chemotherapy significantly improved overall survival rates, without recurrence, and reduced the rate of distant metastatic dissemination. The objective of this work is to describe the histological response of cervical cancer treated with concomitant radiotherapy and chemotherapy (CCRT) followed by surgery, as well as the preoperative difficulties and morbidity related to surgery.

**Methodology** This is a retrospective study of 126 patients treated for cervical cancer by CCRT followed by surgery at the Med VI Center for Gynecologic and Breast Cancer Treatment at the UHC Ibn Rochd from January 2016 to December 2018.

**Results** The average age of the patients was 51, the mean total time from symptom onset to medical consultation was 7.5 months. Stage IIB was the discovery stage in 71% of the patients. Cervical biopsy results showed squamous cell carcinoma in 79%, adenocarcinoma in 16% and 5% of patients had other histological types.

All of our patients received a weekly chemotherapy of 40 mg of cisplatin, 4 cycles on average, associated with external radiotherapy sessions reaching 45 and 50 Gy supplemented by brachytherapy for 68 patients, 46% of patients were referred for surgery without additional brachytherapy most often due to lack of means. Surgical treatment, radical hysterectomy with salpingo-oophorectomy and bilateral pelvic lymphadenectomy was performed in 91.26% and 75.55% had a radical hysterectomy due to preoperative difficulties. The tumor residue was macroscopic in 29 patients. The surgical margins were positive in 8 cases. Parameters were invaded in 5 patients, 22 cases showed positive vascular embolus, Lymph node curage was positive in 14 cases.

**Conclusion** The overall treatment period is a main prognostic factor and second surgery following CCRT remains a great concern because of its morbidity.

**Disclosures** The authors declare they have no conflict of interest.

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**PREOPERATIVE BRACHYTHERAPY FOLLOWED BY LAPAROSCOPIC HYSTERECTOMY: A NEW OPTION TO CONSIDER FOR EARLY STAGES CERVICAL CANCER IN THE LIGHT OF THE LACC TRIAL RESULTS**

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**Objectives** The aim of this study is to report the oncological and surgical outcomes of an alternative treatment strategy to upfront surgery for patients presenting with early stage cervical cancer (ESCC) (FIGO 2018 stages IA1-IB2). This treatment strategy consists of a combination preoperative brachytherapy (POBT) followed by a Querleu Morrow Type A hysterectomy.

**Introduction/Background** Occult discovery of invasive cervical cancer discovered after hysterectomy for non-malignant tumors is not uncommon. For patients presenting an incidental diagnosis of early stage invasive cervical cancer (FIGO Stages IA1-IB2), two possible strategies can be proposed: Adjuvant radiation Therapy with no tumor target or Radical Parametrectomy (RP) associated with upper vaginectomy and pelvic lymph node dissection.

**Methodology** The procedure starts by incising the peritoneum on the lateral pelvic sidewall. Dissection is proceeded from the round ligament stump towards the ligated

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**ROBOTIC RADICAL PARAMETRECTOMY IN PATIENTS WITH UNDIAGNOSED INVASIVE CERVICAL CANCER: A STEP BY STEP PROCEDURE**

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**Introduction/Background** Occult discovery of invasive cervical cancer discovered after hysterectomy for non-malignant tumors is not uncommon. For patients presenting an incidental diagnosis of early stage invasive cervical cancer (FIGO Stages IA1-IB2), two possible strategies can be proposed: Adjuvant radiation Therapy with no tumor target or Radical Parametrectomy (RP) associated with upper vaginectomy and pelvic lymph node dissection.

**Methodology** The procedure starts by incising the peritoneal cavity and the sigmoid colon. The procedure continues by dissecting the left rectosigmoid colon. Next, the left ureter is exposed and dissected and the posterior vaginal wall is dissected. Finally, the left ureter is protected and the parametrium is dissected. The procedure is then completed by incising the peritoneum on the lateral pelvic sidewall. Dissection is proceeded from the round ligament stump towards the ligated...