

relevant articles from 1st of January 1987 to 15th of September 2021. We carry out an updated systematic review involving 5,862 patients initially selected for fertility-sparing surgery in 275 series.

**Results** In patients having a tumor size < 20 mm (stage IB1 disease), recurrence rates (RR) in patients undergoing simple conisation/trachelectomy, radical trachelectomy/RT by laparoscopic-vaginal approach, laparotomic or laparoscopic approaches are respectively: 4.1%, 4.7%, 2.4% and 5.2%. In patients having a tumor size between 20 mm and 40 mm (stage IB2 disease), recurrences rates in patients undergoing neo-adjuvant chemotherapy or RT by laparotomy are respectively 13.2% and 4.8% ( $p=.0035$ ). In patients having tumor size < 40 mm, RR observed in patients undergoing an open or a mini-invasive approach are respectively: 3.3% and 5.5% (NS). The lowest pregnancy rate is observed in patients undergoing RT by laparotomy (36%).

**Conclusion** The choice between these treatments should be based on the experience of the teams, on the discussion with the patient/couple but, above all, on objective oncological data. In patients having a stage IB1 disease, oncological results are quite similar according to the procedure used. In patients having a stage IB2 disease, RT by open approach should be preferred. Anyway the lowest pregnancy rate is observed in patients undergoing RT by laparotomy

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#### FERTILITY-SPARING RADICAL TRACHELECTOMY FOR EARLY-STAGE CERVICAL CANCER: 12 CASES SERIES AND LITERATURE REVIEW

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**Introduction/Background** Radical trachelectomy is an alternative treatment for preserving fertility in selected patients with early stage cervical cancer. The purpose of this report is to describe our technique of abdominal radical trachelectomy and review the current literature on this procedure

**Methodology** We reported 12 cases of radical trachelectomy with pelvic lymphadenectomy in The Oncology Hospital of Ho Chi Minh city between 7/2018 and 9/2020.

**Results** The characteristics of the 12 adult patients who underwent radical trachelectomy included stage IB1 disease in all cases, a mean age of 31 years (range, 29–41), and a median estimated blood loss of 100 ml (range, 70–150). Among of them, one case was performed by laparoscopic approach. No one need adjuvant treatment after surgery and all patients resumed normal menstruation postoperatively. All patients remain disease-free at the time of this report. The only remaining uterine blood supply in these patients are the utero-ovarian vessels. There were one postoperative complication. It was one case of cervical stenosis. Transurethral Foley catheters were removed in all cases at postoperative days 02 – 04.

**Conclusion** Radical trachelectomy with pelvic lymphadenectomy is a feasible operation for selected women with early stage cervical cancer who desire to preserve reproductive function. Menstruation and reproductive function may be preserved after bilateral uterine vessel ligation.

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#### LOCALLY ADVANCED CERVICAL CARCINOMA PATIENTS TREATED WITH CHEMORADIATION FOLLOWED BY RADICAL SURGERY: CLINICAL RESPONSE AND ONCOLOGICAL OUTCOMES ACCORDING TO HISTOTYPE AFTER PROPENSITY SCORE ANALYSIS

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**Introduction/Background** The aims of this study were to analyze the pathological response, and survival outcomes of adenocarcinoma/adenosquamous (AC/ASC) versus squamous cell carcinoma (SCC) in patients with locally advanced cervical cancer (LACC) managed by chemoradiotherapy followed by radical surgery.

**Methodology** Retrospective, multicenter, observational study, including patients with SCC and AC/ASC LACC patients treated with preoperative CT/RT followed by tailored radical surgery (RS) between 06/2002 and 05/2017. Clinical-pathological characteristics were compared between patients with SCC versus AC/ASC. A 1:3 ratio propensity score (PS) matching was applied to remove the variables imbalance between the two groups.

**Results** After PS, 320 patients were included, of which 240 (75.0%) in the SCC group, and 80 (25.0%) in the AC/ASC group. Clinico-pathological and surgical baseline characteristics were balanced between the two study groups. Percentage of pathologic complete response was 47.5% in SCC patients versus 22.4% of AC/ASC ones ( $p<0.001$ ). With a median follow-up of 51 months (range:1–199), there were 54/240 (22.5%) recurrences in SCC versus 28/80 (35.0%) in AC/ASC patients ( $p=0.027$ ). AC/ASC patients experienced worse disease free (DFS), and overall survival (OS) compared to SCC patients ( $p=0.019$ , and  $p=0.048$ , respectively). In multivariate analysis, AC/ASC histotype, and FIGO stage were associated with worse DFS and OS.

**Conclusion** In LACC patients treated with CT/RT followed by RS, AC/ASC histology was associated with lower pathological complete response to CT/RT, and higher risk of recurrence and death compared with SCC patients. This highlights the need for specific therapeutic strategies based on molecular characterization to identify targets and develop novel treatments.

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#### MINIMUM DEVIATION CERVICAL ADENOCARCINOMA (ADENOMA MALIGNUM) WITH UNUSUAL PRESENTATION: A CASE REPORT

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**Introduction/Background** Minimum deviation cervical adenocarcinoma- Adenoma malignum (AM) is a rare variant of adenocarcinoma of the uterine cervix; it comprises 1%-3% of cervical adenocarcinomas. The most predominant symptoms are vaginal bleeding and discharge. Pre-operative diagnosis of AM can be difficult and definite diagnosis is based on histopathology.

#### Methodology

**Results** We report a rare case report of a 62-year-old Caucasian woman who presented initially with ascites and vague abdominal symptoms suggesting ovarian cancer. Blood tests were normal. CA-125 measured at 43.4 U/mL and CA 19-9 at 101.6 U/mL. CT of chest-abdomen-pelvis showed severe ascites, a cystic mass in the left parametrium, and a large cystic mass at the right adnexum. An MRI of abdomen-pelvis showed a cystic lesion on the right ovary, possibly cystadenoma or cystadenocarcinoma, with intra-abdominal fluid collection and peritoneal nodular enhancing lesions. Cervical macroscopical examination and smear were normal. Gastroscopy and colonoscopy were normal too.

After MDT discussion, decision was made for laparoscopic assessment and primary debulking surgery. During the laparoscopic assessment a frozen biopsy was obtained, which indicated a possible borderline mucinous tumor of the ovary with possible signs of adenocarcinoma; decision made to proceed to debulking surgery as R0 was feasible. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, pelvic and paraaortic lymphadenectomy, appendectomy, and pelvic peritonectomy was performed.

Cytology of peritoneal fluid showed no evidence of malignancy. Histology showed a well-differentiated gastric type, non-HPV related adenocarcinoma of the uterine cervix (depth: 4 mm), which spread to the endometrium, both tubes and ovaries (with an 8 cm tumor in the right ovary). MDT decision was for adjuvant radiotherapy and chemotherapy.



**Abstract 2022-RA-214-ESGO Figure 1**

**Conclusion** This case constitutes a rare clinical presentation of AM with ascites, and ovarian metastases. Symptoms, diagnostics tests and imaging indicated a possible diagnosis of ovarian cancer. Only histology was able to produce a definite diagnosis of AM.

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#### THE IMPACT OF MODERN PREOPERATIVE HIGH-DOSE-RATE BRACHYTHERAPY IN EARLY-STAGE CERVICAL CANCER

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**Introduction/Background** To analyze the clinical outcomes and the safety of preoperative high-dose-rate (HDR) image-guided adaptive brachytherapy (IGABT) followed by minimally invasive surgery (MIS) in the multidisciplinary management of early-stage cervical cancer.

**Methodology** Medical records of all consecutive patients with early-stage cervical cancer treated at our institution between 2012 and 2018 with preoperative IGABT in a multidisciplinary approach were reviewed. Treatment schedule was pelvic node dissection, preoperative IGABT followed 6–8 week later by MIS hysterectomy.

**Results** Seventy patients with cervical cancer FIGO stages (IB1 18.6%, IB2 75.7% and IIA1 5.7%) were treated by preoperative HDR brachytherapy. With a median follow-up of 37.4 months [95% confidence interval, 32.1–39.7 months] isolated vaginal vault recurrence was not observed, 3 pelvic relapses were reported (4.3%). None of patients received postoperative radiotherapy (EBRT) or radiochemotherapy. The estimated 3-year local and pelvis relapse free survival for the entire population were respectively 98% [95% confidence interval, 89%–100%] and 90% [80%–96%]. The estimated 3-year disease-free survival (DFS) for the entire population was 88% [77–94%]. The 3-year overall survival (OS) rate was 97% [88%–99%]. Microscopic vaginal resection margin (R1) was observed in one patient (1.4%). Lymphovascular space invasion (LVSI) was found in 6 (8.6%) patients. Forty-eight late complications in 36 patients (51.4%) were observed. Five (7.1%) grade 3 vaginal wound dehiscence toxicities were observed. Urinary and gastrointestinal toxicities were grade 1–2. No grade 4–5 complications were observed.

**Conclusion** Preoperative image-guided adaptive brachytherapy followed by minimally invasive surgery allows high local control, reduces positive surgical margins and rates of lymphovascular space invasion avoiding adjuvants treatments. Surgical approaches must be discussed with patients including preoperative brachytherapy as a downstaging treatment.

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#### EARLY CLINICAL OUTCOMES OF HYBRID BRACHYTHERAPY FOR LOCALLY ADVANCED CERVICAL CANCER: MAKING ADVERSE SITUATIONS IN A FAVOURABLE SCENARIO

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**Introduction/Background** To investigate the feasibility and early clinical outcomes of combined intracavitary (IC) and interstitial (IS) image-guided adaptive brachytherapy (IGABT) as curative and definitive treatment of patients treated with chemoradiotherapy (CCRT) for locally advanced cervical cancer treated (LACC)

**Methodology** Patients with histologically proven cervical cancer (FIGO 2018 stage IB-IVA) treated by brachytherapy after CCRT at our institution between 2017 and 2020 were reviewed.

**Results** Patients with LACC FIGO 2018 stages (IB 20.4%; II 31.7%, III 45.8%, IV 2.1%) underwent brachytherapy at our institution, 53.5% of them underwent combined brachytherapy technique (IC/IS). The median number of implanted