87% strongly agreed that the intervention improved their knowledge.

Conclusions While nurses are willing to recommend the vaccine, there are knowledge gaps in HPV-associated cancers, dosing schedules, and adverse events. An interactive flashcard educational intervention is effective in improving HPV vaccine knowledge among nurses.

EPV060/#330 UTERINE TRANSPOSITION IN TREATMENT PATIENTS WITH INVASIVE CERVICAL CANCER

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Objectives Radical trachelectomy is the main surgical procedure in the treatment of invasive cervical cancer for patients who want to preserve fertility. Radical trachelectomy is not possible for some patients due to a large size of tumor which spreads onto the vagina or parametric, regional lymph nodes metastasis. These patients require radiation therapy, which excludes the possibility of independent pregnancy.

Methods We report 5 patients having stage Ib2-IIb cervical cancer. The average age is 29 years. At the first step of treatment, 2–3 courses of chemotherapy were carried out. The second step included a radical trachelectomy (Piver type III) with uterus transposition. The uterus blood supply was ensured by IP-ligaments, which are protruded approximately 15cm on each side. Due to this method, the uterus and ovary mobility was achieved. It made possible to paraumbilically transposition the uterus so that the conditions for performing radiotherapy were created. The third step marked a combined radiotherapy which was carried out according to the prescribed standards. In three months a uterine reposition with utero-vaginal anastomosis was conducted.

Results The patients have been under the median observation for 16,2 months so far. No one has any signs of recurrence. All our patients' menses circles saved.

Conclusions The uterine transposition in treatment patients with stage Ib2-IIb cervical cancer ensures preservation of the uterus and ovarian function. This operation makes it feasible to provide a combined radiotherapy according to the prescribed standards and, thus, ensures, fertility preservation. Undoubtedly, that is very seminal to continue carrying out research in this field.

EPV061/#345 THE USE OF ROUTINE CYTOLOGY FOLLOWING CERVICAL CANCER TREATMENT: A CALL TO DISCONTINUE THE SURVEILLANCE PAP SMEAR

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Objectives Despite limited evidence of benefit in using pap smears for surveillance of asymptomatic cervical cancer recurrence, gynecologic oncologists continue to perform this test annually. The objective of the study was to examine the utility of routine cervical cytology following cervical cancer treatment.

Methods An IRB-approved retrospective study was performed at a tertiary care center between 2004–2020. A total of 581 cervical cancer patients were identified, of which 211 were excluded due to loss of follow up or treatment at an outside facility. Manual data abstraction was performed.

Results of 370 patients in the cohort, 237/370 were identified in the surveillance period. 82/237 (34.5%) had at least one abnormal pap smear. 25/82(30.5%) underwent biopsy with 88% of biopsies negative for malignancy. 177/237 (74.7%) women underwent radiation therapy: 67/177 (39.8%) had abnormal surveillance pap smears, with 8/177 (4.5%) subsequently diagnosed with local recurrence. Local recurrence was identified in 18/237 (7.6%) patients: 16/18 (88.9%) were symptomatic. of the symptomatic patients, 6/18 (33.3%) had normal surveillance cytology. Only one case of local, asymptomatic cervical cancer recurrence was detected on pap smear alone.

Conclusions Routine pap smears in surveillance of cervical cancer recurrence has limited clinical value. Consideration should be given to removing routine cytology from the surveillance recommendations.

EPV062/#354 COMPARISON OF OUTCOMES BETWEEN ABDOMINAL, MINIMALLY INVASIVE AND COMBINED VAGINAL- LAPAROSCOPIC HYSTERECTOMY IN PATIENTS WITH STAGE IA1/IA2 CERVICAL CANCER: 4C (CANADIAN CERVICAL CANCER COLLABORATIVE) STUDY

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Objectives Although minimally invasive(MIS) radical hysterectomy has been associated with worse survival compared to abdominal hysterectomy(AH), only 8% of patients in the LACC trial had microinvasive disease(Stage IA1/IA2). We sought to determine differences in outcome among patients undergoing MIS, AH or combined vaginal-laparoscopic hysterectomy(CVLH) for microinvasive cervical cancer.

Methods A retrospective cohort study of all patients undergoing hysterectomy for FIGO 2018, microinvasive cervical cancer across 10 Canadian centers between 2007 and 2019 was performed. Recurrence free survival(RFS) was estimated using Kaplan Meier Survival analysis. Chi-square and log-rank tests were used to compare outcomes.

Results 430 patients with microinvasive cervical cancer were included; 61.9% Stage IA1 and 38.1% IA2. The median age was 44 years(range 24–81). The most frequent histology was

squamous(59.5%). Surgical approach was: 49.5% MIS(robotic or laparoscopic), 34.4% AH and 14.7% CVLH. 70.9% underwent radical hysterectomy and 76.5% had pelvic lymph node assessment. There were 5 recurrences (MIS:1, AH:4, CVLH:0). No significant difference in 5-year RFS (96.2% MIS, 93.7% AH, 89.4% CVLH, $p=0.36$) was found. When limiting to patients with IA1 LVSI+/IA2 ($n=194$), survival results were similar. Further, there was no significant difference in peri-operative complications($p>0.15$). Patients undergoing MIS had a shorter median length of stay(1 day vs 3 (AH) vs. 1.5(CVLH), $p<0.01$), but had more readmissions (13.8% vs 6.5%(AH), 5.2%(CVLH), $p=0.036$) and ER visits (15.9%, 3.6%(AH), 3.5%(CVLH), $p<0.01$).

Conclusions In patients with microinvasive cervical cancer, there was no difference in survival by surgical approach, possibly due to low event rate. These patients may benefit from MIS without compromising oncologic outcomes.

EPV063/#357

THE IMPACT OF SURGICAL APPROACH IN CASES WITH NO RESIDUAL DISEASE ON HYSTERECTOMY SPECIMEN: A 4C (CANADIAN CERVICAL CANCER COLLABORATIVE) WORKING GROUP STUDY

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Objectives The adverse effect of laparoscopic/robotic surgery in cervical cancer has been established, however the exact patient population that this applies to has not been fully elucidated. Our objective was to characterize the impact of surgical approach on outcomes in cases of no residual cervical cancer on hysterectomy specimen.

Methods Retrospective cohort study of cases of surgically treated cervical cancer at 10 Canadian institutions from 2007–2019. Cases with no residual disease on hysterectomy specimen were included and subdivided according to: minimally invasive (MIS), abdominal (AH) or combined vaginal-laparoscopic hysterectomy (CVLH). Recurrence free survival (RFS) and overall survival (OS) were estimated using Kaplan-Meier analysis. Chi-square and log-rank tests were used to compare between cohorts.

Results Within the total cohort, 187/1070 (17.5%) had no residual disease on hysterectomy specimen. The distribution according to surgical approach was: 94 MIS, 78 AH, and 15 CVLH. The majority of cases undergoing MIS and AH were stage IB (51% and 60%), and underwent a radical hysterectomy (91% and 67%), whereas of CVLH patients, the majority were stage IA (93%) and underwent a simple hysterectomy (73%). There were no significant differences in RFS (5-year:

MIS 96.0%, AH 90.7%, CVLH 100%, $p=0.15$) or OS (5-year: MIS 98.4%, AH 93.0%, CVLH 100%, $p=0.067$), although event-rates were low, and regression analysis was not performed.

Conclusions In this study of impact of surgical approach in cases with no residual cervical cancer on hysterectomy specimen, significant differences in RFS and OS among the surgical subgroups was not found. Further studies are warranted.

EPV064/#359

RADICAL ROBOTIC HYSTERECTOMY – EXPERIENCE OF 103 CASES AT THE NATIONAL CANCER INSTITUTE, RIO DE JANEIRO, BRAZIL

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Objectives To evaluate the morbidity, mortality, recurrence and survival of patients diagnosed with cervical cancer undergoing treatment by robotic surgery at the Brazilian National Cancer Institute

Methods Patients diagnosed with adenocarcinoma and squamous cell carcinoma staging IA1 through Ib1 treated surgically via DA vinci Si were included. Hazard Ratios (HR) through Cox's semiparametric model and the analyzes carried out in the environment R ver 4.0.3; considered significant $p < 0.05$.

Results 103 medical records of patients diagnosed with cervical cancer treated by robotic route in the period from 2012 to 2018 were analyzed; 03 patients were excluded due to histopathology being neuroendocrine and in-situ. The most commonly performed radical hysterectomy: Type C1 ($n = 46$). 76 patients with the histological type of squamous carcinoma. 64 patients had a tumor less than or equal to 2 cm. 13 patients had recurrence of the disease. 9 patients died. Patients with tumors smaller than 2 cm had a 96% disease-free survival. In the multivariate analysis, tumor size greater than 2 cm was a factor of worse prognosis with HR 16.79 (3.35–84.26, $p = 0.001$).

Conclusions In the retrospective analysis of patients diagnosed with adenocarcinoma or squamous cell carcinoma of the uterine cervix undergoing robotic surgical treatment, it was observed through multivariate analysis that the tumor size > 2 cm behaved with an isolated factor with a worse prognosis.

EPV065/#372

ROLE FOR NEOADJUVANT CHEMOTHERAPY AND LESS INVASIVE SURGERY IN MANAGEMENT OF EARLY STAGE CERVICAL CANCER IN BOTSWANA

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Objectives Most patients with early stage cervical cancer are treated with a radical hysterectomy and lymph node dissection