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 preterm 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 patients 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 INMINIMALLY INVASIVE VERSUS OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER

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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 lenghtstay. Regarding intraoperative complications we looked for bleeding, ureteralinjury, bladderinjury, vascular injury, bowel injury and nerve injury. Regarding postoperative complications we looked for abdominal wall infection, vaginal bleeding, vaginal cuff celulitis, vaginal cuff dehiscence, fever, postoperative bleeding, bladder dysfunction, urinary infection, hematuria, incontinence, bladder fistula, ureteral fistula, bowel obstruction, pulmonary embolism, pneumonia, pleural effusion, lymphorragia and quilous ascites.

Results We noticed than 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 lenghtstay 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 celulitis(2,9 vs 0,8%); p<0,01 and the vaginal cuff dehiscence were higuer than in the open group (3,3 vs 0,5%); (p <0,01). Regarding Grade III clavien dindo complications, in the open group bladder disfunction (1,3 vs 0,2%) (p 0,046), and abdominal wall infection were higuer (1,1 vs 0%)(p 0,018) than in the minimal invasive group.Nevertheless Ureteral fistula was higuer 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

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Introduction/Background The main objective of this study was 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.

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