



**Abstract 736 Figure 1** Differences in CYP3A5 phenotype compared between all patients, those without CIPN, and those with CIPN CYP3A5 Genotype

( $p=0.023$ ), CYP3A5 phenotype (0.021), and CYP2D6 genotype ( $p=0.009$ ) were associated with increased risk of CIPN. Patients who developed CIPN and had CYP3A5 genomic alterations most often were categorized as having the 3/3 allele (63%) and were also categorized as poor metabolizers (69%). Among the 38 genotypes of CYP2D6 there was no variation which contained the majority of patients.

**Conclusion\*** Pharmacogenomics appear associated with the development of CIPN and maybe able to help personalize treatment decision making. This data supports future large-scale trials to better determine and define molecular variants which lead to CIPN.

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### SHORT- AND LONG-TERM UROLOGICAL COMPLICATIONS AFTER SURGERY FOR EARLY-STAGE CERVICAL CANCER

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**Introduction/Background\*** To determine the incidence of short- and long-term urological complications after surgery in patients with cervical cancer.

**Methodology** We performed a review involving women who underwent radical hysterectomy or trachelectomy for early-stage cervical cancer during the 2011–2020 period at University Hospital La Fe. Women diagnosed with locally advanced

**Abstract 871 Table 1** Baseline characteristics

Characteristics	n=96	Rate (%)
Age (years) [mean±SD]	49.1±21.7	
Body mass index BMI [median (range)]	26.5 (17.3-50)	
FIGO stage (2009)		
- IA1/IA2	8	8.3
- IB1	71	74
- IB2	7	7.3
- IIA1	9	9.4
- IIB	1	1

FIGO stage (2018)		
- IA1/IA2	8	8.3
- IB1	25	26
- IB2	41	42.7
- IB3	10	10.4
- IIA1	8	8.3
- IIB	1	1
Histological type		
- Squamous	53	55.2
- Adenocarcinoma	35	36.5
- Adeno-squamous	2	2.1
- Others (*)	6	6.25
Type of surgery		
- Radical hysterectomy	89	92.7
- Radical trachelectomy	6	6.3
- Other: radical colpectomy	1	1
Surgical approach		
- LPS	75	78.1
- LPT	15	15.6
- Vaginal	6	6.3
SLN		
- Performed	67	69.8
- Not performed		
Surgical time (min) [mean±SD]	248.3±56.8	
Final FIGO stage (2009)		
- IA1/IA2	9	9.4
- IB1	69	71.9
- IB2	9	9.4
- IIA1	5	5.2
- IIA2	1	1
- IIB	3	3.1
Final FIGO stage (2018)		
- IA1/IA2	9	9.4
- IB1	19	19.8
- IB2	39	40.6
- IB3	9	9.4
- IIA1	4	4.2
- IIA2	2	2.1
- IIB	3	3.1
- IIIC1	11	11.5
- IIIC2	0	0
Intraoperative complications	12	12.5
- Bowel injury	2	
- Urological injury	7	
- Vascular injury	1	
- Nerve injury	2	
- Others	0	
Short-term postoperative complications (<30 days) (Clavien-dindo)		
- II	17	17.7
- III	10	12.5
- IV	0	0
- V	0	0
Medium/long-term postoperative complications (>30 days) (Clavien-dindo)		
- II	2	2.1
- III	7	7.3
- IV	1	1
- V	0	0
Hospital stay [mean±SD]	3.44±1.7	
Mortality (30 days)	0	0

(\*) Others: small cell neuroendocrine carcinoma, lymphoepithelioma type carcinoma, clear cell carcinoma, adenosarcoma with sarcomatous growth and "glassy cell" adenocarcinoma variant)

Abstract 871 Table 2 Urological complications

Characteristics	n=96	Rate (%)
Preoperative ureteral stent	4	4.2
Long-term postoperative complications type (>30 days)		
- Urinary	24	27.3
- Bowel/abdominal	2	2.3
- Pulmonary	0	0
- Infectious	2	2.3
- Venous thromboembolism	2	2.3
- Others	21	23.9
Urological complications		
- Infection	16	18.2
- Ureteral obstruction/stenosis	4	4.5
- Fistula (ureterovaginal/vesical)	5	5.7
- Bladder injury	1	1.1
- Urological dysfunction (hypocontractility, incontinence, low-compliance bladder)	5	5.7
- Urinary sepsis	2	2.3
- Haematuria	0	0
- Acute urinary retention	0	0
CT-urography performed	14	15.9
Urological complications treatment		
- Ureteral stent		
o Unilateral	5	5.7
o Bilateral	5	5.7
- Suprapubic catheter	2	2.3
- Nephrostomy		
o Unilateral	1	1.1
o Bilateral	0	0
- Re-surgery	5	5.7
o Fistula repair	2	2.3
o Ureteral reimplantation	2	2.3
o Fistula repair + Ureteral reimplantation	1	1.1
o Nephrectomy	1	1.1

Abstract 871 Table 3 Oncological outcome

Characteristics	n=96	Rate (%)
Adjuvant treatment		
- No	55	62.5
- RT	17	19.3
- RT/CT	17	19.3
Recurrence	8	9.1
Recurrence location		
- Local	2	2.1
- Regional	1	1
- Locoregional	1	1
- PALN	1	1
- Distant and multisite	3	3.1
Death of disease	5	5.2
5-years DFS	82.1%	
5-years OS	93.4%	

CT=chemotherapy; DFS=disease free survival; OS=overall survival; PALN= para-aortic lymph nodes; RT=radiotherapy.

cervical cancer, patients with positive sentinel lymph node (SLN) in the intraoperative study and those with persistent or recurrent disease were excluded.

**Result(s)\*** A total of 96 patients underwent surgery for early-stage cervical cancer. The pre-surgical stage was: IA 8.3%, IB1 74%, IB2 7.3%, IIA1 9.4%, IIB 1%. Radical surgery was performed in 89 patients, fertility preserving surgery in 6 patients and radical colpectomy in 1 patient. Surgery approach was laparotomy, laparoscopy and vaginally in 15.6%, 78.1% and 6.3% of women, respectively. SLN biopsy was performed in 69.8% of patients. The mean operating time was 248.3 minutes and the mean hospital stay was 3.4 days.

The intraoperative and immediate postoperative complication rate (<30 days) was 12.5% and 27% respectively. The Clavien-Dindo classification: II (61.5%), III (38.5%), IV and V (0%). No statistical differences were found according to surgical approach and type of surgery in intraoperative ( $p=1.00$ ;  $p=0.47$ ) nor short-term complications ( $p=1.00$ ;  $p=0.5$ ). Long-term complication rate (>30days) was 10.4%. No differences were found according to surgical approach and type of surgery ( $p=0.28$ ;  $p=0.5$ ). Urological complications occurred in 20 patients (20.8%). Nine of them required ureteral catheter placement, 5 patients required re-intervention and 1 patient a nephrostomy.

Nearly 40% of the patients received adjuvant treatment: 58% only radiotherapy and 42% radiotherapy + chemotherapy. Six patients (6.25%) presented urinary complications after RT and four patients (4.2%) presented long-term urinary complications. No statistical differences in urological complications were found according to RT treatment ( $p=0.64$ ).

The mean follow-up time was 39.7 months. Eleven patients (11.5%) presented recurrence of their tumour process. Disease-free survival and overall survival at 5 years were 82.1% and 93.4% respectively

**Conclusion\*** Surgery for early cervical cancer leads to urological complications in a considerable percentage of patients, however most of which are mild and self-limiting with medical treatment. Only a small group of patients will experience serious complications in the medium to long term.

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### ADVANCED GYNECOLOGICAL CANCER: QUALITY OF LIFE ONE YEAR AFTER DIAGNOSIS

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**Introduction/Background\*** Gynecological cancer treatment can include various types of surgery, radiation and/or chemotherapy. It can leave irreversible changes on women's physical health and influence their psychological wellbeing affecting their quality of life. The aim of this study is to examine the quality of life of women with advanced gynecological cancer one year after diagnosis and identify possible predictive factors.

**Methodology** Women with endometrial, ovarian or cervical cancer included in the U-CAN (Uppsala-Umeå Comprehensive Cancer Consortium) database in years 2012-2019 were applicable for the study. Data from a general health questionnaire and the 36-item Short Form Survey (SF-36) were gathered along with information from medical records on histology,