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 postoperative period. Free of disease after 2 years.

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

---

**2022-VA-633-ESGO**

![Abstract 2022-VA-633-ESGO Figure 1](image-url)

**Introduction/Background** Evaluate the association between the affected margins after conization and extirpative treatment and the incidence of lymphatic leakage and lower extremity lymphedema after pelvic lymphadenectomy. The incidence of lower extremity lymphedema in women who underwent radical hysterectomy and PLND with or without PALND during pelvic lymphadenectomy play a critical role in the development of lower extremity lymphedema.

**Methodology** Retrospective descriptive study that covers the period between January 2004 and December 2012, in which 128 patients with cervical cancer who underwent radical hysterectomy with pelvic lymphadenectomy were reviewed. Patients were divided into two groups depending on whether they underwent clipping of the 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.

**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.

---

**2022-RA-655-ESGO**

**IN Volvement of the margins after excisional treatment**

1Elga López González,1Carmen Cabañillas Apolo,2Maria Dolores Rodriguez Gamica. 1Juan Ramón Jiménez Hospital, Huelva, Spain; 2Hospital Costa del Sol, Marbella, Spain

10.1136/ijgc-2022-ESGO.42

**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.

---

**2022-RA-656-ESGO**

**H-SIL in young patients**

1Elga López González,1Carmen Cabañillas Apolo,2Maria Dolores Rodriguez Gamica. 1Juan Ramón Jiménez Hospital, Huelva, Spain; 2Hospital Costa del Sol, Marbella, Spain

10.1136/ijgc-2022-ESGO.43

**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...
those patients under 30 years of age referred for any cytological alteration are studied, and that after colposcopy and biopsy a result of CIN II – CIN III is obtained. Only those patients treated by conization have been selected.

**Results** A total of 10 patients were included in the study. Of the patients in whom the cervical biopsy after colposcopy showed CIN-II (7 patients), 85.7% (N=6) presented CIN-II in the conization specimen and 14.3% (N=1) presented CIN-YO. Of those who had CIN-III in the postcolposcopy biopsy (3 patients), 66.7% (N=2) presented CIN-II in the conization specimen and 33.3% (N=1) presented moderately differentiated infiltrating squamous cell carcinoma with resection ends widely affected by neoplasia.

**Conclusion** The presence of preinvasive lesions in women under 30 years of age is a health problem in our environment. Perhaps we should investigate more on this topic to find some evidence that leads us to an action plan that leads to change.

---

**CONTRIBUTION OF INTERSTITIAL NEEDLES**

**CONTESSA/NEOCON-F TRIAL: ASSESSING THE EFFECTIVENESS AND SAFETY OF NEOADJUVANT CHEMOTHERAPY FOLLOWED BY FERTILITY-SPARING SURGERY IN FIGO 2018 STAGE IB2 CERVICAL CANCER**

**Introduction/Background** The optimal management of FIGO 2018 stage IB2 cervical cancer patients who desire to preserve fertility is unknown. Therefore, the CONTESSA/NEOCON-F trial (NCT04016389) aims to evaluate a promising, new fertility-sparing treatment: neoadjuvant chemotherapy (NACT) followed by fertility-sparing surgery (FSS).

**Methodology** This trial is an ongoing, phase II clinical trial, which will accrue 90 pre-menopausal, lymph-node negative, FIGO 2018 stage IB2 cervical cancer patients, aged between 18 and 40 years and who desire to preserve their fertility. All patients will receive three cycles of paclitaxel and platinum containing chemotherapy. Following NACT the response will be evaluated by clinical examination and MRI. Patients must achieve a complete or partial response (residual lesion <2 cm) to be eligible for FSS: a conisation or simple trachelectomy. Patients with suboptimal response (residual lesion ≥2 cm) will go off-study and receive definitive treatment, radical hysterectomy or chemoradiation as per local protocol. Patients will be followed for three years following FSS. The safety of this trial will be continuously monitored using Bayesian posterior probability and the stopping rule will be activated if there is at least 70% probability that two-year recurrence rate is above 10%.

**Results** The primary outcome is the rate of functional uterus defined as successful FSS and no need for adjuvant therapy post procedure. Secondary outcomes include the safety of the treatment, the response rate to NACT, and the recurrence-free and overall survival after two and three years. Finally, this trial will also explore the effect of NACT on ovarian function.

**Conclusion** The CONTESSA/NEOCON-F trial is opened for accrual in the Netherlands, Canada, and the United States. Currently, 10% of the target accrual has been reached.