

surgery much less reported in literature. The aim of this study was to evaluate the frequency of nonfunctional complications associated to radical procedures and to determine if there is any risk factor associated with their appearance.

**Methodology** A retrospective study was conducted including consecutive patients diagnosed with early-stage cervical cancer who underwent radical hysterectomy or radical trachelectomy at La Paz University Hospital from January 2005 to December 2019. Data from intraoperative complications, short-term (<30 days after surgery) and long-term (>30 days after surgery) complications were retrospectively collected. A multivariable analysis was performed in order to identify possible predictors of surgical complications.

**Results** A total of 111 patients were included. Intraoperative complications occurred in 13 (11.7%) women. Multivariable analysis showed there was a greater risk of intraoperative complications if microscopic parametrial involvement was present (at postoperative analysis). 41 (36.9%) patients had any short-term postoperative complication, being urological complications the most frequent ones. 33 (29.7%) patients had any long-term complication, where lymphedema was the most frequent one (20 patients, 18%).

**Conclusion** Urological complications are the most frequent ones in radical uterine procedures, especially bladder dysfunction. However, other complications such as ureteral injury, fistula or lymphedema, are less frequent but also important due to their impact in the quality of life of patients. We found that parametrial involvement in postoperative pathological analysis was associated with higher intraoperative complications, being the most important factor impacting the presence of bladder dysfunction.

#### 2022-VA-1193-ESGO RECURRENT CERVICAL CANCER CASE WITH SACRAL METASTASIS

<sup>1</sup>Dogan Vatansever, <sup>1</sup>Emin Erhan Donmez, <sup>1</sup>Burak Giray, <sup>2</sup>Mehmet Ali Deveci, <sup>3</sup>Tayfun Oktar, <sup>1</sup>Macit Arvas, <sup>1</sup>Cagatay Taskiran. <sup>1</sup>Gynecologic Oncology, Koc University Hospital, Istanbul, Turkey; <sup>2</sup>Orthopedics and Traumatology, Koc University Hospital, Istanbul, Turkey; <sup>3</sup>Urology, Koc University Hospital, Istanbul, Turkey

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**Introduction/Background** Cervical cancer is the third most common gynecologic cancer in women worldwide and human papillomavirus (HPV) infection is the primary risk factor for cervical neoplasms. The recurrence rates of cervical cancer are 11% to 22% and 28% to 64% for those with Federation of Gynecology and Obstetrics (FIGO) stage IB-IIA and IIB-IVA disease, respectively. Surgery is one of the treatment methods for oligometastatic recurrence. In this video we aimed to demonstrate a radical surgical treatment approach in a patient with sacral cervical cancer recurrence

**Methodology** A 38-year-old patient with stage IIB underwent primary chemoradiotherapy in 2018. In 2019 a parametrial recurrence detected and she underwent radical hysterectomy followed by chemotherapy. She presented to our gynecologic oncology department with right leg pain in 2020. Magnetic resonance imaging and positron emission tomography revealed a 4 x 3.5 cm recurrent mass extending into the neural foramen in the right half of the sacrum and hypermetabolic residual mass adjacent to the right internal iliac artery and vein. The patient underwent surgery with these findings. Internal iliac artery and external iliac vein excision, sacral tumor

resection and Boari flap ureteroneocystostomy was performed. The patient was discharged uneventfully.

**Results** She stayed at the intensive care unit for one day and discharged on the 11th postoperative day without any early complications.

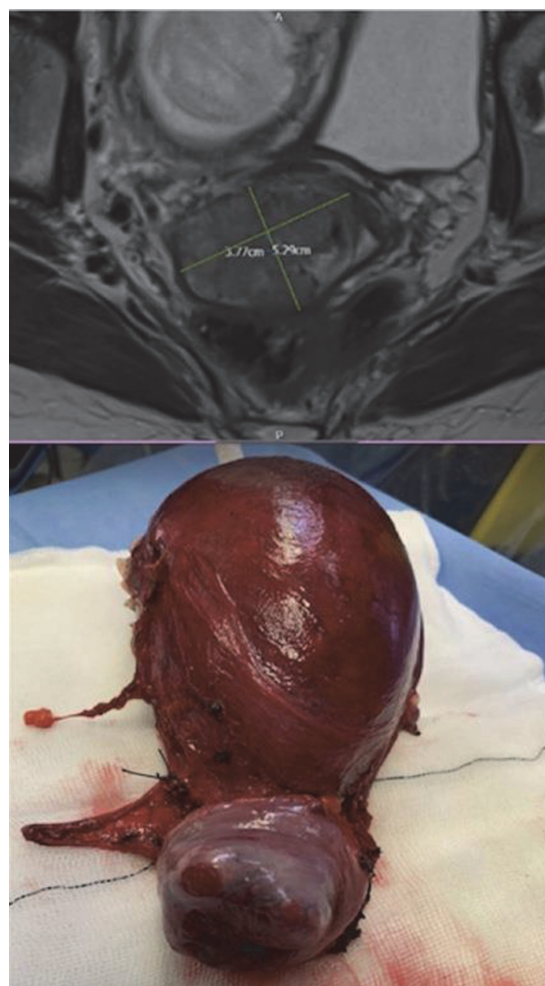
**Conclusion** Recurrent cervical cancer has a poor prognosis. Surgery, radiotherapy, chemotherapy, or various combinations may be used to treat recurrent disease. Removal of metastases or pelvic exenteration are surgical treatment options. Post recurrence surgery can improve progression-free survival (PFS) and overall survival (OS) in selected patients.

#### 2022-RA-1205-ESGO MANAGEMENT OF LATE PRESENTATION OF ADVANCED CERVICAL NEOPLASIA IN PREGNANCY DURING THE COVID-19 PANDEMIC – AN ETHICAL DILEMMA

Sarah Louise Smyth, Imogen Cowdell, Hooman Soleymani. *Churchill Hospital, Oxford, UK*

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**Introduction/Background** Holistic care is found at the heart of every oncology patient's journey, but perhaps nowhere more pivotal than in the case of concurrent pregnancy. We present this rare case in recognition of the onerous effect of the covid-19 pandemic with a focus on the emotional burden of such difficult circumstances.



Abstract 2022-RA-1205-ESGO Figure 1

**Methodology** A 33-year-old primiparous female attended at 16 weeks pregnant with vaginal spotting and abnormal cervix on inspection; her smear test had been delayed due to COVID-19. Investigations revealed a stage 2b squamous cell cervical carcinoma. Proposed management options were of pregnancy continuation with neoadjuvant chemotherapy and elective pre-term caesarean section or surgical termination; both followed by chemoradiotherapy.

**Results** Following fertility counselling, the patient underwent surgical peripartum fetocidal type III nerve sparing radical Wertheim hysterectomy and pelvic lymphadenectomy. Findings were of a 5 cm exophytic tumour with a 3 cm and 5 cm margin of vaginal cuff and parametrium respectively. The couple were subsequently referred on to clinical oncology and for bereavement counselling, mourning the loss of their future fertility over and above that of their unborn baby.

**Conclusion** Throughout this patient's journey there was not only a host of support including cancer nurse specialist teams; but also in consideration of the clinicians residing over this patient's case. The provision of compassionate care was coupled alongside that of emotionally supporting colleagues within the multidisciplinary team. This case raised significant ethical dilemmas regarding aspects of clinical management with extremely difficult and heartfelt decision-making challenges, which greater emphasised the present loss of life.

2022-RA-1217-ESGO **SUCCOR MORBIDITY. INTRAOPERATIVE AND POSTOPERATIVE COMPLICATIONS IN MINIMALLY INVASIVE VERSUS OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER**

<sup>1</sup>Daniel Vázquez Vicente, <sup>2</sup>Felix Boria, <sup>2</sup>Teresa Castellanos, <sup>2</sup>Mónica Gutiérrez, <sup>3</sup>Enrique Chacon, <sup>2</sup>Nabil Manzour, <sup>3</sup>JA Minguez, <sup>3</sup>JL Alcázar, <sup>2</sup>Luis Chiva. <sup>1</sup>Gynecology, Clínica Universidad de Navarra, Madrid, Spain; <sup>2</sup>Clínica Universidad de Navarra, Madrid, Spain; <sup>3</sup>Clínica Universidad de Navarra, Pamplona, Spain

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**Introduction/Background** The aim of this study is to compare the incidence of intra and postoperative complications in both approaches.

**Methodology** We review data from the SUCCOR study (1272 patients with IB1 cervical cancer with a radical hysterectomy performed during 2013–2014). We review the duration of the surgeries, the estimated blood loss, and lengthstay. Regarding intraoperative complications we looked for bleeding, ureteral injury, bladder injury, vascular injury, bowel injury and nerve injury. Regarding postoperative complications we looked for abdominal wall infection, vaginal bleeding, vaginal cuff cellulitis, vaginal cuff dehiscence, fever, postoperative bleeding, bladder dysfunction, urinary infection, hematuria, incontinence, bladder fistula, ureteral fistula, bowel obstruction, pulmonary embolism, pneumonia, pleural effusion, lymphorrhagia and quinous ascites.

**Results** We noticed that in the MIS compared with abdominal surgery the duration of the surgery was longer (246 vs. 196 minutes) ( $p < 0,01$ ), the estimated blood loss was lower (171 vs 418 mls) ( $p < 0,01$ ) and the lengthstay was shorter (4,7 vs 8,3 days) ( $p < 0,01$ ) We did not find any difference in overall incidence of intraoperative and postoperative complications in the MIS compared with open group. However we found that in the MIS the incidence of vaginal bleeding

(2.9% vs 0.6%);  $p < 0,01$ , the incidence of vaginal cuff cellulitis (2,9 vs 0,8%);  $p < 0,01$  and the vaginal cuff dehiscence were higher than in the open group (3,3 vs 0,5%); ( $p < 0,01$ ). Regarding Grade III clavian dindo complications, in the open group bladder dysfunction (1,3 vs 0,2%) ( $p = 0,046$ ), and abdominal wall infection were higher (1,1 vs 0%) ( $p = 0,018$ ) than in the minimal invasive group. Nevertheless Ureteral fistula was higher in the MIS than in the open group (1,7 vs 0,5%) ( $p = 0,037$ )

**Conclusion** We did not find any difference in the overall incidence of intra and postoperative complications in the SUCCOR study when comparing the MIS arm vs open group arm

2022-RA-1219-ESGO **SUCCOR QUALITY: VALIDATION OF ESGO QUALITY INDICATORS FOR SURGICAL TREATMENT OF CERVICAL CANCER**

<sup>1</sup>Felix Boria, <sup>2</sup>Nerea Martin-Calvo, <sup>3</sup>Enrique Chacón, <sup>2</sup>Arantxa Berasaluce, <sup>4</sup>Nabil Manzour, <sup>5</sup>Daniel Vazquez, <sup>6</sup>Teresa Castellanos, <sup>9</sup>Luis Chiva. <sup>1</sup>Gynecologic oncology department, Clínica Universidad de Navarra, Madrid, Spain; <sup>2</sup>Statistics, Clínica Universidad de Navarra, Pamplona, Spain; <sup>3</sup>Gynecologic oncology department, Clínica Universidad de Navarra, Pamplona, Spain; <sup>4</sup>Gynecologic oncology, Clínica Universidad de Navarra, Pamplona, Spain; <sup>5</sup>Gynecologic oncology, Clínica Universidad de Navarra, Madrid, Spain; <sup>6</sup>Gynecologic oncology, Clínica Universidad de Navarra, Madrid, Spain

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**Introduction/Background** The main objective of this study was to evaluate the impact in the disease-free survival and risk of relapse of ESGO quality indicators compliance in cervical cancer surgery.

**Methodology** In this retrospective cohort study 15 ESGO quality indicators were assessed in the succor database (patients who underwent radical hysterectomy for stage IB1 cervical cancer (FIGO 2009)), and the final score ranged between 0 and 16 points. Centers with more than 13 points were classified as high-quality indicator compliance centers. We constructed a weighted cohort using inverse probability weighting to adjust for the variables and using inverse probability weighting. We compared disease-free survival and overall survival using Cox proportional hazards regression analysis in the weighted cohort.

**Results** A total of 838 patients were included in the study. The mean number of quality indicators compliance in this cohort was 13.6 (SD 1.45). 479 patients were operated in high compliance centers and 359 patients were operated in low compliance centers. Women who were operated on centers with high compliance of quality indicators had significant lower risk of relapse (HR, 0.39; 95% CI, 0.25 to 0.61;  $P < 0.001$ ). The association was slightly reduced but remained significant after further adjustment for surgery related variables – conization, surgical approach and use of manipulator- (HR, 0.48; 95% CI, 0.30 to 0.75;  $P = 0.001$ ) and variables related with clinical evolution- Adjuvant therapy- (HR, 0.47; 95% CI, 0.30 to 0.74;  $P = 0.001$ ). Risk of death from the disease was significantly lower in women operated on in centers with high adherence to quality indicators (HR, 0.42; 95% CI, 0.19 to 0.97;  $P = 0.041$ ). However, the association became no significant after the adjustment for surgery and clinical related variables.

**Conclusion** Patients with early-stage cervical cancer operated on centers with high compliance of ESGO quality indicators have lower risk of recurrence and death.