

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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10.1136/ijgc-2021-IGCS.131

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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10.1136/ijgc-2021-IGCS.132

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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10.1136/ijgc-2021-IGCS.133

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