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

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.


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 patients in parametria-positive. 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, LVS1. 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 of patients treated with RVT at Jena University Hospital with current literature.

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, 1.113–3.635; 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 parametria involvement is essential for early cervical cancer patients in deciding the surgical approach of RH.
invading ureters on magnetic resonance imaging. This surgery is presenting acental pelvic recurrence of a cervix cancer previously treated with chemoradiation. After an anterior pelvic exenteration surgery, an ileal conduit urinary diversion performed. This surgical video contains the steps of ileal conduit; isolation of the ileal loop, stapled side to side ileo-ileal anastomosis, urostomy fixation, pigtail stent insertion and uretero-ureteral anastomosis.

Methodology A 20 cm ileum segment is isolated and ureters areanastomosed to the proximal end of the conduit and the distal end is used to perform a cutaneous stoma for urine drainage, which is externally connected to a collection device attached to the skin.

Results Ileal conduit urinary diversion is an incontinent urinary diversion.

Conclusion This type of urinary diversion is incontinent but can be easily managed by patients.

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ROLE OF ADJUVANT THERAPY IN INTERMEDIATE-RISK CERVICAL CANCER PATIENTS – SCCAN STUDY SUB-ANALYSIS

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Introduction Background The ‘intermediate-risk’ (IR) group of early-stage cervical cancer patients is characterised by negative pelvic lymph nodes and a combination of tumour-related prognostic risk factors such as tumour size ≥2 cm, presence of lymphovascular space invasion (LVSII), and deep stromal invasion. The role of adjuvant treatment in these patients remains controversial, based on a single randomised GOG 92 study performed more than 20 years ago. The objective of our study was to evaluate if adjuvant (chemo)radiotherapy is associated with a disease-free survival benefit after radical surgery in patients with IR cervical cancer.

Methodology We analysed data from patients who met criteria for intermediate risk cervical cancer (tumour 2–4 cm +LVSI OR tumour size >4 cm; N0; no parametrical invasion; clear surgical margins), underwent primary surgical treatment with a curative intent between 2007 – 2016, and were registered in the international multicentre Surveillance in Cervical CANcer (SCCAN) study. Administration of the adjuvant treatment stratified the cohort in two subgroups in which oncological outcomes were evaluated and compared using log-rank test.

Results Of 692 patients included in the analysis, 274 (39.6%) patients received no adjuvant treatment (AT-) and 418 (60.4%) were treated with adjuvant radiotherapy or chemoradiation (AT+). The 5-year disease-free survival was 83.2% and 80.3% (P=0.365) and corresponding overall survival 88.7% and 89.0% (P=0.281) in AT- and AT+ groups, respectively (figure 1). Separate sub-group analyses in patients with tumour >4 cm and 2–4 cm +LVSI also did not reveal any significant survival benefit of combined treatment in either of the sub-groups. Adjuvant (chemo)radiotherapy was not identified as an independent prognostic factor in the cohort or any of the sub-groups.

Conclusion Radical surgery alone achieved equal disease-free and overall survival in patients with intermediate-risk, early-stage cervical cancer as compared with combined treatment composed of radical surgery and adjuvant (chemo)radiotherapy.

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Figure 1 Disease-free survival (A) and Overall survival (B) of intermediate-risk cervical cancer patients divided by administration of adjuvant treatment

AT-: patients did not undergo adjuvant treatment; AT+: patients underwent adjuvant treatment (radiotherapy or chemoradiation). Time 0 marks the day of the surgical treatment.

Conclusion Radical surgery alone achieved equal disease-free and overall survival in patients with intermediate-risk, early-stage cervical cancer as compared with combined treatment composed of radical surgery and adjuvant (chemo)radiotherapy.

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NONFUNCTIONAL COMPLICATIONS ASSOCIATED WITH RADICAL HYSTERECTOMY

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Introduction Background Bladder disfunction is the most frequent complication after radical hysterectomy. However, there are other relevant complications associated with cervical cancer.