

12.5% (O-RS) versus 15.2% (MI-RS) (HR 1.174, 95% CI: 0.656–2.104,  $p=0.588$ ). Deaths of disease were 62; the 5-yr disease-specific survival (DSS) was 80.4% in O-RS patients, 85.3% in the MI-RS group (HR 0.731, 95% CI: 0.438–1.220,  $p=0.228$ ).

Estimated blood loss was lower in the MI-RS group ( $p<0.001$ ), as well as length of hospital stay ( $p<0.001$ ). Early postoperative complications occurred in 77 (33.3%) patients in the O-RS group, 88 (38.1%) patients in the MI-RS group ( $p=0.331$ ). Fifty-six (24.2%) patients experienced late postoperative complications in the O-RS group, 61 (26.4%) in the MI-RS group ( $p=0.668$ ).

**Conclusion** MI-RS and O-RS are associated with similar rate of recurrence and death from disease in LACC patients managed by surgery after CT/RT. No difference in early and late complications were reported.

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### CONDITIONAL RELATIVE SURVIVAL OF OVARIAN CANCER: A KOREAN NATIONAL CANCER REGISTRY STUDY

<sup>1</sup>D Shin, <sup>2</sup>K Jung, <sup>3</sup>J Bae\*. <sup>1</sup>Supportive Care Center, Samsung Comprehensive Cancer Center, South Korea; <sup>2</sup>The Korea Central Cancer Registry, National Cancer Center, South Korea; <sup>3</sup>Hanyang University, South Korea

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**Introduction/Background** Conditional relative survival (CRS) considers changes in prognosis over time and thus, may offer more useful estimates for survivors and clinicians. We aimed to investigate the CRS among patients with ovarian cancer with comprehensive stratification by various factors that influence survival probabilities.

**Methodology** This nationwide retrospective cohort study used data from the Korean Central Cancer Registry. We included 78,606 patients diagnosed with cervical cancer as their first cancer between January 1, 1997 and December 31, 2016. CRS and the conditional probabilities of death for the following 1 year were calculated stratified by age at diagnosis, histology, stage at diagnosis, year of diagnosis, and social deprivation index.

**Results** The 5-year relative survival rate at the time of diagnosis was 61.1% for all cases. The probability of surviving an additional 5 years conditioned on having already survived 1, 2, 3, 4, and 5 years after diagnosis was 65.0%, 69.5%, 74.6%, 79.3%, and 83.9%. Patients with poorer initial survival estimates (older, advanced stage) generally showed the largest increases in CRS over time. Patients aged  $\geq 70$  years had the highest probability of death in the first year after diagnosis (34.9%), but the conditional probability of death in the 2nd, 3rd, 4th, and 5th year declined abruptly to 14.7%, 9.2%, 6.0%, and 4.9%, respectively.

**Conclusion** The CRS rates for patients with ovarian cancer improved over time, particularly among patients with poorer initial prognoses. Our estimates can enable patients to make better informed decisions regarding follow-up care and their personal life.

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### ONCOLOGICAL OUTCOMES OF MINIMALLY INVASIVE RADICAL HYSTERECTOMY VERSUS RADICAL ABDOMINAL HYSTERECTOMY IN PATIENTS WITH EARLY STAGE CERVICAL CANCER: A MULTICENTER RETROSPECTIVE ANALYSIS

<sup>1</sup>J Rodriguez\*, <sup>2</sup>J Rauh Hain, <sup>3</sup>J Saenz, <sup>4</sup>D Isla, <sup>5</sup>G Rendón, <sup>6</sup>D Odetto, <sup>7</sup>F Martinelli, <sup>8</sup>V Villoslada, <sup>9</sup>I Zapardiel, <sup>3</sup>L Trujillo, <sup>4</sup>M Perez, <sup>5</sup>M Hernández, <sup>6</sup>J Saadi, <sup>7</sup>F Raspagliesi, <sup>8</sup>HV Valdivia, <sup>9</sup>J Siegrist, <sup>2</sup>S Fu, <sup>4</sup>M Hernandez, <sup>5</sup>L Echeverry, <sup>6</sup>F Noll, <sup>7</sup>A Ditto, <sup>8</sup>A López, <sup>9</sup>A Hernández, <sup>10</sup>R Pareja. <sup>1</sup>Department of Gynecology Oncology. Instituto Nacional de Cancerología. Bogotá, Colombia. Department of Gynecology and obstetrics. Section of Gynecology Oncology. Fundación Santa Fe de Bogotá, Colombia; <sup>2</sup>Departments of Gynecologic Oncology and Reproductive Medicine and Health Services Research, University of Texas M.D. Anderson Cancer Center, USA; <sup>3</sup>Department of Gynecology Oncology. Instituto Nacional de Cancerología (INCAN), Colombia; <sup>4</sup>Department of Gynecologic Oncology, Instituto Nacional de Cancerología (INCAN), Mexico; <sup>5</sup>Department of Gynecologic Oncology. Instituto de Cancerología Las Américas, Colombia; <sup>6</sup>Department of Gynecology Oncology. Hospital Italiano de Buenos Aires, Argentina; <sup>7</sup>Department of Gynecologic Oncology. Fondazione IRCCS Istituto Nazionale dei Tumori, Italy; <sup>8</sup>Department of Gynecologic Oncology. Instituto Nacional de Enfermedades Neoplásicas (INEN), Peru; <sup>9</sup>Gynecologic Oncology Unit. La Paz University Hospital – IdiPAZ, Spain; <sup>10</sup>Department of Gynecologic Oncology. Instituto Nacional de Cancerología. Bogotá, Colombia. Gynecologic Oncology, Clínica Astorga. Professor Universidad Pontificia Bolivariana, Colombia

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**Introduction** Recent evidence has shown adverse oncological outcomes when minimally invasive surgery is used in early stage cervical cancer. The objective of this study was to compare the 4-year disease-free survival in patients that had undergone radical hysterectomy and pelvic lymphadenectomy, either by laparoscopy or laparotomy.

**Methods** Multicenter, retrospective cohort study of patients diagnosed with cervical cancer stage IA1 with lymph-vascular invasion, IA2 and IB1 (FIGO 2009 classification), between January 1, 2006 to December 31, 2017, at seven cancer centers from 6 countries. In the main patient-level analysis we used inverse probability of treatment weighting based on propensity score to construct a weighted cohort of women who differed only with respect to surgical approach. We estimated the hazard ratio (HR) for all-cause mortality after radical hysterectomy with weighted Cox proportional hazard models.

**Results** 1379 patients were included in the analysis, 681 (49.4%) patients operated by laparoscopy, and 698 (50.6%) by laparotomy. Median age was 46 (22–88) years. Median follow-up was 52.1(0.8–201.2) months for laparoscopy, and 52.6 (0.4–166.6) for laparotomy group. Women who underwent laparoscopic radical hysterectomy had inferior 4-year disease-free survival compared with laparotomy group (HR 1.64; 95% Confidence Interval 1.09–2.46). When the outcomes were compared according to preoperative tumor size, there was a higher risk of recurrence only in patients with a tumor size  $>2$  cm operated by laparoscopy (HR= 2.26; 95% CI 1.17–4.37).

**Conclusions** In this retrospective multicenter study, the laparoscopic approach for early stage cervical cancer was associated with a higher risk of recurrence, compared to laparotomy.