

Results 35 women fulfilled the criteria for enrolment. The median age at diagnosis was 43 years. FIGO stage was IA2 (75.8%) and IB1 (24.2%). Pelvic lymphadenectomy was performed in 53.4% of the cases. Lymphadenectomy omitted in 16 women with stage IA2 and LVSI-negative post-conization completely excised disease. Residual disease in the post-conization hysterectomy specimen was 1/35 (2.9%). Median follow-up was 83.00 (95% CI 24.00 – 159.00) months. During the follow-up period only one recurrence was observed, which resulted in a cumulative 2-year PFS of 97.1%. Mean PFS was 154.96 (95% CI 147.20 – 162.71) months. No severe (Clavien-Dindo >3) post-operative complications were noted.

Conclusion Our data demonstrated that Type A hysterectomy is safe and effective for selective women with early-stage low-risk CC. This evidence is in line with the recent prospective ConCerv trial. Further studies are warranted to draw firmer conclusions.

2022-RA-622-ESGO COMPARATION BETWEEN BRICKER VS DOUBLE-BARRELED WET COLOSTOMY AFTER PELVIC EXENTERATION

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Introduction/Background Pelvic exenteration is performed in patients who suffer from relapsed gynaecologic tumours, with most of them requiring some sort of urinary diversion.

Methodology The main objective of this study was to assess the urinary complications associated with the Bricker ileal conduit versus double-barrelled wet colostomy after performing a pelvic exenteration for gynaecologic malignancies.

Results A total of 61 pelvic exenterations were identified between November 2010 and April 2022; 29 Bricker ileal conduits and 20 double-barrelled wet colostomies were included in the urinary diversion analysis. Regarding the specific short-term urinary complications, no differences were found in the rate of urinary leakage (3 vs 0%; $p = 1$), urostomy complications (7 vs 0%; $p = 0.51$), acute renal failure (10 vs 20%; $p = 0.24$) or urinary infection (0 vs 5%; $p = 0.41$). Up to 69% of patients with Bricker ileal conduits and 65% of double-barrelled wet colostomies ($p = 0.76$) presented specific medium/long-term urinary complications. No differences in the rates of pyelonephritis (59 vs 53%; $p = 0.71$), urinary fistula (0 vs 12%; $p = 0.13$), ureteral stricture (10 vs 6%; $p = 1$), conduit failure and reconstruction (7 vs 0%; $p = 0.53$), renal failure (38 vs 29%; $p = 0.56$) or electrolyte disorders (24 vs 18%; $p = 0.72$) were found. The OS (Overall survival) after pelvic exenteration at 12 and 48 months was 77% and 58%, respectively. The DFS (Disease Free Survival) at 12 and 48 months after pelvic exenteration was 64% and 51%, respectively.

Conclusion Between double-barrelled wet colostomy and the Bricker ileal conduit, the related urinary complications remained high regardless of the type of technique. In this context, the double-barrelled wet colostomy presents advantages such as the single stoma placement and the simplicity of the technique.

2022-RA-629-ESGO ASSOCIATION OF FOLATE RECEPTOR α EXPRESSION AND TUMOR IMMUNE MICROENVIRONMENT IN PATIENTS WITH CERVICAL CANCER

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Introduction/Background Folate receptor α (FR α) is an attractive target for cancer treatment based on its expression profile. We previously reported that FR α expression was higher in cervical adenocarcinoma than in squamous cell carcinoma (SCC) and associated with poor survival (Takamizawa et al., AACR 2021). However, the relationship between FR α and the immune microenvironment remains unknown.

Methodology We performed immunohistochemical analysis of whole tumor sections from patients with cervical cancer who underwent primary surgery between 2000 and 2020 at our institution. FR α expression was evaluated using anti-FR α monoclonal antibody clone 26B3. FR α -positive and FR α -high were defined as $\geq 5\%$ of tumor staining and as H-score ≥ 60 . PD-L1 expression (clone 22C3) was assessed according to the combined positive score (CPS). The density of intratumoral CD3 and CD8 were calculated as the average number of positive cells in the five independent areas. The association between FR α expression and immune biomarkers was analyzed.

Results Overall, 123 patients were evaluated, and 67 were SCC and 56 were non-SCC. FR α -positive and FR α -high were identified in 72.4% and 27.6%. PD-L1 was positive (CPS ≥ 1) in 75.6% and more commonly expressed in SCC (SCC vs. non-SCC; 83.5% vs. 66.1%, $p=0.02$). FR α expression showed a significantly negative correlation with PD-L1 expression ($r=-0.22$, $p<0.001$), and median (IQR) PD-L1 CPS was 20 (5–60) in FR α -negative and 5 (0–25) in FR α -positive group ($p=0.04$). FR α -positive was more frequent in PD-L1 CPS <10 groups than in PD-L1 CPS ≥ 10 groups (81% vs. 64%, $p=0.03$). Median CD3 and CD8 counts were not different between FR α -negative and FR α -positive groups.

Conclusion In cervical cancer, FR α expression negatively correlates with PD-L1 expression and is more common in the PD-L1 CPS <10 groups. Our findings suggest that FR α -expression may be a potential therapeutic target for cervical cancer with low/negative PD-L1 expression.

2022-VA-633-ESGO STANDARDIZED LEER PROCEDURE

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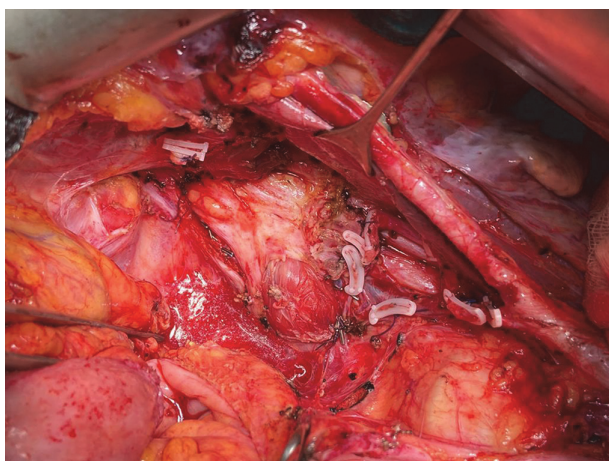
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Introduction/Background Recurrence of cervical cancer is a challenge especially in patients who have received Radiochemotherapy for local extension at diagnosis. It is relatively

common to find, in case of recurrence, situations where the hypogastric vessels, obturator muscle and nerve are affected.

Methodology The procedure called lateral extended endopelvic resection (LEER) was described by Hoekel et al. for surgical resection of lateral pelvic recurrences. We present a video surgery describing the vascular and nervous anatomy of the lateral pelvis and a case of 4-D reconstruction of the tumour and surgical resection of the tumour.

Results LEER + Radical Hysterectomy + ureteral reimplantation + intraoperative radiotherapy was performed in a patient referred to our department for a single recurrence of cervical cancer on the right side of the pelvis after primary treatment with RT-QT. Complete resection of the tumour was achieved as shown in the video with an eventful post operative period. Free of disease after 2 years.



Abstract 2022-VA-633-ESGO Figure 1

Conclusion With thorough anatomical knowledge, surgical resection of the lateral pelvic compartment is possible in case of recurrences.

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NON-CLIPPING METHODS DURING DISTAL EXTERNAL ILIAC LYMPHADENECTOMY REDUCE THE INCIDENCE OF LOWER LEG LYMPHEDEMA IN PATIENTS WITH CERVICAL CANCER

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Introduction/Background Evaluate the association between the clipping of distal external iliac lymph nodes and risk of post-operative lower extremity lymphedema in women who underwent radical hysterectomy and PLND with or without PALND for cervical cancer.

Methodology Data from 128 patients with cervical cancer who underwent radical hysterectomy with pelvic lymphadenectomy between January 2004 and December 2012 were reviewed. Patients were divided into two groups depending on whether they underwent clipping of the distal external iliac node clusters during pelvic lymphadenectomy. The incidence of lower

extremity lymphedema and post-operative complications were compared between groups.

Results The incidence rates of lower extremity lymphedema were significantly higher in Group A (15.8% vs. 7.0%, $p = 0.034$). On comparing the severity of lower extremity lymphedema, patients in group A exhibited more severe lower extremity lymphedema than those in Group B, which was significantly different ($p = 0.041$). The incidence rates of lymphangitis, seroma, and phlebitis were similar in both groups.

Conclusion Clipping of distal external iliac lymph nodes during lymphadenectomy play a critical role in the development of lower extremity lymphedema.

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INVOLVEMENT OF THE MARGINS AFTER EXCISIONAL TREATMENT

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Introduction/Background The importance of the affected margins after conization continues to be a source of controversy today, since there are studies that defend that these could be an important factor in the face of recurrence.

Methodology Cohort Study. The group of patients analyzed is made up of those patients undergoing conization with involvement of the margins of the surgical piece. The control group is made up of patients undergoing conization who have presented free surgical margins. Patients undergoing conization at the Juan Ramón Jiménez Hospital in the last year 2020 are included.

Results A total of 73 patients who underwent conization were studied, with a mean age of 38.8 years. The group of patients under study includes an N of 25 who presented affected surgical margins. The control group is made up of 48 patients who presented free margins. In patients who presented affected edges after conization, the recurrence rate in the first control at 4 months was 8% (N=2). In patients with free borders, the recurrence rate in the first control at 6 months was 8.3% (N=4). These differences did not reach statistically significant levels, although the similarity of recurrence percentages in both groups is striking.

Conclusion It has not been shown that the involvement of the conization margins is a risk factor for the appearance of recurrences during the first year of follow-up in patients with cervical dysplasia. Prospective multicenter studies are necessary to determine definitive conclusions that can modify our usual clinical practice.

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H-SIL IN YOUNG PATIENTS

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Introduction/Background H-SIL in patients under 30 is increasing in recent years, and its management is sometimes controversial.

Methodology Retrospective descriptive study that covers the period between January 2020 and December 2020, in which