

630

**VESICOVAGINAL FISTULA REPAIR IN A CASE OF CANCER CERVIX: A ROBOTIC ASSISTED TECHNIQUE**

<sup>1</sup>T Shylasree\*, <sup>2</sup>G Prakash, <sup>1</sup>S Gupta. <sup>1</sup>Tata Memorial Hospital, Gynecological Oncology, Mumbai, India; <sup>2</sup>Tata Memorial Hospital, Uro-oncology, Mumbai, India

10.1136/ijgc-2021-ESGO.51

**Introduction/Background\*** Vesicovaginal fistula (VVF) is a rare complication of simple hysterectomy, however urinary fistulas can occur in patients when cervix and surrounding tissue is distorted due to fibroids or cervical cancer

**Methodology** A 43 years old lady was referred to our centre with complaints of continuous urinary incontinence post-surgery. She had undergone simple hysterectomy with salpingoophorectomy for undiagnosed cervical cancer.

Clinical examination, cystoscopy and staging contrast CT scan showed 2 cm defect in posterior wall of urinary bladder communicating with vagina. There was no evidence of parametrial, vaginal or lymph node disease. Review histopathology confirmed squamous cell carcinoma of cervix.

Da Vinci Xi system was used with port placements at the level of umbilicus. Prior to docking, bilateral ureteric catheters along with catheter in the fistula track was placed cystoscopically. Dome of the bladder was opened to visualise fistulous track completely. Bladder and vaginal wall were identified around the fistulous margin and mobilized. Vaginal edges were sutured in transverse direction and bladder edges were sutured in longitudinal direction so that both the suture lines were perpendicular to each other to reduce tissue tension and better healing. Continuous V-lock sutures were used for both vagina and bladder repair and an omental flap was placed at the fistula site for healing and preventing adhesions. Blood loss was 200ml. She had an indwelling bladder catheter for 2 weeks along with a prescription of bladder relaxants

**Result(s)\*** Her postoperative period was uneventful and CT cystogram on day 14 showed no urinary leak. She was referred for further adjuvant treatment in view of incompletely treated cervical cancer and presence of few peritoneal nodules diagnosed during repair. At 6 months follow up of VVF repair, patient is continent with no urinary complaints, however she has progressive disease.

**Conclusion\*** In conclusion, Urinary fistula repair through minimal access route is feasible and allows early recovery with reduced morbidity.

635

**TRANSVERSE VERSUS MIDLINE ABDOMINOPELVIC INCISIONS: A SYSTEMATIC REVIEW**

<sup>1</sup>J Al-Majali, <sup>2</sup>M Qasem, <sup>1</sup>A Al-Ani\*, <sup>1</sup>A Al Shati, <sup>3</sup>N Qasem, <sup>1</sup>M Daas, <sup>4</sup>M Alazzam. <sup>1</sup>The University of Jordan, Amman, Jordan; <sup>2</sup>King Hussein Medical Center, Amman, Jordan; <sup>3</sup>Jordan University of Science and Technology, Ar-Ramtha, Jordan; <sup>4</sup>Oxford University Hospitals, Department of Gynaecology, Oxford, UK

10.1136/ijgc-2021-ESGO.52

**Introduction/Background\*** Abdominal gynecological surgeries are conducted using three different basic incision types including midline vertical incisions, suprapubic transverse incisions (i.e. Pfannenstiel, Maylard, and Cherney), and infra/supraumbilical incisions. Choosing the type of incision in gynecological malignancies can be quite challenging and depends on a variety of factors including patient-oriented factors and surgeon

preference. Each type of incision has its own risks and benefits compared to its counterparts. This presses for further assessment and comparison of the data published prior to this date.

**Methodology** A systematic literature search was conducted on the CENTRAL, MEDLINE and EMBASE databases using the following keywords individually and in combination: 'midline incision', 'transverse incisions', 'Pfannenstiel', 'Maylard', 'Cherney', 'gynecologic cancers', 'ovarian cancer', 'cervical cancer', 'vaginal neoplasms', and 'uterine cancer'. The studies included were the ones outlining or comparing between surgical incisions' outcomes. All review articles, editorials, video articles, and abstracts were excluded.

**Result(s)\*** The preliminary literature search reported 232 articles, after extensive screening it was filtered down to 11 articles that were fully compliant with the eligibility criteria. Throughout the literature, the 'midline incision' was reported 10 times while a single study compared 'paramedian incision' with different transverse incisions.

**Conclusion\*** The dominance of the vertical midline incisions over transverse incisions is in constant question. Some texts remain doubtful of the applicability of the transverse incision as a valid alternative. Other articles promote the equivalence of the transverse approach to the midline regarding access to anatomical spaces, with cosmetic superiority and lowered relative risks of clinical outcomes if utilized appropriately.

639

**CERVICAL CANCER PREVENTION POLICY ATLAS EUROPE**

N Datta, M Davidashvili\*. *EPF European Parliamentary Forum on Sexual and Reproductive Rights, Brussels, Belgium*

10.1136/ijgc-2021-ESGO.53

**Introduction/Background\*** The Cervical Cancer Prevention Policy Atlas is a comparative map that scores

46 countries across geographical Europe (not only the European Union) on prevention policies of cervical cancer. The Atlas compares the countries on:

1. Primary prevention of cervical cancer through HPV vaccination
2. Secondary prevention of cervical cancer through screening programs, and
3. Online information on HPV, cervical cancer and accessing vaccination

It does not reflect the prevalence rate of cervical cancer in the countries or programmatic performance. The Atlas aims to serve as a baseline to compare policies on HPV in Europe and concretely to:

- Establish the need for HPV prevention by highlighting inequity of access.
- Educate national stakeholders on the issue
- Spark debate with key policy makers at the most appropriate levels (national, regional and international)

**Methodology** We scored 46 European countries based on 3 headings, 9 criteria and 14 sub-criteria using the Analytic Hierarchy Process (AHP). AHP method is about setting a general, overall goal and further breaking it down the headings, criteria and sub-criteria, resembling the 'tree and the branches'. Each final 'branch', the smallest sub-criteria has its specific weight and based on the answer will receive a

# CERVICAL CANCER PREVENTION POLICY ATLAS

JANUARY 2020



COUNTRY (IN ALPHABETICAL ORDER)	PRIMARY PREVENTION/HPV VACCINATION				SECONDARY PREVENTION/CERVICAL CANCER SCREENING			ONLINE INFORMATION				COUNTRY (IN ALPHABETICAL ORDER)						
	POLICY	ACCESS TO VACCINE	FINANCING	HPV VACCINATION	AVAILABILITY OF SCREENING PROGRAMME	ACCESS TO SCREENING	FINANCING	WEBSITE ON HPV	WEBSITE PROVIDER	TYPE AND QUALITY OF ONLINE INFORMATION	USER FRIENDLINESS							
Albania	31.6%	0%	No recommendation	None	Not any	N/A	30%	Yes	Opportunistic screening	Free	43.3%	Yes	Governmental website	Good	Good	Good	Insufficient	Albania
Andorra	63.7%	0%	Recommendation & funding	National routine prog.	Girls	Free	34%	Yes	Opportunistic screening	N/A	41.3%	Yes	Governmental website	Good	Good	Good	Insufficient	Andorra
Armenia	72.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	70%	Yes	Opportunistic screening	Free	35.3%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	Armenia
Austria	89.9%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	70%	Yes	Opportunistic screening	Free	95.3%	Yes	Governmental website	Excellent	Excellent	Good	Excellent	Austria
Azerbaijan	6.4%	0%	No recommendation	None	Not any	N/A	0%	No	Not available	N/A	24.2%	Yes	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Azerbaijan
Belarus	13.9%	0%	No recommendation	None	Not any	N/A	0%	No	Opportunistic screening	N/A	52.3%	No	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Belarus
Belgium	100%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Belgium
Bosnia Herzegovina	21.5%	0%	No recommendation	None	Not any	N/A	41.2%	Yes	Nascent organized population based	N/A	33.3%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	Bosnia Herzegovina
Bulgaria	59.2%	0%	Recommendation & funding	National routine prog.	Girls	Free	34%	Yes	Opportunistic screening	N/A	24.2%	Yes	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Bulgaria
Canada	71%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	73.2%	Yes	Nascent organized population based	Free	93.8%	Yes	Governmental website	Excellent	Good	Excellent	Excellent	Canada
Cyprus	62.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	34%	Yes	Opportunistic screening	N/A	35.3%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	Cyprus
Czech Republic	81.4%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	73.2%	Yes	Nascent organized population based	Free	57.4%	Yes	Governmental website	Good	Excellent	Insufficient	Good	Czech Republic
Denmark	100%	100%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Denmark
Estonia	98.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Estonia
Finland	98.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Finland
France	74.4%	0%	Recommendation & funding	National routine prog.	Girls	Mostly reimbursed	49.4%	Yes	Nascent organized population based	Co-payment	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	France
Georgia	29.7%	0%	No recommendation	None	Not any	N/A	70%	Yes	Opportunistic screening	Free	14%	Yes	Governmental website	Insufficient	Insufficient	Not available	Insufficient	Georgia
Germany	92.7%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	73.2%	Yes	Nascent organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Germany
Greece	70.7%	0%	Recommendation & funding	National routine prog.	Girls	Free	70%	Yes	Opportunistic screening	Free	29.7%	Yes	WGDs	Insufficient	Insufficient	Insufficient	Insufficient	Greece
Hungary	73.2%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	41.2%	Yes	Nascent organized population based	N/A	44.2%	Yes	Governmental website	Excellent	Excellent	Good	Good	Hungary
Iceland	98.1%	0%	Recommendation & funding	National routine prog.	Girls & boys	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Iceland
Ireland	100%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Ireland
Italy	80.2%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	73.2%	Yes	Nascent organized population based	Free	13%	Yes	Governmental website	Good	Good	Good	Good	Italy
Latvia	98.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Latvia
Lithuania	74.5%	0%	Recommendation & funding	National routine prog.	Girls	Free	73.2%	Yes	Nascent organized population based	Free	38.3%	Yes	Governmental website	Good	Good	Not available	Insufficient	Lithuania
Luxembourg	74.5%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	70%	Yes	Opportunistic screening	Free	17%	Yes	Governmental website	Insufficient	Insufficient	Good	Insufficient	Luxembourg
Malta	96.4%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Opportunistic screening	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Malta
Maldives	30.3%	7.4%	No recommendation	Pilot projects	Not any	N/A	70%	Yes	Mature organized population based	Free	24.2%	Yes	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Maldives
Montenegro	17%	0%	No recommendation	None	Not any	N/A	34%	Yes	Opportunistic screening	N/A	24.2%	Yes	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Montenegro
Netherlands	98.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Netherlands
North Macedonia	13.9%	0%	No recommendation	None	Not any	N/A	0%	No	Opportunistic screening	N/A	33%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	North Macedonia
Norway	92.4%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	74.2%	Yes	Mature organized population based	Co-payment	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Norway
Poland	68.8%	29.2%	Recommendation only	None	Girls & boys	Mostly out of pocket	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Poland
Portugal	85.7%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	53%	Yes	Governmental website	Good	Good	Good	Good	Portugal
Romania	68.8%	0%	Recommendation & funding	National routine prog.	Girls	Free	73.2%	Yes	Nascent organized population based	N/A	33%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	Romania
Russia	46.5%	66.8%	Recommendation & funding	National routine prog.	Girls & boys	Mostly out of pocket	34%	Yes	Opportunistic screening	N/A	24.2%	Yes	Other (clinic/magazines/blog etc)	Insufficient	Insufficient	Insufficient	Insufficient	Russia
San Marino	82.6%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	41.3%	Yes	Governmental website	Good	Good	Good	Good	San Marino
Serbia	61.3%	0%	Recommendation & funding	National routine prog.	Girls & boys	N/A	100%	Yes	Mature organized population based	Free	48.8%	Yes	Governmental website	Insufficient	Excellent	Insufficient	Insufficient	Serbia
Slovakia	65.8%	0%	Recommendation & funding	National routine prog.	Girls & boys	Mostly out of pocket	100%	Yes	Nascent organized population based	Free	32.3%	Yes	Governmental website	Good	Good	Good	Good	Slovakia
Slovenia	89.9%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	44.2%	Yes	Governmental website	Excellent	Excellent	Good	Good	Slovenia
Spain	74.2%	0%	Recommendation & funding	National routine prog.	Girls	Free	73.2%	Yes	Nascent organized population based	Free	17%	Yes	Governmental website	Insufficient	Insufficient	Good	Insufficient	Spain
Sweden	98.1%	0%	Recommendation & funding	National routine prog.	Girls	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Sweden
Switzerland	83.5%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	48.2%	Yes	Opportunistic screening	Co-payment	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	Switzerland
Turkey	29.2%	0%	No recommendation	None	Not any	N/A	100%	Yes	Mature organized population based	Free	32.4%	Yes	Governmental website	Insufficient	Insufficient	Insufficient	Insufficient	Turkey
Ukraine	29.2%	19.9%	Recommendation only	None	Girls	N/A	34%	Yes	Opportunistic screening	N/A	37.2%	Yes	Governmental website	Good	Insufficient	Insufficient	Insufficient	Ukraine
UK	100%	100%	Recommendation & funding	National routine prog.	Girls & boys	Free	100%	Yes	Mature organized population based	Free	100%	Yes	Governmental website	Excellent	Excellent	Excellent	Excellent	UK

FOR EDUCATION, EMPOWERMENT & EQUALITY  
 Who is behind the Atlas?  
 This initiative was powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF). EPF is solely responsible for the data collection and partnering with a group of experts in cervical cancer and oncology (see overview) who supported in designing the questions and structures. EPF benefited from the financial support of MSD to undertake the research presented in the atlas.

Abstract 639 Figure 1

Int J Gynecol Cancer: first published as 10.1136/ijgc-2021-ESGO.53 on 12 October 2021. Downloaded from http://ijgc.bmj.com/ on April 23, 2024 by guest. Protected by copyright.

percentage score. Finally the scores for each sub-criteria are added up to the total score of each country.

**Result(s)\*** Belgium, Denmark, Ireland and the UK are the policy champions and lead the Atlas with excellent policies on primary secondary prevention and providing evidence based information to citizens.

**Romania, Bulgaria and Slovakia** worst performing countries in the EU (no funding for vaccines, vaccine only available to girls, poorly organised screening programmes, absence of reliable online information). In terms of geographical Europe, **Belarus and Azerbaijan** score the worse, as there is literally no information about the HPV prevention to be found and policies on primary or secondary prevention are non-existent.

**Conclusion\*** The situation in Europe is very unequal. There is a clear divide between northern Europe, Southern Europe and Eastern Europe. While vaccine exists and screenings technologies are available – today the access is very dependent on where you live. This leads to high incidence and mortality which could be avoided should proper policies be put in place.

**Links ATLAS:**

**EPF:**

#### 640 RAISING ADEQUATE VAGINAL MARGINS DURING COLPOTOMY FOR CERVICAL CANCER

T Shylasree\*, B Dash, P Poddar. *Tata Memorial Hospital, Gynecological Oncology, Mumbai, India*

10.1136/ijgc-2021-ESGO.54

**Introduction/Background\*** Adequate surgical vaginal margins are pre-requisite for improving oncological outcomes in cervical cancer and precancer. Raising the margins through vaginal route helps in visualizing and measuring the vaginal and is more accurate than performing colpotomy from an open abdominal/Minimal access route.

**Methodology** Following completion of ligation of uterine vessels with or without adequate parametrium depending on the indication for radicality (abdominal/minimal access route/schuatas vaginal hysterectomy), surgeon moves to the bottom end of the patient. Cervix is visualised and held with volselum. Circumferential vaginal margin which needs to be removed is marked with cautery. Vaginal mucosa is infiltrated with saline with or without adrenaline. With the help of electrical diathermy vaginal margins are raised all around and separated from underlying cervix. Care should be taken not to be too close to bladder or rectum during dissection. Bladder and pouch of Douglas peritoneum is incised and uterus/cervix delivered depending on the procedure (trachelectomy/radical hysterectomy)

**Result(s)\*** Vaginal is closed with absorbable sutures and specimen sent for final histopathology

**Conclusion\*** Adequate Vaginal margin is a major prognostic factor in cervical cancer. Inadequate or positive margin is associated with recurrence and poor oncological outcomes, hence adjuvant postoperative radiation is indicated in such scenario. Direct visualization and measurement of vaginal to be removed and performing vaginal colpotomy ensures adequate vaginal margin and also prevents the disease being exposed to peritoneal cavity especially in minimal access surgery.

#### 659 THE UTERINE RADIATION NECROSIS AFTER DEFINITIVE CHEMOIRRADIATION – IMAGING AND CONTROVERSY, A SINGLE CASE REPORT

M Milovic\*, A Tomasevic, M Radović, D Marjanovic Djoric, J Dedovic Stojakovic, V Plesinac Karapandzic. *Institute of Oncology and Radiology of Serbia, Department of Radiotherapy, Belgrade, Serbia*

10.1136/ijgc-2021-ESGO.55

**Introduction/Background\*** distinguishing radiation necrosis of uterus and/or cervix from central rest/recurrence after definitive chemoradiation of locally advanced cervical cancer might be challenging, even for experienced clinicians, despite various diagnostic procedures. This is a rare condition and needs to be treated with intensive local care, while central recurrence requires specific oncological treatment with a good prognosis if operable.

**Methodology** We present a woman, age 40 with severe acute lower abdominal pain, ten months after completing definitive chemoradiation of FIGO stage IIb cervical cancer, with an initially estimated complete treatment regression effect. Histologically, it was large cell nonkeratinizing HG2, NG2 planocellulare invasive carcinoma with a tumor-cervix diameter of 47 mm. Total transcutaneous (TRT) dose of 46 Gy in 25 fractions was delivered to the whole pelvis (Rapid arc planned), with 5 cycles of weekly Cisplatin-based chemotherapy (40 mg/m<sup>2</sup>) and 5 intracavitary brachytherapy applications, 1 weekly, with a dose of 7 Gy to reference point A/per application (central tube and two ovoids). After 10 months of complete regression of cancer, clinical exam, ultrasound (US), Positron emission tomography/computed tomography (PET/CT with standardized uptake value, SUV maximum 9.5) and computed tomography (CT) showed an inhomogeneous mass of the cervix, 5 cm in longitudinal dimension, propagating towards rectum, strongly suspected to recurrence. A biopsy was performed with a result of necrotic inflamed tissue.

**Result(s)\*** Due to the large scale of symptoms of inflammation, specific treatment was not conducted at the time. The patient was treated with supportive therapy, antibiotics, and intensive local care. Five months after the first symptoms, MR showed no signs of disease. The patient is scheduled for further MR control and follow-up.

**Conclusion\*** radiation necrosis must be included in consideration if the result of the biopsy is negative even if most of the diagnostic procedures point towards central recurrent disease.

#### 688 ESGO QUALITY INDICATORS (QI) IN THE SURGICAL MANAGEMENT OF CERVICAL CANCER. CANARY ISLANDS MATERNAL AND CHILD UNIVERSITY HOSPITAL

O Arencibia Sanchez\*, AF Rave Ramirez, D González García-Cano, M Laseca Modrego, A Martín Martínez. *Complejo Hospitalario Universitario Insular Materno Infantil de Gran Canaria, Gynecologic Oncology, las palmas de gran canaria, Spain*

10.1136/ijgc-2021-ESGO.56

**Introduction/Background\*** The objective is to know our degree of compliance with the ESGO 2019 quality indicators in surgical management of cervical cancer

**Methodology** Retrospective study of patients with cervical cancer who underwent laparoscopic radical hysterectomy in the