

• Patient drop-out is a concern. Further data should focus on patient selection for wider intervals to improve adherence rates.

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HYSTERECTOMY AFTER RADICAL VAGINAL TRACHELECTOMY – IS THIS A ‘MUST’ IN EARLY STAGE CERVICAL CANCER? OUR 15 YEARS CLINICAL EXPERIENCE BENCHMARKED WITH THE CURRENT STATE OF SCIENCE

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Introduction/Background Radical vaginal trachelectomy (RVT) is one treatment option for early stage cervical carcinoma in young patients wishing to preserve fertility. However, indication for second step hysterectomy following childbearing is not clear. We compared data of patients treated with RVT at Jena University Hospital with current literature.

Methodology Monocentric retrospective study. Analysis of recurrence, pregnancy and delivery rate for early stage cervical cancer patients who underwent RVT 2003–2017.

Results Out of 47 patients, 30 patients had a follow up (FU) of > 12 months and 15 patients > 48 months (median, 52, range, 12–120). Median age: 31 years (range, 23–41). Tumor stage: 11% pT1a1, 17% pT1a2, 67% pT1b1, 6% pT1b2. Three patients had N1 in final pathologic appraisal and 14 had LVS11 or V1 or perineural infiltration. Histology: 19% adenocarcinoma, 79% squamous cell carcinoma. Pregnancy rate: 27% (75% live births, two full term and four pre-term births, one early miscarriage, one termination of pregnancy). Completion hysterectomy was performed in 11% (5/47) after a median of 58 months (range, 12–134) with no evidence of disease. Out of 30 patients, recurrence occurred in one patient (3.3%) on left ovary after 26 months. Tumor characteristics of this patient at diagnosis: pT1b1, squamous, N0, LVS11. She underwent LRH type Q/M C1, but died 5 years after diagnosis because of disease progression. Outcome in our cohort was comparable to data from a review of Smith S. et al., 2020, analyzing 47 articles with 2566 patients: Median follow-up 48 months (range 2–202), median recurrence rate 3.3% (range 0–25%), median time to recurrence 26 months (range 8–44). Pregnancy rate was 23.9%, with a live-birth rate of 75.1%.

Conclusion RVT is an oncologically safe procedure for early cervical cancer with a median recurrence rate of 3.3%. Completion hysterectomy beyond 44 months of uneventful FU appears omittable.

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NON-INFERIOR SURVIVAL OUTCOMES FROM MINIMALLY INVASIVE RADICAL HYSTERECTOMY IN CONIZATION-SKIPPED, 2018 FIGO STAGE IB1 CERVICAL CANCER: A TWO-INSTITUTIONAL RETROSPECTIVE COHORT STUDY

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Introduction/Background Recently, we demonstrated that preoperative conization might reduce the disease recurrence in early cervical cancer patients who undergo primary radical hysterectomy (RH) by a minimally invasive surgical (MIS) approach. However, conization is not mandatory as per the current clinical practice guidelines. Thus, this study aimed to compare survival outcomes between MIS and open RH among patients who did not receive preoperative conization.

Methodology From cervical cancer cohorts of two institutions, we identified pathologically node-negative, margin-negative, parametria-negative, 2018 FIGO stage IB1-IB2 cervical cancer patients who received primary Type C RH between July 2006 and June 2020. Patients who received cervical conization before RH were excluded. The study population was divided into MIS (n=196) and open (n=156) groups. Patients' clinicopathologic characteristics and survival outcomes were compared between the two groups.

Results Between the MIS and open groups, no differences were observed in histologic type, cervical tumor size, and depth of invasion. After a median follow-up of 63.5 months, overall survival was similar between two groups; however, MIS group showed worse disease-free survival (DFS; 5-year rate, 79.4% vs. 91.1%; P=0.011). In multivariate analysis, MIS was identified as an independent poor prognostic factor for DFS (adjusted HR, 2.027; 95% CI, 1.1130–3.635; P=0.018). However, among IB1 patients (n=107), no difference in DFS was observed between the MIS and open groups: multivariate analysis revealed that MIS did not influence the disease recurrence rate (P=0.142).

Conclusion In conization-skipped, 2018 FIGO stage IB1 cervical cancer, MIS might not increase the disease recurrence rate after RH. Accurate preoperative identification of nodal and parametrial involvement is essential for early cervical cancer patients in deciding the surgical approach of RH.

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LAPAROSCOPIC NERVE SPARING RADICAL HYSTERECTOMY

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Introduction/Background This is a video demonstration of laparoscopic nerve sparing radical hysterectomy for cervical cancer.

Methodology Video demonstrated on a female with early cervical cancer.

Results Video demonstrated in the video in a given format

Conclusion Laparoscopic nerve sparing radical hysterectomy can be performed with minimal morbidity with technical expertise and case selection.

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STEP BY STEP ILEAL CONDUIT URINARY DIVERSION

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Introduction/Background A 51 -year-old woman admitted to Ankara UniversityGynecologic Oncology unit with a recurrence