

**Introduction/Background** Previously, our research team suggested patients with 2009 FIGO stage IB1 cervical cancer with tumor size  $\leq 2$  cm on preoperative magnetic resonance imaging (MRI) were safe candidates as laparoscopic radical hysterectomy (RH) did not influence disease recurrence in this subgroup. We aimed to investigate whether laparoscopic RH is also feasible in parametrial-positive or node-positive, early cervical cancer with a small sized tumor.

**Methodology** From Cervical Cancer cohorts of three tertiary institutional hospitals, we identified patients with 2009 FIGO stage IB1 who received either open or laparoscopic Type C RH. Among them, those with cervical tumor  $\leq 2$  cm on pre-operative MRI and were adherent to the guidelines for adjuvant treatment were included. Patients' clinicopathologic characteristics and survival outcomes were compared between the laparoscopic and open RH groups. Subgroup analyses were conducted according to the presence or absence of parametrial invasion (PMI) and lymph node metastasis (LNM).

**Results** In total, 498 patients were included: 299 and 199 for laparoscopic and open RH groups, respectively. After surgery, all study population was managed properly in terms of adjuvant treatment. After a median observation period of 59.4 months, the two groups showed similar progression-free survival (PFS;  $P=0.615$ ) and overall survival ( $P=0.439$ ). On pathologic examination, 16 (3.2%) and 49 (9.8%) had PMI and LNM, respectively, and 10 (2.0%) had both. In a subgroup of PMI, no difference in PFS was observed between the laparoscopic and open RH groups ( $P=0.893$ ). In a subgroup of LNM, the two groups also showed similar PFS ( $P=0.169$ ). Consistent results were also found in subgroups of non-PMI and non-LNM.

**Conclusion** Our study results demonstrate that laparoscopic RH might be safe in early cervical cancer with tumor size  $\leq 2$  cm, regardless of parametrial and nodal status, when adjuvant treatment is administered properly. Further large cohort studies are warranted to support our findings.

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#### COLPOSCOPY CLINIC REFERRALS & CERVICAL CANCER DIAGNOSIS AT A TERTIARY GYNAE-ONCOLOGY CENTRE COVERING NORTH & EAST LONDON DURING THE COVID 19 PANDEMIC

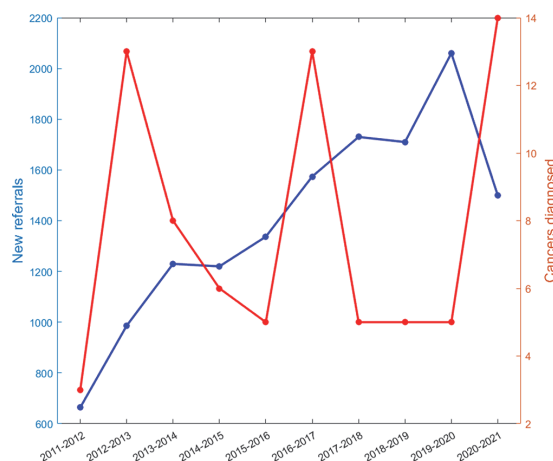
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**Introduction/Background** Cervical cancer screening in England was one of five national screening programmes that were temporarily suspended during the COVID 19 pandemic due to the unprecedented demands on the medical services. Between April and August 2020, screening invitations stopped going out and General practitioners discontinued face to face consultations which led to a fall in two-week wait referrals for suspected cancers. We reviewed the referrals to the colposcopy clinic and cervical cancer diagnosis at Royal London Hospital during the COVID 19 pandemic.

**Methodology** The study was a Retrospective cohort study of women diagnosed with cervical cancer between May 2020 and April 2021 at the Royal London Hospital, a tertiary Gynaecology centre covering North and East London.

**Results** There were 1,500 colposcopy clinic referrals in this period which was a 37.3% reduction from the previous year. Of these, 14 cervical cancer cases were diagnosed which was an increase of 180% from the previous year (when 5 cases were diagnosed). See figure 1 below. Six out of the 14 new cases (42.8%) were late-stage presentation- at least stage 2B of the International Federation of Gynaecology and Obstetrics (FIGO) 2018 staging of cervical cancer.



Abstract 2022-RA-1070-ESGO Figure 1

**Conclusion** The fall in colposcopy clinic referral can be explained by the disruptions from the COVID 19 pandemic as cervical screening invitations reduced during this time. However, the accompanying surge in cervical cancer diagnosis was unexpected. Further research is needed to compare with data from other gynaecology oncology centres and the Cancer research UK for the period of the COVID 19 pandemic when this is available.

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#### PRIMARY TREATMENT AND PROGNOSTIC FACTORS OF NEUROENDOCRINE CARCINOMA OF THE UTERINE CERVIX

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**Introduction/Background** Neuroendocrine carcinoma of the cervix (NECC) is a rare, aggressive histologic type of cervical cancer. Currently, there is no standardized therapy for NECC. This study aims to investigate prognostic factors of NECC and compare survival outcomes according to the treatment methods.

**Methodology** NECC patients who received primary treatment at our institution between 2000 and 2020 were retrospectively identified. We collected patients' clinicopathologic and survival data, including age at diagnosis, histologic subtype, stage, immunohistochemical staining results, and detailed treatment methods. Multivariate analyses were conducted to identify prognostic factors for progression-free survival (PFS) and overall survival (OS).

**Results** In total of 47 NECC patients included, mean age at diagnosis was 46.9 years. The most common chief complaint was vaginal bleeding (61.7%). In relation to histologic