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=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.

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

Abstract 2022-RA-878-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.