

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 (LVSI) 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 LVSI 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 LVSI, 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 LVSI.

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 LVSI, 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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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, IIIC1, IIIC2 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 haematologic, 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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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.