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 un 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.

**2022-RA-652-ESGO**

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

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10.1136/ijgc-2022-ESGO.41

**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.

**2022-RA-655-ESGO**

**ININVOLVEMENT OF THE MARGINS AFTER EXCISIONAL TREATMENT**

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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**

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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 piece 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.

2022-RA-661-ESGO
CONTRIBUTION OF INTERSTITIAL NEEDLES DURING IMAGE GUIDED BRACHYTHERAPY IGBT AFTER RADIOCHEMOTHERAPY RCT IN THE MANAGEMENT OF LOCALLY ADVANCED CERVICAL CANCER LACC
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10.1136/ijgc-2022-ESGO.44

Introduction/Background Evaluate benefit with interstitial (IC/IS) IGBT in terms on dose to target volume while managing LACC, after external RCT, compared to treatment with only intracavitary (IC) IGBT.

Methodology All patients were treated with IC/IS IGBT after RCT. IC/IS IGBT was compared to IC IGBT for target volume cover (GTV, HR-CTV, IR-CTV). We evaluated overall survival, local control and toxicity with IC/IS IGBT. Local control was analysed by years of treatment to assess improvement over time.

Results From 01/2017 to 12/2020, 99 patients (p) were analysed. FIGO 2009 classification: IIA 6p, IIB 45p, IIB 22p, IVA 20p, IVB 6p. FIGO 2018 founded 24p IIIC1 and 28p IIIC2. Mean High Risk Clinical Target Volume (HRCTV) was 40 cm3 (9,6–103) with 66 (67%) patients presented a volume >30cc. The median Overall treatment Time (OTT) was 55 days (50 – 62). The mean D90 HR-CTV was 80,3Gy for patients treated by IC/IS, and 75,1Gy for IC (p<0.0001). A decrease of the delivered dose for all Organs at Risk (OAR) was found: D2 Bladder less than 80Gy to IC/IS in 66,7% of patients treated by IC/IS IGBT with lower doses to OAR in patients managed for LACC after RCT without (p<0,05). The overall survival (OS) was 66,2% at 2 years, and local control (LC) was 56,5% at 2 years. Local survival improved over time, with better control in 2020 (p=0,036).

Conclusion Dose to HRCTV is higher with IC/IS IGBT compared to IC IGBT with lower doses to OAR in patients managed for LACC after RCT.

2022-RA-678-ESGO
CONTESSA/NEOCON-F TRIAL: ASSESSING THE EFFECTIVENESS AND SAFETY OF NEOADJUVANT CHEMOTHERAPY FOLLOWED BY FERTILITY-SPARING SURGERY IN FIGO 2018 STAGE IB2 CERVICAL CANCER
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10.1136/ijgc-2022-ESGO.45

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. Translational research will explore disease monitoring in blood plasma (HPV ctDNA) and cervical scrapes (DNA hypermethylation), and patients’ quality of life will be assessed by questionnaires.

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.