

Conclusion In light of the results and absence of many studies linked to cervical Cancer in Cameroon, these data are consistent with percentage done by WHO in its last report in 2021, impacting on the need to continue among the referred campaigns due to the high number of surgical interventions over precancerous lesions required. Likewise the big rate of HIV in women screened, further heightens the need to continue screening in undeveloped countries.

2022-RA-611-ESGO THE PERSISTENCE OF VPH

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Introduction/Background The persistence of the Human Papilloma Virus (HPV) after conization is considered a risk factor for recurrence and/or progression of the lesion.

Methodology A retrospective descriptive study is carried out on the 73 conizations that we have carried out during the year 2020 at the Juan Ramón Jiménez Hospital. The variables analyzed were the pathological anatomy, the HPV test prior to conization, the intra-surgical HPV test and the one performed together with the cytology four months after conization. The statistical parameter used was chi square.

Results Analyzing the intraoperative HPV test, of the 73 patients who underwent conization, 33 were positive test, which represents 45.2% of the total number of patients operated on. The HPV test remained positive in 22 of the 73 patients in the first review (corresponding to 30.14% of all patients). Of these, 50% (11 women) presented cytological alterations in the first review after conization. Six patients required a second conization. One of our patients required a hysterectomy due to the persistence of moderate-severe dysplasia in endocervical curettage, very effaced cervix (difficult to assess) and cervical stenosis, which made the patient a case of difficult follow-up. Analyzing the cytological results prior to the first conization in the patients who were reconized, of these 6 patients, 5 presented H-SIL and 1 patient presented ASCUS.

Conclusion In patients in whom HPV persists in the first post-conization check-up, the rate of reconization and hysterectomy due to progression of dysplastic lesions is higher than in those in whom the HPV test was negative (statistically significant difference, $p < 0.001$). We also found a different percentage of reconization depending on the cytological result. On the other hand, although the cytological diagnosis prior to the first seems to influence, in our case, the subsequent reconization rate we have not found statistically significant differences.

2022-RA-619-ESGO LESS IS MORE? SIMPLE HYSTERECTOMY VERSUS RADICAL HYSTERECTOMY IN FIGO 2018 STAGE IA2 CERVICAL CARCINOMA: A PAN-BIRMINGHAM GYNAECOLOGICAL CANCER CENTRE POPULATION-BASED LONGITUDINAL COHORT STUDY

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Introduction/Background To compare post-operative morbidity and long-term survival outcomes of simple hysterectomy (SH) versus radical hysterectomy (RH) in FIGO 2018 stage IA2 cervical cancer (CC).

Methodology Using the Pan-Birmingham Gynaecological Cancer Centre database, we identified women with stage IA2 CC between 2008 and 2020. Clinicopathological and treatment data were collated, and progression-free (PFS) and overall survival (OS) analysed via the Kaplan-Meier method, Log-rank test and Cox regression. Post-operative complications were assessed via the Clavien-Dindo classification.

Results Of the 46 women enrolled, 28 (60.7%) underwent SH and 18 (29.3%) RH. There was no significant difference in age, BMI, parity or ethnicity between the two groups. For SH vs RH, 78.6% vs 38.9% (p -value=0.01) had disease of squamous histology, 96.4% vs 94.4% (p -value=0.74) underwent large loop excision of the transformation zone prior to surgery, 7.14% vs 44.4% (p -value=0.003) had grade 3 disease, 71.4% vs 77.8% (p -value=0.22) underwent pelvic lymphadenectomy, and 3.8% vs 5.6% (p -value=0.12) had severe (CD>3) post-operative complications. Women with adenocarcinoma or adenosquamous carcinoma (OR=1.6, p -value=0.01) or grade 3 disease (OR=21.02, p -value=0.0004) were more likely to undergo RH. One recurrence was observed in each group. The mean PFS in SH vs RH group was 139.44 vs 159.00 months. SH was not associated with shorter PFS in either univariate (HR=0.59, p -value=0.72) or multivariate analysis (aHR=0.24, p -value=0.36). One death was observed in the RH group. The mean OS in SH vs RH group was 139.44 vs 153.85 months (p -value=0.51).

Conclusion SH does not seem associated with poorer oncological outcomes in stage IA2 CC. This evidence is in line with previous observational studies. The results of randomised SHAPE trial are being awaited to draw firmer conclusions.

2022-RA-620-ESGO QUERLEU-MORROW TYPE A HYSTERECTOMY FOR LOW-RISK EARLY-STAGE (FIGO 2018 IA2-IB1) CERVICAL CANCER: A UK POPULATION-BASED RETROSPECTIVE COHORT STUDY

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Introduction/Background To evaluate the long-term oncological outcomes in women with low-risk early-stage cervical cancer (CC)

Methodology Retrospective population-based study of prospectively collected data, spanning the period 2008–2020. Eligibility criteria were: (1) FIGO 2018 IA2-IB1, (2) squamous cell carcinoma or grade 1–2 adenocarcinoma, (3) absence of lymphovascular invasion (LVSI); (4) depth of invasion < 10 mm; (5) negative conization margins (including repeat cone); (6) negative imaging for nodal or distal metastatic disease. Associated factors, overall (OS) and progression-free (PFS) survival were analysed using the Kaplan-Meier method, Log-rank test and Cox regression. Post-operative complications were assessed via the Clavien-Dindo classification. Census day was April 1st, 2022. Statistical significance was set at p -value < 0.05. The statistical analysis was performed using Stata version 16.1.