patients with SCC versus AC/ASC. A 1:3 ratio propensity score (PS) matching was applied to remove the variables imbalance between the two groups.

**Results** After PS, 320 patients were included, of which 240 (75.0%) in the SCC group, and 80 (25.0%) in the AC/ASC group. Clinico-pathological and surgical baseline characteristics were balanced between the two study groups. Percentage of pathologic complete response was 47.5% in SCC patients versus 22.4% of AC/ASC ones ( $p<0.001$ ). With a median follow-up of 51 months (range:1–199), there were 54/240 (22.5%) recurrences in SCC versus 28/80 (35.0%) in AC/ASC patients ( $p=0.027$ ). AC/ASC patients experienced worse disease free (DFS), and overall survival (OS) compared to SCC patients ( $p=0.019$ , and  $p=0.048$ , respectively). In multivariate analysis, AC/ACS histotype, and FIGO stage were associated with worse DFS and OS.

**Conclusion** In LACC patients treated with CT/RT followed by RS, AC/ASC histology was associated with lower pathological complete response to CT/RT, and higher risk of recurrence and death compared with SCC patients. This highlights the need for specific therapeutic strategies based on molecular characterization to identify targets and develop novel treatments.

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#### MINIMUM DEVIATION CERVICAL ADENOCARCINOMA (ADENOMA MALIGNUM) WITH UNUSUAL PRESENTATION: A CASE REPORT

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