

EPV080/#499

### EVALUATION OF THE PELVIC AUTONOMIC NERVE FUNCTION AND QUALITY OF LIFE AFTER TYPE C1 HYSTERECTOMY USING INTRAOPERATIVE NERVE MONITORING FOR EARLY-STAGE CERVICAL CANCER

<sup>1</sup>SJ Park\*, <sup>2</sup>J Kim, <sup>3</sup>S Lee, <sup>2</sup>HS Kim, <sup>1</sup>J-W Kim. <sup>1</sup>Seoul National University College of Medicine, Obstetrics and Gynecology, Seoul, Korea, Republic of; <sup>2</sup>Seoul National University Hospital, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; <sup>3</sup>Keimyung University School of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of

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**Objectives** We evaluated the pelvic autonomic nerve function and quality of life after type C1 hysterectomy using intraoperative nerve monitoring (INM) for early-stage cervical cancer.

**Methods** From 2015 to 2016, 11 patients with stage IB cervical cancer were enrolled prospectively to receive type C1 hysterectomy using INM (NCT02952183). After confirming that the hypogastric, pelvic splanchnic, and vesical branches of the pelvic plexus, we evaluated their function by measuring the bladder, vagina, and rectum pressure electrical stimulation of the pelvic autonomic nerves. Moreover, we investigated the quality of life related to the pelvic organ function before and three months after surgery.

**Results** Bilateral pelvic autonomic nerves were preserved in all patients. When we stimulated parasympathetic nerves, we found that periodic and regular contraction of the bladder and rectum. In contrast, the stimulation of sympathetic nerves decreased the interval to contraction and the duration of contraction and increased the maximal pressure and frequency of contraction despite no consistent change of the vaginal pressure. Moreover, despite the normal residual urine volume, the sustained voiding difficulty, abdominal distension, discomfort, and fecal incontinence increased after surgery, whereas there was no consistent change in the sexual function.

**Conclusions** The pelvic sympathetic and parasympathetic nerves may show the opposite effect on each other for the bladder and rectal function. Furthermore, the quality of life related to the bladder and rectum may decrease despite the pelvic autonomic nerve preservation using INM during type C1 hysterectomy for stage IB cervical cancer.

EPV081/#509

### SENTINEL LYMPH NODE MAPPING USING INTRA-ABDOMINAL INDOCYANINE GREEN INJECTION IN OPEN SURGERY FOR CERVICAL CANCER: A NOVEL TECHNIQUE OF INDOCYANINE GREEN INJECTION BY ABDOMINAL APPROACH

<sup>1</sup>YM Kim\*, <sup>1</sup>HH Choi, <sup>1</sup>CK Lim, <sup>1</sup>S-W Lee, <sup>1</sup>JY Park, <sup>1</sup>DY Kim, <sup>1</sup>JH Kim, <sup>2</sup>K-R Kim, <sup>1</sup>YT Kim. <sup>1</sup>Asan Medical Center, University of Ulsan, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; <sup>2</sup>Asan Medical Center, University of Ulsan, Department of Pathology, Seoul, Korea, Republic of

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**Objectives** Recently, open radical hysterectomy in early-stage cervical cancer has been preferred after the LACC trial was published. and the role of sentinel lymph node (SLN) is increasing in the surgical treatment of cervical cancer. We evaluated the feasibility the of SLN mapping by intra-

abdominal Indocyanine green (ICG) injection during open surgery for cervical cancer.

**Methods** We performed retrospective study at a single center. The novel technique is done by using ICG which was injected in bilateral side between the isthmus and cervix before or after bladder peritoneum dissection. SLN in open surgery was detected with SPY Portable Handheld Imager (SPY-PHI) camera (Stryker, Kalamazoo, Michigan, US). All patients underwent open SLN mapping followed by radical surgery (hysterectomy or trachelectomy) and systemic pelvic lymphadenectomy

**Results** From June 2020 to April 2021, thirty-three patients, newly diagnosed FIGO 2018 stage IA1 to IIIC1p cervical cancer who underwent open surgeries, were included in this study. of these patients, 29 (87.9%) radical hysterectomy and 4 (12.1%) underwent radical trachelectomy. Twenty three (69.7%) patients showed bilateral SLN detection, and the proportion of patient with at least unilateral SLN detection was 97% (32/33). Compared to the final pathology results were all consistent with the frozen biopsy results of SLN mapping. Per-patient sensitivity (5/5) and negative predictive value (28/28) of SLN biopsy were both 100%.

**Conclusions** SLN mapping with ICG in open method can be considered as a feasible, reliable technique to be used in open surgery for cervical cancer with high detection rate.

EPV082/#511

### ROUTINE PELVIC LYMPH NODE FROZEN SECTION EXAMINATION IN PREVENTING INEFFECTIVE DUAL MODALITY MANAGEMENT IN EARLY-STAGE CERVICAL CANCER

<sup>1</sup>C Pappa\*, <sup>2</sup>S Smyth, <sup>1</sup>H Jiang, <sup>3</sup>C Johnson, <sup>4</sup>M Miccole, <sup>4</sup>S Damato, <sup>1</sup>S Wood, <sup>1</sup>H Soleymani Majd, <sup>1</sup>M Alazzam. <sup>1</sup>Oxford University Hospital NHS Foundation Trust, Gynaecology Oncology Department, Oxford, UK; <sup>2</sup>Oxford University Hospitals NHS Foundation Trust, Gynaecological Oncology, Oxford, UK; <sup>3</sup>Oxford University Hospitals NHS Foundation Trust, Radiology, Oxford, UK; <sup>4</sup>Oxford University Hospitals NHS Foundation Trust, Oxford, UK, Cellular Pathology, Oxford, UK

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**Objectives** Cervical cancer is one of the most common malignancies mainly affecting young women. Surgical management including pelvic lymphadenectomy comprise the cornerstone in the treatment of early-stage cervical carcinomas. Our aim is to evaluate the role of intraoperative pelvic lymph nodes FSE in the surgical management of early-stage cervical cancer to prevent ineffectual radical surgery and its potential complications.

**Methods** A retrospective study of 30 consecutive women aged between 23 and 82 years (mean age 37±7 years) was conducted in our department. All women had a diagnosis of stage Ib1 or less cervical malignancy with a tumor size less than 20mm. Trachelectomy was performed when lymph nodes FSE in both pelvic sides were negative. In case of positive nodes in FSE any further surgical procedure was abandoned.

**Results** The mean number of pelvic PSE LNs excised bilaterally was 19±6. Four out of 30 women (13.3%) were found to have positive LNs at frozen section examination. No false positive cases were proved after the final paraffin histopathology examination. The mean time from LNs excision to FSE report was 82.3±20.4 minutes.

**Conclusions** According to our study, FSE constitutes a reliable method in detecting unsuspected invasive cervical cancer. Despite the increased surgical duration and the potential to augment intraoperative complications, FSE can be used in the interest of optimal management by preventing bimodal treatment and long-term morbidity.

EPV083/#547

### LOCALLY ADVANCED CERVICAL CARCINOMA (LACC) SUBMITTED TO CHEMORADIATION FOLLOWED BY SURGERY: A PROPENSITY SCORE ANALYSIS OF RESPONSE AND SURVIVAL ACCORDING TO HISTOTYPE

<sup>1</sup>F Legge\*, <sup>1</sup>F Murgia, <sup>2</sup>V Gallotta, <sup>2</sup>F Fanfani, <sup>3</sup>A Ercoli, <sup>4</sup>F Cosentino, <sup>1</sup>V Carone, <sup>5</sup>LC Turco, <sup>6</sup>V Chiantera, <sup>7</sup>L Pedone Anchora, <sup>2</sup>N Bizzarri, <sup>8</sup>G Macchia, <sup>9</sup>V Valentini, <sup>2,10</sup>G Scambia, <sup>7</sup>G Ferrandina. <sup>1</sup>F. Miulli' General Regional Hospital, Gynecologic Oncology Unit, Acquaviva Delle Fonti, Italy; <sup>2</sup>Università Cattolica del Sacro Cuore, Department of Woman and Child Health and Public Health, Woman Health Area, Fondazione Policlinico Universitario A. Gemelli Irccs, Roma, Italy; <sup>3</sup>Università degli Studi di Messina, Policlinico G. Martino, Division of Gynecologic Oncology, Messina, Italy; <sup>4</sup>Gemelli-Molise, Università Cattolica del Sacro Cuore, Division of Gynecologic Oncology, Campobasso, Italy; <sup>5</sup>Mater Olbia Hospital, Gynaecology and Breast Unit, Olbia, Italy; <sup>6</sup>University of Palermo, Department of Gynecologic Oncology, Armas Civico Di Cristina Benfratelli, Palermo, Italy; <sup>7</sup>Fondazione Policlinico Universitario A. Gemelli, IRCCS, Department of Woman and Child Health and Public Health, Rome, Italy; <sup>8</sup>Gemelli-Molise, Università Cattolica del Sacro Cuore, Radiation Oncology Unit, Campobasso, Italy; <sup>9</sup>Fondazione Policlinico Universitario A. Gemelli IRCCS, Radiation Oncology Unit, Rome, Italy; <sup>10</sup>Fondazione Policlinico Universitario A. Gemelli IRCCS and Scientific Directorate, Gynecologic Oncology Unit, Rome, Italy

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**Objectives** The frequency of adenocarcinoma (AC) of the uterine cervix, although considered a rare entity, increased over the last 4 decades and, notwithstanding previous studies reported a worse outcome compared to squamous cell carcinoma (SCC), standard treatment remains identical. Insight in the impact of histological types on biological behavior and pathological complete response rates might result in a treatment paradigm shift.

**Methods** Beginning with 548 locally advanced cervical cancer (LACC) patients submitted to chemoradiation (CTRT) plus radical surgery (RS), propensity score matching resulted in 320 cases (240 in the SCC and 80 in the AC group), balanced for age, grade, stage and lymph node status.

**Results** AC and SCC groups did not differ in terms of baseline characteristics as well as rates of surgical complications. Pathological response rates to CTRT were significantly lower in the ADC vs SCC arm with complete response rates of 20% vs 36.2% (p=0.001). AC showed worse survival outcomes with median disease-free survival (DFS) of 119.5 vs 151.6 months (p=0.019) and median overall survival (OS) of 134.5 vs 162.9 months (p=0.048) in AC vs SCC, respectively. In the multivariate analysis, AC histotype (RR=1.939;p=0.005), nodal status at imaging (RR=1.769;p<0.001), and stage III or greater (RR=2.172;p=0.003) were associated with worse DFS, whereas only stage and nodal status at imaging were independent risk factor for poorer OS.

**Conclusions** The lower response rate to chemoradiation and the higher independent risk of recurrence showed by AC with respect to SCC patients could be useful to tailor different therapeutic strategies for LACC according to histotype.

EPV084/#549

### ROLE OF DOSE-DENSE NEOADJUVANT CHEMOTHERAPY WITH PACLITAXEL AND CARBOPLATIN IN LOCALLY ADVANCED CERVICAL CANCER

<sup>1</sup>F Multinu\*, <sup>2</sup>M Lapresa, <sup>2</sup>V Minicucci, <sup>3</sup>S Gandini, <sup>2</sup>G Parma, <sup>4</sup>F Peccatori, <sup>2</sup>F Tomaso, <sup>1</sup>I Betella, <sup>1</sup>A Garbi, <sup>1</sup>G Schivardi, <sup>1</sup>G Aletti, <sup>1</sup>V Zanagnolo, <sup>1</sup>A Maggioni, <sup>5</sup>N Colombo. <sup>1</sup>IEO, European Institute of Oncology IRCCS, Division of Gynecologic Surgery, Milan, Italy; <sup>2</sup>IEO, European Institute of Oncology IRCCS, Gynecologic Oncology, Milan, Italy; <sup>3</sup>IEO, European Institute of Oncology IRCCS, Department of Experimental Oncology, Milan, Italy; <sup>4</sup>IEO, European Institute of Oncology IRCCS, Fertility and Procreation Unit, Division of Gynecologic Oncology, Milan, Italy; <sup>5</sup>University of Milan-Bicocca, European Institute of Oncology, IRCCS, Gynecologic Oncology Program, Milan, Italy

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**Objectives** To evaluate the role of dose-dense neoadjuvant chemotherapy (NACT) with paclitaxel and carboplatin before surgery in locally advanced cervical cancer (LACC).

**Methods** Patients with LAAC (Stage Ib2-IVa) undergoing dose-dense NACT at the European Institute of Oncology, Milan from July 2014 to February 2019 were identified. Patients received weekly dose-dense carboplatin (AUC2 or AUC2.7) and paclitaxel (80 or 60 mg) for 6–9 cycles followed by surgery. Radiological response was evaluated by RECIST. Pathologic response was evaluated based on the final pathology report.

**Abstract EPV084/#549 Table 1** Baseline characteristics of the overall population (n=68)

	Median (range)	
Age, years	43 (26-67)	
Tumor diameter, mm	15 (0-70)	
Time to chemotherapy, days	41 (6-405)	
	n.	%
Histotype	Squamous	51 75.00
	Adenocarcinoma	14 20.59
	Adeno-Squamous	2 2.94
	Other	1 1.47
Tumor Grade	G1	6 11.32
	G2	23 43.40
	G3	24 45.28
	Unknown	15
LVSI on biopsy	Yes	4 7.02
	No	53 92.98
	Unknown	11
Performance Status	0	66 98.51
	2	1 1.49
	Unknown	1
Site of chemotherapy	IEO	45 66.18
	Non-IEO	23 33.82
Number cycle dose-dense	5	7 10.45
	6	41 61.19
	7	3 4.48
	8	4 5.97
	9	12 17.91
Dose Carboplatin (AUC)	Unknown	1
	2	51 83.61
	2.7	10 16.39
	Unknown	7
Dose Paclitaxel, mg/mq	80	11 18.03
	60	50 81.97
	Unknown	7
Stage FIGO 2018 at diagnosis	IB2	18 26.47
	IB3	28 41.18
	IIA1	3 4.41
	IIA2	3 4.41
	IIB	6 8.82
	IIIC1	10 14.71
Disruption of stromal ring	Yes	31 48.44
	No	33 51.56
	Unknown	4

Abbreviations: LVSI: Lymphovascular space invasion; IEO: European Institute Oncology