

## Abstracts

methods were comparable in detecting tumor extension and equally good at detecting lymph node metastases and distant metastases. The radiologists experienced more certainty in analysing malignant lesions with the additional information of PET, however, the lesions were more easily defined on MRI.

**Abstract 2022-RA-862-ESGO Table 1** Staging in cervical cancer. Comparison of integrated PETMRI, standard imaging methods and clinical examination

Number	Tumor size Pathology report craniocaudal x invasion (mm)	Tumor size MRI (mm)	STU- max	Clinical Estimation of stage	Staging results standard imaging techniques	Staging results PET/MRI
1	-	47	13.7	IIB	IVA <sup>2</sup>	IVA
2	23 x 13	35	30.7	IB2	IIB <sup>2*</sup>	IIA1
3	-	37	19.7	IB3	IIB <sup>2</sup>	IIB <sup>***</sup>
4	-	56	15.3	IIB	IIIC <sup>2</sup>	IIIC1
5	29 x 12	42	16.7	IIA1	IIA2 <sup>1</sup>	IIA2
6	-	56	54.3	IIB	IIB <sup>4</sup>	IIB
7	-	29	14.2	IB2	IIIC1 <sup>1</sup>	IIIC1
8	-	107	20.6	IVB	IVB <sup>1</sup>	IVB
9	13 x 4	23	6.6	IB2	IB2 <sup>2</sup>	IB2
10	-	37	11.1	IIB	IIB <sup>4</sup>	IIB
11	-	63	26.2	IIIB	Not done <sup>3</sup>	IIIC1
12	20 x 15	31	14.5	IB2	IB2 <sup>2</sup>	IB2
13	25 x 35	13	5.7	IB2	IB1 <sup>1</sup>	IB1
14	-	47	14.2	IIB	IVA <sup>1</sup>	IVA
15	-	23	21.9	IVA	IVA <sup>1</sup>	IVA

\*Suspicion of parametrial invasion on MRI but not on PET/MRI

\*\* Suspicion of parametrial invasion on PET/MRI but not on MRI

<sup>1</sup> MRI+ CT

<sup>2</sup> MRI+PET/CT

<sup>3</sup> No contrast-enhanced CT performed

**Conclusion** The present study indicates that PET/MRI gives similar staging results as routine imaging methods in staging of cervical cancer. Presumably, PET/MRI as a single imaging method, could replace the common standard of MRI and PET/CT in advanced cervical cancer and thus shorten time to start of treatment and save resources.

### 2022-VA-864-ESGO

#### RECTOVAGINAL FISTULA REPAIR BY MARTIUS FLAP AFTER EXCLUSIVE CHEMO-RADIATION IN ADVANCED CERVICAL CANCER PATIENT. A CASE REPORT

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**Introduction/Background** Rectovaginal fistula (RVF) is an abnormal communication between rectum and vagina.

Common causes are: pelvic irradiation, obstetric trauma, Crohn's disease and postsurgical complications. Conservative treatments are usually performed in patients unfit for surgery and are characterized by high recurrence rate. Common surgical approach includes fistula debridement and repair or flap interposition. Simple anatomic fistula repair is associated with lower success rates compared to vascularized flap interposition. The Martius flap (MF) is a vascularized muscle- adipose flap obtained from the bulbocavernosus muscle. Blood supply is provided by pudendal artery branches. MF is a safely procedure which offers good cosmetic and functional results improving wound healing through neovascularization. Before surgery, a protective ileostomy is usually required.

**Methodology** Case presentation: a 72-year-old woman with squamous cervical cancer, IIB FIGO stage, was treated by exclusive chemo-radiation at our department. After three years of negative follow-up, the patient was hospitalized for fecal vaginal discharge. Gynecological examination showed an RVF between the lower one-third of the posterior vaginal wall and rectum. Colonoscopy confirmed the presence of an RVF of 2–3 mm diameter. Previous conservative treatments were ineffective. Therefore, after ileostomy, surgical treatment through a Martius flap was attempted. Surgical steps: 1) Laterolabial skin incision. 2) Labial dissection to identify the muscle- adipose flap 3) Mobilization of the flap. 4) Opening of the lateral vaginal tunnel. 5) Clamping of the superior pedicle. 6) Transfer of MF to the vagina. 7) Suture of MF over the vaginal surgical site. 8) Suture of the subcutaneous layer and skin. Amoxicillin, clavulanic acid, and metronidazole were administered 30 min before and continued seven days after surgery.

**Results** Postoperative course was uncomplicated: After 6 months follow-up, no recurrence of RVF was observed. The patient reported a great improved quality of life.

**Conclusion** The MF is an effective and safe procedure for RVF repair.

### 2022-RA-878-ESGO

#### ROBOTIC-ASSISTED VERSUS VAGINAL RADICAL TRACHELECTOMY IN PATIENTS WITH CERVICAL CANCER RADICALITY, RECURRENCE-FREE SURVIVAL AND CANCER-SPECIFIC MORTALITY

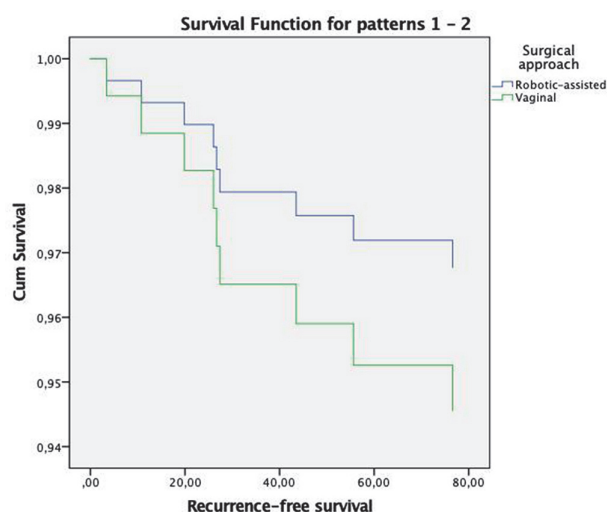
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**Introduction/Background** Radical vaginal trachelectomy (RVT) is an alternative curative-intended fertility preserving procedure for women with a fertility desire and cervical cancer FIGO 2009 stage IA2 and IB1 with a tumor size ≤ 2 cm. In Denmark RVT was introduced and centralised to Rigshospitalet in 2003, and data from all patients undergoing trachelectomy has been prospectively reported to The Danish Gynaecological Cancer Database (DGCD). In 2014, the procedure advanced to a robotic-assisted approach (RRT). In this study, we present the largest single-center cohort to date of patients undergoing RRT versus RVT, evaluating surgical radicality, length of recurrence-free survival and cancer-specific mortality.

**Methodology** This is a retrospective cohort study of patients undergoing RVT and RRT from 2003 to 2021. Clinical and pathological data was extracted from DGCD and validated through electronic medical journals. All analyses were performed with SPSS.

**Results** A total of 206 patients were included, of which 78 underwent RRT and 128 underwent RVT. There were no significant differences in age, smoking status, ASA score, FIGO 2009 stage, histology, invasion or tumor size. Median BMI in the VRT and RRT group was 23.0 (range 17.7–48.7) and 24.3 (range 18.0–48.4), respectively ( $p=0.032$ ). The rate of microscopic free-margins in the VRT and RRT group was 99.2% and 97.4%, respectively ( $p=0.558$ ). The rate of lymph node metastases was 2.3% and 1.3%, respectively ( $p=1.000$ ), and the rate of surgical radicality was 96.0% and 96.2%, respectively ( $p=1.000$ ). Hazard ratio for recurrence in the RRT group was 0.59 (CI95% 0.12–2.86,  $p=0.509$ ), 0.77 (0.14–4.15,  $p=0.763$ ) when adjusting for BMI, FIGO 2009 and LVSI, and 0.84 (0.16–4.50,  $p=0.834$ ) when additionally excluding patients with lymph node metastasis at surgery ( $n=4$ ). The rate of cancer-specific mortality in the VRT and the RRT was 2.3% ( $n=3$ ) and 2.5% ( $n=2$ ), respectively.



Abstract 2022-RA-878-ESGO Figure 1

**Conclusion** RRT seems oncologically safe for radical trachelectomy compared with RVT.

#### 2022-RA-889-ESGO

#### THE VAGINAL MICROBIOTA COMPOSITION IS ASSOCIATED WITH SEVERITY OF CERVICAL DYSPLASIA

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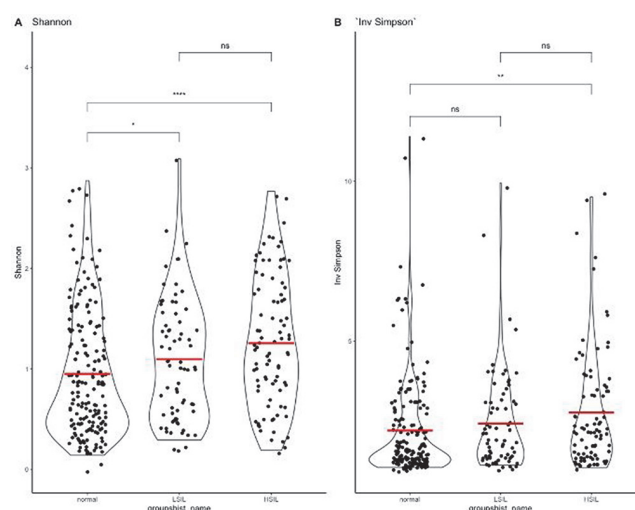
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**Introduction/Background** Certain compositions of vaginal microbiota, and specific bacterial species, seem to be

associated with HPV infection and the subsequent development of cervical dysplasia and cancer. In order to better understand the association between vaginal microbiota, HPV-infection and dysplasia, we performed shotgun metagenomic sequencing to taxonomically and functionally characterize the composition of the vaginal microbiota of women with and without cervical dysplasia. The HPV status for all study persons was also analysed.

**Methodology** Women with histologically verified cervical dysplasia ( $n = 161$ ; low grade dysplasia (LSIL)  $n=73$ , high-grade dysplasia (HSIL)  $n= 88$ ) were recruited at Uppsala University hospital, Sweden. Women with two normal consecutive cervical screening tests were included as controls ( $n= 175$ ). Samples were sequenced using shotgun metagenomics, ALDEx2 was used for differential abundance analysis of metagenomic data, Kraken and Optivag databases for taxonomic data, and metaphlan3 and Humann3 for functional data. All samples were analysed for HPV using Luminex.

**Results** A total of 336 women were recruited between 2017–2020. The vaginal microbiota diversity increased with increasing severity of the dysplasia (alpha-diversity measures, Shannon diversity median values: normal =0.771, LSIL= 1.027, HSIL=1.150, and inverse Simpson diversity: normal=1.486, LSIL=1.837, HSIL =2.216). There was a significant difference in diversity when comparing normal to HSIL group (Shannon  $p < .0001$ , Inverse Simpson:  $p < .0001$ ), Figure 1. The relative abundance of Lactobacilli species decreased with increased severity of dysplasia, especially *L. crispatus*. *L. iners* and *G. vaginalis* were more common among LSIL and the vaginal microbiota of the high grade dysplasia were characterized by mainly non-lactobacilli species, for example *Fecalibacterium prausnitzii*, *Eubacterium rectale*, *Bacteroides uniformis*, *Blautia obeum* and *Ruminococcus bromii*.



Abstract 2022-RA-889-ESGO Figure 1

**Conclusion** The vaginal microbiota diversity increased with increasing severity of dysplasia. Further, LSIL and HSIL were characterized by different vaginal microbiota compositions.