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

**2022-RA-1107-ESGO**

**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**

Irina Cepraga, Valentina Aulettà, Davit Bokhua, Angela Kather, Ingo B Runnebaum.
Gynaecology and Reproductive Medicine, Jena University Hospital, Jena, Germany

10.1136/ijgc-2022-ESGO.92

**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 LVS1 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, 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 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.

**2022-RA-1120-ESGO**

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

Nae Ry Kim, Seoyoon Lee, Se Ik Kim, Jae-Woon Kim, Cheol Hun Choi, Maria Lee.
1Seoul National University Hospital, Seoul, Korea, Republic of; 2Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea, Republic of

10.1136/ijgc-2022-ESGO.93

**Introduction/Background** Recently, we demonstrated that pre-operative 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 parametrial involvement is essential for early cervical cancer patients in deciding the surgical approach of RH.

**2022-VA-1135-ESGO**

**LAPAROSCOPIC NERVE SPARING RADICAL HYSTERECTOMY**

KVNRaju, Pavan kumar Jonnada, Zeebha Usofi, Nusraeth Syed, B Madhu, Pradeep Keshri.
BIACHRI, hyd, India

10.1136/ijgc-2022-ESGO.94

**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.

**2022-VA-1150-ESGO**

**STEP BY STEP ILEAL CONDUIT URINARY DIVERSION**

1Seda Şahin Aker, 2Ogün Ersan.
1Gynecologic Oncology, Kayseri city education and training hospital, KAYSERI, Turkey; 2Surgical Oncology, Konya City Hospital, Konya, Turkey

10.1136/ijgc-2022-ESGO.95

**Introduction/Background** A 51-year-old woman admitted to Ankara University Gynecologic Oncology unit with a recurrence
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, ureterostomy fixation, pigtail stent insertion and uretero-ureteral anastomosis.

**Methodology**
A 20 cm ileum segment is isolated and ureters are anastomosed 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 incontinant 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**

1. David Cibula, 2. Huseyn Aliili, 3. Luc RCW van Lorkhuizen, 4. Anna Fagotti, 5. Lukáš Dostálek, 6. David Isla Ortiz, 7. Mehmet Mutlu Melyani, 8. Nadeem R Abu-Rustum, 9. Diego Odetto, 10. Fabio Landoni, 11. Yijin Pres, 12. Jaroslav Klat, 13. Henrik Falconer, 14. Aldo Lopez, 15. Ricardo dos Reis, 16. Ignacio Zapardiel, 17. Rene Laiky, 18. Constantjine H Mom, 19. Nicolò Bizzarri, 20. Ali Ayan. 21. Gynecologic Oncology Center, Department of Obstetrics and Gynecology, First Faculty of Medicine, Charles University and General University Hospital (Central and Eastern European Gynecologic Oncology Group, CEGOG), Prague, Czech Republic; 22. Baskent University School of Medicine Department of Gynecology and Obstetrics Division of Gynecologic Oncology, Ankara, Turkey; 23. Amsterdam University Medical Centers, Center for Gynecologic Oncology Amsterdam, Amsterdam, Amsterdam, Netherlands; 24. Fondazione Politecnico Universitario A. Gemelli, IRCCS, UOC Ginecologia Oncologica, Dipartimento per la salute della Donna e del Bambino e delle Salute Pubblica, Rome, Italy; 25. Gynecology Oncology Center, National Institute of Cancerology Mexico, Mexico City, Mexico; 26. Department of Gynecologic Oncology, Zekai Tahir Burak Women’s Health and Research Hospital, University of Health Sciences, Ankara, Turkey; 27. Memorial Sloan Kettering Cancer Center, New York, NY; 28. Department of Gynecologic Oncology, Hospital Italiano de Buenos Aires, Instituto Universitario Hospital Italiano, Buenos Aires, Argentina; 29. University of Milano-Bicocca, Department of Obstetrics and Gynecology, Gynaecologic Oncology Surgical Unit, ASST-Monza, San Gerardo Hospital, Monza, Italy; 30. Department of Gynecology and Obstetrics, University Hospital Pilsen, Charles University in Prague, Pilsen, Czech Republic; 31. Department of Obstetrics and Gynecology, Faculty of Medicine, University Hospital and University of Ostrava, Ostrava, Czech Republic; 32. Department of Pelvic Cancer, Karolinska University Hospital and Department of Women’s and Children’s Health, Karolinska Institutet, Stockholm, Sweden; 33. Department of Gynecological Surgery, National Institute of Neoplastic Diseases, Lima, Peru; 34. Department of Gynecologic Oncology and Reproductive Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX; 35. Gynecologic Oncology Unit, La Paz University Hospital – IDiPAZ, Madrid, Spain; 36. Gynecology, Medical University of Graz, Graz, Austria

**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 (LVSI), 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)radiation 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 chemoradiotherapy (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 size ≥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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**NONFUNCTIONAL COMPLICATIONS ASSOCIATED WITH RADICAL HISTERECTOMY**


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