Conclusion* There are no differences in patterns of relapse across surgical approaches in patients with stage IB1 cervical cancer undergoing radical hysterectomy as primary treatment.

Result(s)* The research resulted in 782 eligible citations from January 2010 to October 2020. After the exclusion, nine articles that met all the inclusion criteria were included, comprising data from 1663 patients who underwent Radical Hysterectomy for Cervical Cancer IB1, the incidence of relapse was 10.6%. Total patients who underwent open radical hysterectomy were 809 (48.6%) with 75 relapses, patients who underwent minimally invasive surgery were 854 (51.4%) and 105 relapses. When we compared the pattern of relapse local, Distant and Both of each group (open surgery and minimally invasive surgery), we did not see statistically significant differences (OD 0.963; 95% CI, 0.602- 1.541; p=0.898), (OD 0.788; 95% CI, 0.467- 1.330; p=0.542) and (CI 0.683; 95% CI, 0.331- 1.407; p=0.630) respectively.

Introduction/Background* Cervical cancer is the most common gynaecological malignancy worldwide. Despite strides in disease prevention with HPV (human papillomavirus) vaccination, and early detection of pre-cancerous changes, cervical cancer is nonetheless associated with high mortality. Survival is strongly linked to initial FIGO (International Federation of Gynaecology and Obstetrics) disease stage at diagnosis. In 2018, the FIGO staging criteria for cervical cancer were revised to include lymph node status, with positive nodes upstaging patients to stage 3C disease. This resulted in a retrospective stage migration for many patients. This study aims to analyse the effect of stage migration in cervical cancer on disease survival and systemic recurrence.

Methodology Data from a cohort of 76 cervical cancer patients from the University Hospital of Derby and Burton NHS Trust diagnosed and treated with chemoradiation and brachytherapy from 2012–2017 were collected. Patients with positive lymph nodes at diagnosis were assigned a new stage based on the current 2018 FIGO criteria and subsequently compared to patients whose stage at initial diagnosis remained unchanged.

Result(s)* 46% of patients were assigned a new higher stage based on lymph node status at diagnosis as per 2018 FIGO staging. An approximate 2.5x increase in cancer-related mortality was seen amongst those who had stage migrated versus those who remained the same stage (37.14% versus 14.63%, p=0.024). Furthermore, a non-significant difference was seen in rates of systemic recurrence between the two groups, with around twice as many of the lymph node positive patients recurring within the timeframe of the study (40.00% compared with 19.51%, p=0.05).

Conclusion* These results reinforce the importance in the inclusion of lymph node status within 2018 FIGO staging criteria owing to the significant effect upon mortality in those who had stage migrated. The poorer prognosis and survival in the stage migration group also highlights the need for aggressive intervention in those with positive lymph nodes.
may be different in some settings in the daily clinical practice.

The aim of this study was to analyze the patterns of adjuvant treatment after radical hysterectomy for early cervical cancer in a large European cohort.

Methodology The succor database was fulfilled in 2019 for the succor study, comprising a total of 1272 patients who underwent radical hysterectomy for IB1 cervical cancer in Europe between 2013 and 2014. Patterns of adjuvant therapy were analyzed, and 3 cohorts of patients were established. Potential factors that may influence on the relapse risk in this cohort were previously analyzed.

Result(s)* Five hundred ten patients (44.1%) received some type of adjuvant therapy after the intervention in this cohort. 390 patients (33.7%) received either standard external radiation or concurrent chemoradiotherapy. Standard external radiation and brachytherapy were the most frequently used modalities of adjuvant treatment (215 [18.6%] and 251 patients [21.6%], respectively), while concomitant chemoradiation was used in 174 (15.1%) of the cases. After excluding standard indications of adjuvant therapy (positive nodal status, positive surgical margins, parametrial infiltration or intermediate risk Sedlis criteria), we identified 144 patients that did not fulfill any of the classical criteria, representing 28.2% of the total.

Abstract 472 Table 1

<table>
<thead>
<tr>
<th>Type of adjuvant therapy</th>
<th>No</th>
<th>Yes</th>
<th>Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>634 (54.8)</td>
<td>510 (44.1)</td>
<td>12 (1.0)</td>
</tr>
<tr>
<td>Concomitant chemoradiation</td>
<td>174 (15.1)</td>
<td>174 (15.1)</td>
<td>174 (15.1)</td>
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</tbody>
</table>

Abstracts
patients that received adjuvant therapy and 12.4% of the entire cohort. We compared the 3 groups: no adjuvant therapy (NAT), adjuvant therapy with classical criteria (ATW) and adjuvant therapy without fulfilling classical criteria (ATWO). Disease-free survival (DFS) at 4.5 years was 90.4% (89.2-91.6%), 85.2% (83.2-87.2%), and 91.7% (89.3-94.1%) respectively. No difference in DFS was observed after adjustment for previous conization, tumour size >2cm, and minimally invasive approach.

Conclusion* In this European cohort, a higher proportion of patients who received adjuvant treatment was observed in comparison with the literature in women with early cervical cancer after radical hysterectomy. However, no differences in DFS were observed between groups.

**476** incidence of lymph node metastasis in cervical carcinoma with ≤ 5 mm depth of invasion and > 7 mm horizontal spread

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Introduction/Background* According to the 2018 International Federation of Gynecology and Obstetrics (FIGO) staging system, cervical cancer with ≤ 5 mm depth of invasion (DOI) and > 7 mm horizontal spread, first classified as FIGO stage IB, are now classified as stage IA. For this group of cervical cancers, it is unclear what the risk of lymph node metastases (LNM) is, and consequently, what treatment is recommended. This study aims to determine the incidence of LNM in patients with tumors confined to the cervix, with ≤ 5 mm DOI and with > 7 mm horizontal spread, and to study the association between histological type, diameter, lymph-vascular space invasion (LVI) and LNM in this group.

Methodology In this retrospective study, we selected all women diagnosed with FIGO (2009) IB cervical cancer between 1985 and 2020, with a tumor with ≤ 5 mm DOI and > 7 mm diameter from patient records of the Amsterdam University Medical Center (Amsterdam UMC) and the University Medical Center Groningen (UMCG). All cases with LNM were revised by an expert pathologist. The incidence of LNM was calculated with 95% confidence interval (CI) for the whole population. The associations between histological type, DOI, diameter and LVI with LNM were evaluated by calculating odds ratios (OR) with 95% confidence intervals (CI) using logistic regression.

Result(s)* Of the 398 patients included, 16 had pathologically confirmed LNM (4%, 95% CI 2.3% – 6.4%). No difference in LNM incidence was found between histological types. The incidence of LNM in our cohort was not significantly increased in the presence of LVI, OR 3.61 (95% CI 0.97-7.4). More LNM were seen in patients with a tumor diameter of ≥20 mm compared to the group of patients with a tumor <20 mm, OR 5.0 (95% CI: 1.81-13.82, p=.002). No cases with LNM were found in the tumors with a DOI of ≤3 mm without LVI.

Conclusion* Lymph node assessment is recommended for patients in 2018 FIGO stage IA with a diameter > 7 mm, because of a 4% incidence of LNM. Since no LNM were found in the subgroup of patients in FIGO stage IA1 with a diameter > 7mm without LVI, lymph node assessment is not recommended for this specific group.

**479** effect on overall survival of adjuvant chemotherapy in locally advanced cervical cancer (LACC)

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10.1136/ijgc-2021-ESGO.36

Introduction/Background* The objective of the study was to determine whether the addition of adjuvant chemotherapy to chemoradiotherapy improves overall survival in patients with locally advanced cervical cancer (LACC).

Methodology Retrospective observational cohort study. We included patients with diagnosis of LACC, (Stages IIIA, IIIB, IIC1, IIC2 or IVA according to FIGO 2018), who received adjuvant chemotherapy (carboplatin and paclitaxel), during the period of study from 2013 to 2018 (n: 35), comparing it with a control group (n: 38).

Result(s)* 73 patients were included in the study from which 35 received adjuvant treatment with chemotherapy. The survival rate at 3 and 5 years was 77.1% and 68.6% for the group who received adjuvant and 10.5% and 7.9% for those who did not. (p <0.001, p <0.001, respectively). Gastrointestinal, genitourinary, and neuropathic toxicities were observed during chemotherapy, but only 3.1% and 0% were grade 3 or 4 respectively. The most severe toxicities were haematological, in terms of neutropenia (G3/4: 33.4%) and anemia (G3/4: 33.4%). Only 5 patients (14,3%) needed to suspend chemotherapy treatment.

Conclusion* Adjuvant chemotherapy in patients with LACC significantly improved survival disease-free and overall survival with acceptable toxicity percentages. Prospective trials are needed to confirm these findings.

**488** validation of structural and process ESGO quality indicators for surgical treatment of cervical cancer in a large European cohort

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10.1136/ijgc-2021-ESGO.37

Introduction/Background* Implementation of quality surgical care programs as a component of comprehensive multi-disciplinary management has been shown to improve outcomes in patients with colorectal cancer and other types of malignancies.1,2 In that scenario, the ESGO quality indicators for surgical treatment of cervical cancer were published. 3

The aim of this study was to validate quality indicators for surgical treatment of cervical cancer in a large European retrospective cohort and to analyze if its accomplishment may impact the disease-free survival (DFS) in patients with cervical cancer.