positive margins (2.9% vs. 3.5%, p=0.766), or positive nodes (7.2% vs. 4.5%, p=0.003). Patients who underwent open RT had longer hospital stay (6 (1–23) vs 2 (0–24) days, p<0.001) and received more adjuvant therapy (12.7% vs. 5.9%, p=0.003). MIS patients had more readmissions (11.0% vs. 1.8%, p<0.001) and reoperations (4.8% vs. 1.5%, p=0.01). There was no difference in recurrence rate (6.4% vs. 5.7%, p=0.7492), DFS (p=0.46) or OS (p=0.91) between MIS and open surgical approaches (figure 1).

Conclusions Surgical approach in radical tracheectomy for low-risk cervical cancer was not associated with differences in recurrence rates or survival. MIS had worse perioperative outcomes.

IGCS19-0750

CONCERV: A PROSPECTIVE TRIAL OF CONSERVATIVE SURGERY FOR LOW-RISK EARLY STAGE CERVICAL CANCER

K Schmeler*, R Pareja, A Lopez, JH Fregnani, A Lopes, PM Perotta, A Tsunoda, D Cantu, JM Carvaljal, L Ramonettta, T Manchara, D Crozeti, D McNally, M Riege, LC Turco, DJ Di Gulmi, SG Rendon, RP Ramalingam, BF Fellman, FM Frurovitz, R Coleman, P Ramirez. MD Anderson Cancer Center, Gynecologic Oncology, Houston, USA; Clinica de Oncologia Astorga, Gynecologic Oncology, Medellin, Colombia; INEN, Gynecologic Oncology, Lima, Peru; AC Camargo, Gynecologic Oncology, Sao Paulo, Brazil; Instituto Brasileiro de Controle do Cancer, Gynecologic Oncology, Sao Paulo, Brazil; Hospital Italiano, Gynecologic Oncology, Buenos Aires, Argentina; Hospital Erasto Gaertt, Gynecologic Oncology, Curitiba, Brazil; INCAN, Gynecologic Oncology, Mexico City, Mexico; Chulalongkorn University, Gynecologic Oncology, Bangkok, Thailand; Nebraska Methodist Hospital, Gynecologic Oncology, Omaha, USA; Royal Womens Hospital, Gynecologic Oncology, Melbourne, Australia; Instituto de Ginecologia, Gynecologic Oncology, Rosario, Argentina; Policlinico Gemelli, Gynecologic Oncology, Rome, Italy; Hospital Britanico, Gynecologic Oncology, Buenos Aires, Argentina; IDC, Gynecologic Oncology, Medellin, Colombia; MD Anderson Cancer Center, Pathology, Houston, USA; MD Anderson Cancer Center, Biostatistics, Houston, USA.

Objectives To prospectively evaluate the oncologic outcomes of conservative surgery in women with early stage cervical cancer.

Methods From 2009–2019, a prospective, multicenter study evaluated conservative surgery in 100 eligible women from 16 sites in 9 countries. Eligibility criteria included: 1) FIGO 2009 stage IA2-IB1 cervical carcinoma; 2) squamous or adenoscarcinoma histology; 3) tumor size <2 cm; 4) no lymphovascular space invasion; 4) depth of invasion <10 mm; and 5) cone biopsy with negative margins (one repeat cone biopsy allowed). Women desiring future fertility underwent cervical conization and pelvic lymph node (LN) assessment consisting of sentinel LN biopsy and/or full pelvic LN dissection. Those not desiring future fertility underwent simple hysterectomy.
with LN assessment. All pathologic specimens were centrally reviewed by an expert gynecologic pathologist.

**Results** Median age at surgery was 38 years (range: 23–67). Stage at diagnosis was IA2 (33%) and IB1 (67%). Histologic type included squamous cell carcinoma (48%) and adenocarcinoma (52%). Surgery included conization and LN assessment in 44/100 (44%) women and simple hysterectomy with LN assessment in 56/100 (56%) women. Minimally invasive surgery (MIS) was performed in 96/100 (96%) patients: laparoscopic in 83; robotic in 13. Positive LNs were noted in 5/100 women (5%). Residual disease in the hysterectomy specimen was diagnosed in 1/56 patients (1.8%). Median follow-up was 25 months (range 0–71). To date, recurrent disease has been diagnosed in 3 patients (3%).

**Conclusions** Conservative surgery is oncologically safe in women with early stage, low-risk cervical carcinoma.

**Abstracts**

**IGCS19-0754**

**UTERUS-11 STUDY: A RANDOMIZED CLINICAL TRIAL ON SURGICAL STAGING VERSUS CT-STAGING PRIOR TO PRIMARY CHEMORADIATION IN PATIENTS WITH FIGO2009 STAGES III-IVA CERVICAL CANCER**

1S Marnitz-Schulze, 2A Tsoucoulas*, 3P Martus, 4MV Vieira, 5R Affonso Jr, 6JS Nunes, 7VB u d a c h, 8A Schneider, 9H Hertel, 10A Mustia, 11A Pflaikner, 12A Ebert, 13C Kühler, 14Uniklinik Köln, Klinik und Poliklinik für Strahlentherapie, Köln, Germany; 2Hospital Erasto Gaertner, Gynecologic Oncology, Curitiba, Brazil; 3Tübingen University, Institute for Clinical Epidemiology and Applied Biometry, Tübingen, Germany; 4Hospital de Amor Barretos, Gynecologic Oncology, Barretos, Brazil; 5Hospital de Amor Barretos, Radiation Oncology, Barretos, Brazil; 6Hospital Erasto Gaertner, Medical Oncology, Curitiba, Brazil; 7Charité – Universitätsmedizin Berlin, Radiation Oncology, Berlin, Germany; 8Fürstenberg-Karree Berlin, Gynecologic Oncology, Berlin, Germany; 9Hannover Medical School, Oncology, Hannover, Germany; 10Greifswald Medical University, Gynecologic Oncology, Greifswald, Germany; 11Charité – Universitätsmedizin Berlin, Gynecologic Oncology, Berlin, Germany; 12Asklepios Klinik Altona, Gynecologic Oncology, Hamburg, Germany; 13Practice for Women’s Health, Gynecology and Obstetrics, Berlin, Germany; 14Asklepios Kliniken, Gynecologic Oncology, Hamburg, Germany

**Plenary 5**

**IGCS19-0143**

**CRS WITH HIPEC IN ADVANCED EPITHELIAL OVARIAN CANCER WITH COMPARISON OF ONCOLOGICAL OUTCOME ONLY WITH CRS + INTRAVENOUS CHEMOTHERAPY AND CRS PLUS NORMOTHERMIC INTRA-PERITONEAL CHEMOTHERAPY**

1S Somashekar*, 2C Rohit Kumar, 3K Ashwin, 4S Zavari, 5VK Ahuja, 6A Rauthan, 7Y Ramya, 8Manipal Comprehensive Cancer Centre, Surgical Oncology, Bengaluru, India; 9Manipal Comprehensive Cancer Centre, Gynec-Oncology, Bengaluru, India; 10Greifswald Medical University, Gynecologic Oncology, Greifswald, Germany; 11Manchester Academic Health Science Centre, Manchester, United Kingdom

**Objectives** Current standard of care for patients with stage IIIc epithelial ovarian cancer (EOC) is cytoreduction and intravenous (IV) chemotherapy. Intraperitoneal (IP) chemotherapy is considered superior to standard IV chemotherapy. Recent randomised study has shown benefit of cytoreductive surgery (CRS)+ hyperthermic intra-peritoneal chemotherapy (HIPEC) over IV chemotherapy.

**Methods** 130 patients diagnosed of stage IIIC EOC between 2013–2018 underwent extensive CRS+HIPEC. CRS+IV or CRS+IP was also done during the same period for other patients diagnosed of stage IIIC EOC. Overall details of HIPEC group is reported with comparison of only the oncological outcome of CRS & IV group & CRS+IP group.

**Results** Of 130 patients, 65.3% & 34.7% had primary and secondary cytoreduction plus HIPEC respectively. Mean PCI was 14.1, duration of surgery 9.41 hours & hospital stay 13 days. Multivisceral resection, diaphragmatic resection & bowel resection was required in 12.7%, 50% & 41.8% respectively. Overall G3- G5 morbidity 40% & 30 day mortality 3.6%. With a median follow up of 46 months DFS approach was peritoneal laparoscopy in 93.4% (mean 19pelvic/17paraaortic lymph nodes (LN). CR started 7–21 days after surgery. Surgery upstaged 40/121 (33%). Median follow-up: 66.5 months. ArmA was superior for DFS (HR=1.38 ArmB vs. ArmA,p=0.115) and OS (HR=1.29,p=0.24). Clinically or surgically LN+ negatively impacted DFS (pelvic:HR=2.38, p=0.007; paraaortic:HR=2.84,p=0.001; anyLN+:HR=2.83, p=0.003) and OS (pelvic:HR=2.90,p=0.003; paraaortic: HR=3.03,p=0.001; anyLN+:HR=3.51,p=0.001). Adeno/ adenosquamous were comparable to squamous cell carcinomas (DFS:HR=1.26, p=0.44, OS:HR=1.35, p=0.32). Stages III/IV had worse prognosis than IIb (DFS:HR=1.86, p=0.003; OS: HR=2.07, p=0.001).

**Conclusions** Although statistical significance could not be reached, surgical staging in LACC lead to superior DFS and OS compared to clinical staging with acceptable morbidity and no significant CR delay. The high risk of distant metastases in both arms underlies the need for further treatment intensification.