Pelvic lymphadenectomy was performed in 31 (70.4%) cases, while 13 (29.6%) patients had only sentinel node mapping. Four (9.1%) patients received neoadjuvant chemotherapy. In 7 (15.9%) patients conservative treatment was discontinued (5 nodal involvement, 2 no response to chemotherapy) and 2 (4.5%) patients asked for definitive treatment (hysterectomy) following a negative nodal evaluation.

Among 35 (79.6%) patients who retained their childbearing potential: 17 (48.6%) had a second conization; 2 (5.7%) relapsed and underwent definitive treatment. After a median follow-up of 51 (range 1–184) months no deaths were reported. Twenty-two (66.7%) women attempted to conceive.

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564 OUTCOME OF FERTILITY SPARING SURGERY IN CERVICAL CANCER, A NATIONAL STUDY IN SPAIN: CEFER STUDY

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Introduction/Background The aim of this study was to analyze fertility sparing surgery (FSS) data in Spain and to evaluate its oncological results in patients with early cervical cancer (CC).

Methodology Retrospective, multicenter, comparative cohort study carried out in 13 Spanish referral hospitals between 2000 and 2018, which included women with early CC (IA1 with lymphovascular invasion to IB1 FIGO 2009) who underwent FSS (group FSS) or conventional radical surgery (control group).

Results A total of 222 patients were included in the study: 111 in the FSS group and 111 in the control group. No differences were found between both groups regarding baseline characteristics (table 1). In the FSS group, the chosen surgical approach was mainly vaginal (64.9%), followed by laparoscopic (29.7%) and laparoscopic robot-assisted (5.4%).

There were more intraoperative complications but fewer late complications (≥ III-IV Clavien-Dindo) in the FSS group than in the control group (5.4% vs. 2.7% and 0% vs. 6.3%, respectively; both p<0.05).

After a median follow-up of 54 months (range 1–173 months), 16 relapses were observed, 11 (9.9%) in the FSS group and 5 (4.5%) in the control group. However, disease-free survival (DFS) was similar in both groups (p=0.17; figure 1). There were two disease-related deaths, one in each group.

When focussing on the FSS group, 6 out of 11 (54%) relapsed patients had adenoacarcinoma histology and 54% (6/11) of relapses corresponded to patients with tumors >2 cm. Univariate analysis of DFS in the FSS group did not show association with any of the tested variables (FIGO stage p=0.13, histology p=0.24; lymph node assessment p=0.79, and lymphovascular space invasion p=0.25), with the exception for tumor size (> vs ≤ 2 cm, p=0.008).

Conclusion FSS is rarely performed in patients with early CC in our country with an acceptable rate of intraoperative complications. Regarding oncological results, no differences were observed between FSS and conventional surgery. However, patients managed with FSS presented a higher recurrence rate in adenocarcinoma histologies and for tumors larger than 2 cm (statistically significant) a finding in accordance with the size established as a limit in current European guidelines.

Disclosures The authors declare no disclosures.