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.

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 lymphnode negative. Median follow-up was 55.7 and 30.7 months respectively. Eleven recurrences were diagnosed (9.9%), 5 (6.0%) and 6 (9.9%) between 01/2005 and 01/2019 respectively. The most common long-term toxicity were grade I-II genito-urinary and gastrointestinal toxicity. The most common long-term toxicity were grade I-II genito-urinary and gastrointestinal toxicity. The most common long-term toxicity were grade I-II genito-urinary and gastrointestinal toxicity.

Conclusion Tumor size ≥2 cm is the most important negative characteristic to FSS at 12 tertiary departments of gynecology oncology between 01/2005 and 01/2019 throughout Spain. The most common long-term toxicity were grade I-II genito-urinary and gastrointestinal toxicity.