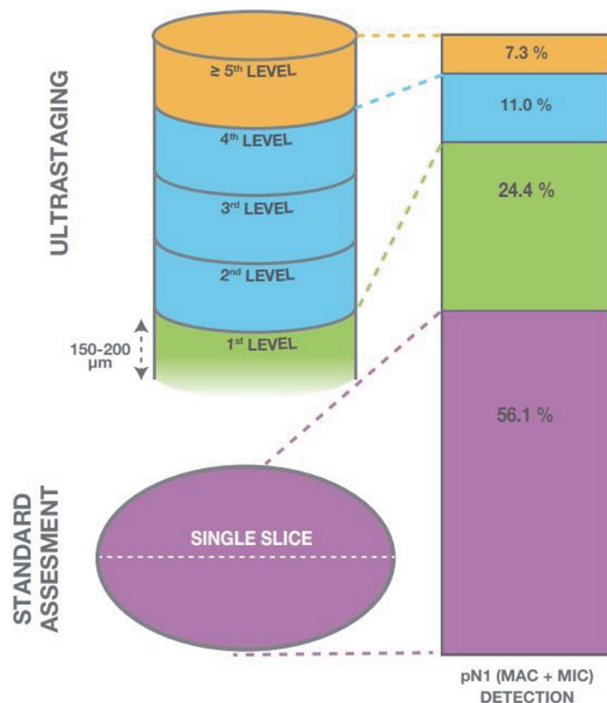


2 patients. Ultrastaging enabled to identify additional 7 cases with MAC, 29 MIC, 20 ITC. Of the 82 (12.7%) patients with positive SLN, only 46 (56.1%) cases were detected by standard assessment (83.7% MAC; 25.6% MIC). Additional N1 were identified by ultrastaging, 20 (24.4%) at level 1, 9 (11.0%) at levels 2–4, and 6 (7.3%) at level 5 or higher. There was no MAC beyond the first four levels.



Abstract 2022-RA-908-ESGO Figure 1

Conclusion Pathological ultrastaging is a key component of the SLN concept in cervical cancer. It enables detection of additional 44% of patients with N1 (MAC, MIC) and almost all (91%) with ITC. The detection of positive SLN directly correlates with the intensity of ultrastaging. Four levels should become an international standard, which allows to detect over 90% of N1 (MAC, MIC).

2022-VA-920-ESGO ADRENAL GLAND RECURRENT CERVICAL CANCER TREATED BY MINIMALLY INVASIVE APPROACH

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10.1136/ijgc-2022-ESGO.70

Introduction/Background Recurrence of disease represents a clinical challenge in cervical cancer patients and the choice of the best treatment depends on previous therapy and site of recurrent tumor. The paraortic lymph nodes and the lungs were the extrapelvic areas more frequently involved, whereas adrenal gland involvement is rarely reported. Some reports confirmed the survival benefit of secondary radical surgery in confined recurrence, although this finding has been rarely

investigated in the literature with only a few case series reported mostly focusing on lung metastases.

Methodology Here a case of isolated adrenal gland cervical cancer recurrence in a 62-year-old woman is presented. Preoperative computed and emission tomography scans detected a nodule of 26 mm with increased uptake involving the medial lip of the right adrenal gland and a lymph node of 8 mm behind the inferior vena cava. A retrocaval lymphadenectomy and right adrenalectomy was performed. In this video we showed a minimally invasive approach tailored on the patient disease with the help of intraoperative ultrasound.

Results We reached a residual tumor of zero with good operation times. No intra or postoperative complications occurred. Final histology confirmed the metastatic involvement of both the adrenal gland and the retrocaval lymph node by an undifferentiated carcinoma. After a multidisciplinary board evaluation, the patient underwent chemotherapy.

Conclusion Minimally invasive surgery in selected patients with isolated extrapelvic cervical cancer recurrence is feasible and safe. Since radicality may be guaranteed by intraoperative imaging such as ultrasound, surgery can be tailored on the single patient and disease.

2022-RA-926-ESGO AWARENESS, ATTITUDES AND PRACTICES OF WOMEN IN RELATION TO CERVICAL CANCER SCREENING IN MAINLAND CHINA

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10.1136/ijgc-2022-ESGO.71

Introduction/Background According to the guidance of the World Health Organization (WHO), screening still remains the main strategy to eradicate cervical cancer, especially when the human papillomavirus (HPV) vaccine is not yet widely available in mainland China. This study assessed the knowledge, attitude, and practices toward cervical cancer screening among women in mainland China with the aim of informing prevention and control interventions.

Methodology We conducted a cross-sectional online survey in a random sample of women aged 30 years and above between 5 March to 7 April 2022 in seven geographical regions of China. The survey was composed of sociodemographic information, knowledge of the disease and its prevention, attitudes, and screening practice. Women's knowledge and attitudes towards cervical cancer prevention were assessed and scored. Multivariate logistic regression was conducted to explore determinants associated with screening practice.

Results A total of 3782 women (41.3±9.3 y) were included in the final analysis. The median knowledge score of cervical cancer and its prevention was 14.8 out of 22. More than one-third of women had never been screened, although 96.8% of them expressed a positive attitude towards screening. Nearly 40% of the women attended the opportunistic screening. Age, marital status, the industry of employment, household income, and knowledge of cervical cancer could influence screening practice. In addition, younger women, medical workers or government workers, and women with higher knowledge scores are more likely to attend the opportunistic screening.

Conclusion Overall, the knowledge level of cervical cancer and its prevention among women was found to be poor. Meanwhile, the screening practice was not high though women have strong intentions to screen. The main obstacles to screening were poverty and insufficient knowledge. Our findings may provide guidance on future education and training to help accelerate the prevention and control of cervical cancer in China.

2022-RA-927-ESGO

TUMOR SIZE AND ONCOLOGICAL OUTCOMES IN PATIENTS WITH EARLY CERVICAL CANCER TREATED BY FERTILITY PRESERVATION SURGERY: A MULTI-CENTER RETROSPECTIVE COHORT STUDY

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10.1136/ijgc-2022-ESGO.72

Introduction/Background The aim of this study was to analyze the impact of tumor size >2 cm on oncological outcomes of fertility-sparing surgery (FSS) in early cervical cancer in a Spanish cohort.

Methodology A multicenter, retrospective cohort study of early cervical cancer (stage IA1 with lymphovascular space invasion -IB1 (FIGO 2009) patients with gestational desire who underwent FSS at 12 tertiary departments of gynecology oncology between 01/2005 and 01/2019 throughout Spain.

Results A total of 111 patients were included, 82 (73.9%) with tumors < 2 cm and 29 (26.1%) with tumors 2–4 cm. Patients' characteristics were balanced except lymphovascular space invasion. All were intraoperative lymph node negative. Median follow-up was 55.7 and 30.7 months respectively. Eleven recurrences were diagnosed (9.9%), 5 (6.0%) and 6 (21.4%) ($p < 0.05$). 3 years-Progression free survival (PFS) was 95.7% (95%CI 87.3–98.6) and 76.9% (95% CI 55.2–89.0) ($p = 0.011$). Only tumor size (<2 cm vs. 2–4 cms) was found to be significant for recurrence. After adjusting for the rest of the variables, tumor size 2–4 cm showed a Hazard Ratio of 5.99 (CI 95% 1.01–35.41, $p = 0.036$).

Conclusion Tumor size ≥ 2 cm is the most important negative prognostic factor in this multicenter cohort of patients with early cervical cancer and gestational desire who underwent FSS in Spain.

2022-RA-932-ESGO

STEREOTACTIC BODY RADIOTHERAPY BOOST AS AN ALTERNATIVE FOR LOCALLY ADVANCED CERVICAL CANCER WHEN BRACHYTHERAPY IS NOT AVAILABLE, A PROSPECTIVE MONOCENTRIC PHASE II

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10.1136/ijgc-2022-ESGO.73

Introduction/Background In Luxembourg, brachytherapy (BT) is not widely available. The focus of this research was to assess the feasibility, safety, and efficacy of Stereotactic Body Radiation Therapy (SBRT) as a boost in locally advanced cervical cancer.

Methodology Between 2017–2019, patients with histologically proven FIGO (2018) stages IB-IVA treated by external radiotherapy (VMAT): 50 Gy in 28 fractions to the pelvic +/- lombo-aortic lymph nodes and 60.04 Gy using a simultaneous integrated boost to the macroscopic tumor +/- positive FDG-PET-CT scan nodes were included. Concurrent weekly cisplatin (40 mg/m²) was given. Following concurrent radio-chemotherapy (CCRT), a pelvic computed tomography scan with a magnetic resonance imaging simulation were performed within the 1st week after CCRT. Target volumes (GTV-T, HR-CTV, PTV) and organs at risk (bladder, rectum, sigmoid, and bowel bag) were defined on the MRI. The boost prescription was 13Gy in two fractions delivered in two consecutive days. SBRT boost was delivered using a Cyberknife® M6 and tracking based fiducial markers. A 12-week MRI and Pet-Ct were used to determine the therapeutic outcomes.

Results Eleven patients were included, median age was 59 years (57–68), 100% had a squamous cell carcinoma, 45% had a stage \geq IIC. The median overall treatment time was 52 days (Q1–3: 49.5–56). With a median follow up of 20 months (12.5–31), the local control was 73%. Three patients relapsed: external parametrial areas (n=2), pre-sacral node (n=1). No acute genito-urinary toxicity (Grade > II) was observed, 18% had acute grade III gastrointestinal toxicity. The most common long-term toxicity were grade I-II genito-urinary and gastro intestinal, no Grade \geq III was observed. Progression free survival during the median follow-up of 20 months was 71.7%.

Conclusion SBRT boost seems feasible and well tolerable, although it cannot substitute BT. Further studies with longer follow-up periods are warranted to confirm long-term outcomes.

2022-RA-934-ESGO

VAGINAL CHANGES, SEXUAL FUNCTIONING AND DISTRESS OF WOMEN WITH LOCALLY ADVANCED CERVICAL CANCER TREATED IN THE EMBRACE VAGINAL MORBIDITY SUB-STUDY

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10.1136/ijgc-2022-ESGO.74

Introduction/Background The EMBRACE Vaginal Morbidity sub-study prospectively evaluated physician-assessed vaginal changes and patient-reported-outcomes (PRO) on vaginal and sexual functioning problems, and sexual distress in the first 2 years after radio(chemo)therapy with image-guided adaptive brachytherapy for locally advanced cervical cancer.