

tumor with tumor free margins. The procedure is feasible robotically and if combined with intracorporeal urinary diversion, the overall morbidity and hospitalization can be decreased considerably. Since follow-up of our patient is 10 months, it is too early to discuss survival. Nevertheless, the patient is disease free after 10 months. There were no complications in our case.

Conclusion Robot assisted anterior pelvicotomy with anterior vaginal wall preservation is a feasible and mini-invasive technique. Our results have demonstrated the feasibility and oncological safety of performing anterior exenteration robotically in advanced pelvic cancer patients with acceptable morbidity.

2022-RA-1383-ESGO

HIGH VISCERAL FAT PERCENTAGE IS LINKED TO UPREGULATED INFLAMMATORY TUMOUR SIGNALLING AND PREDICTS POOR OUTCOME IN UTERINE CERVICAL CANCER

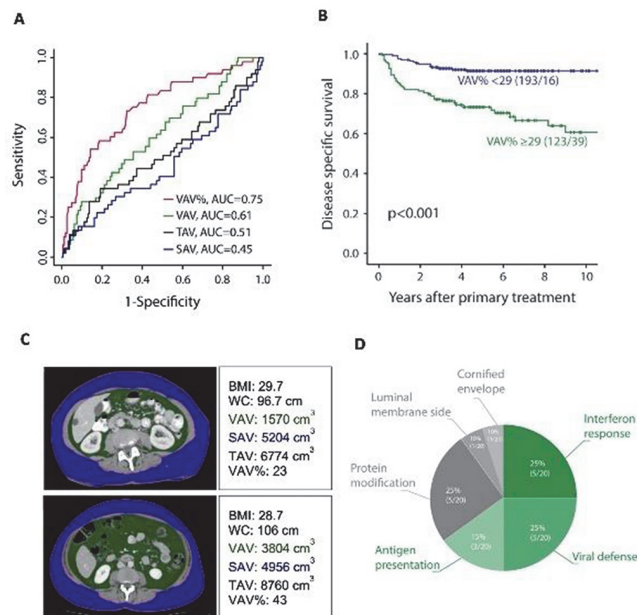
^{1,2}Agnes Jørgensen Eide, ^{3,4}Mari Kyllesø Halle, ^{1,2}Njål Lura, ^{1,2}Kristine Fasmer, ^{1,2}Kari Wagner-Larsen, ^{3,4}David Erik Forse, ⁵Bjørn Bertelsen, ⁶Øyvind Salvesen, ^{3,4}Camilla Krakstad, ^{1,2}Ingrid Salvesen Haldorsen. ¹Department of Radiology, Mohn Medical Imaging and Visualization Centre MMIV, Haukeland University Hospital, Bergen, Norway; ²Section for Radiology, Department of Clinical Medicine, University of Bergen, Bergen, Norway; ³Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway; ⁴Centre for Cancer Biomarkers CCBIO, Department of Clinical Science, University of Bergen, Bergen, Norway; ⁵Department of Pathology, Haukeland University Hospital, Bergen, Norway; ⁶Clinical Research Unit, Department of Clinical and Molecular Science, Norwegian University of Science and Technology, Trondheim, Norway

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Introduction/Background The aim of this study was to explore abdominal fat distribution markers from computed tomography (CT) in relation to clinicopathologic characteristics and patient outcome in uterine cervical cancer (CC). By unravelling possible links between fat distribution profiles and altered tumour signalling pathways, potential molecular targets for treatment based on body composition profiles may be identified, which may enable more individualized treatment strategies in CC.

Methodology The study included 316 CC patients diagnosed during 2004–2017 who had pre-treatment abdominal CT scans. CT images were analysed to quantify total abdominal fat volume (TAV), subcutaneous abdominal fat volume (SAV), visceral abdominal fat volume (VAV), visceral fat percentage (VAV% = VAV/TAV x100), liver density (LD) and waist circumference (WC). CT morphometric markers were explored in relation to clinicopathologic characteristics and disease-specific survival (DSS), and to gene expression profiles (L1000 mRNA) in a subset of 108 patients.

Results High TAV, VAV and VAV% and low LD were all associated with high (≥ 44 years) patient age ($p \leq 0.017$) and high International Federation of Gynaecology and Obstetrics (FIGO) (2018) stage ($p \leq 0.01$). High VAV% was the only CT marker predicting high-grade histology ($p = 0.028$), large tumour size ($p = 0.016$) and poor DSS (HR 1.06, $p < 0.001$). VAV% was strongly positively correlated with age ($r = 0.68$, $p < 0.001$) and VAV ($r = 0.65$, $p < 0.001$). Patients with high VAV% had CC tumours with enrichment of gene sets (false discovery rate [FDR] $< 5\%$) related to inflammatory signalling with 65% (13/20) of the top ranked Gene Ontology gene sets related to interferon signalling, viral- or immune response.



Abstract 2022-RA-1383-ESGO Figure 1 High visceral fat percentage is linked to upregulated inflammatory tumour signalling and predicts poor outcome in uterine cervical cancer. (A) Time-dependent receiver operating characteristic (tdROC) curves for predicting disease-specific survival (DSS) at 5 years after diagnosis based on visceral abdominal fat percentage (VAV%), visceral abdominal fat volume (VAV), total abdominal fat volume (TAV) and subcutaneous abdominal fat volume (SAV). VAV% yielded significantly higher AUC (0.75) than the other morphometric makers ($P < 0.001$ for all). (B) Kaplan-Meier plot depicting significantly reduced DSS in patients with $VAV\% \geq 29$ compared with patients with $VAV\% < 29$ ($p < 0.001$). (C) Abdominal compared tomography (CT) scans with segmentation of visceral and subcutaneous fat compartments carcinoma, international federation of gynaecology and obstetrics (FIGO) (2018) stage III. Patient I, aged 61 yrs, who had low VAV% (23%) received primary radiation therapy and subsequent chemotherapy with cisplatin. She developed pelvic metastases and died from cervical cancer 14 months after primary treatment. (D) Gene set enrichment analysis (GSEA) revealed that patients with $VAV\% > 29$ had tumours exhibiting upregulated signalling pathways for gene sets involved in inflammatory signalling and immune response (shown in green)

Conclusion High VAV% is associated with high-risk clinical features and predicts reduced disease-specific survival in CC patients. CC patients with high VAV% have tumours with upregulated genes involved in inflammatory signalling, suggesting that the metabolic environment induced by visceral adiposity influences the regulatory signalling pathways relevant for tumour progression in CC.

2022-RA-1385-ESGO

TOTAL LAPAROSCOPIC RADICAL HYSTERECTOMY VERSUS LAPAROSCOPIC-ASSISTED VAGINAL RADICAL HYSTERECTOMY FOR THE TREATMENT OF EARLY-STAGE CERVICAL CANCER

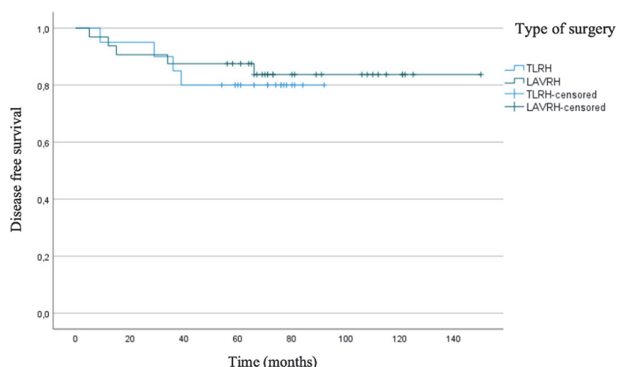
^{1,2}Luka Kovac, ¹Branko Cvjetičanin, ^{1,2}Vid Janša, ^{1,2}Špela Smrkolj, ^{1,2}Borut Kobal, ^{2,1}Leon Meglič. ¹Department of Gynaecology, University Medical Centre Ljubljana, Ljubljana, Slovenia; ²Medical Faculty, University of Ljubljana, Ljubljana, Slovenia

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Introduction/Background Prevention of cervical cancer is a story of progress in the western world. Globally, however, it still represents a vital disease burden. The approach to surgical treatment of early-stage disease has changed dramatically in recent years. We present data in our center before the LACC trial.

Methodology A retrospective, observational study of a single tertiary level center between January 2011 and December 2016. Clinical data were gathered from the Division of Gynaecology and Obstetrics archive, University Medical Centre Ljubljana.

Results A total of 52 patients underwent minimally invasive surgery in that period. In thirty-two cases, laparoscopic-assisted vaginal radical hysterectomy was performed, and total laparoscopic radical hysterectomy in twenty cases. There was no statistically significant difference in clinical characteristics or overall survival and disease-free survival between LAVRH and TLRH. In the follow-up of 60 months, 8 (15,4%) recurrences were observed. Of those, 4 (12,5%) were in LAVRH group and 4 (25,0%) in TLRH. In the follow-up period of 60 months, there were 4 (7,7%) deaths, 2 (6,3%) in the LAVRH group and 2 (10,0%) in the TLRH group, all of which were related to recurrences.



Abstract 2022-RA-1385-ESGO Figure 1 Kaplan-meier disease-free survival curves for LAVRH and TLRH

Conclusion A non-significant trend towards worse outcomes in the TLRH subgroup was observed. Results are similar to those reported in the prospective and retrospective analysis since 2018.

2022-RA-1388-ESGO

COMPARISON OF DISEASE FREE INTERVAL AMONG CERVICAL CANCER PATIENTS WHO UNDERWENT CONCURRENT CHEMORADIATION FOR 10 YEARS AT A SINGLE INSTITUTION IN KOREA; WHAT ABOUT CERVICAL ADENOCARCINOMA?

¹ChanJoo Kim, ²Su Jeong Lee, ²Jin Hwi Kim, ²Tae Chul Park. ¹Department of Obstetrics and Gynecology, The Catholic University of Korea, Uijeongbu, Korea, Republic of; ²Department of Obstetrics and Gynecology, The Catholic University of Korea, Uijeongbu, Korea, Republic of

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Introduction/Background The incidence of cervical cancer has been steadily decreasing in Korea since 1999. In addition, the survival propensity for patients with localized cervical

squamous cell carcinoma and adenocarcinoma has gradually increased since the introduction of clinical recommendations for platinum-based chemoradiation therapy (CCRT).

Methodology We searched the case records of cervical cancer patients who received CCRT treatment at the Catholic University of Korea Uijeongbu St. Mary's Hospital from January 1, 2010 to June 30, 2021. A total of 134 patients were enrolled, of which 63 received CCRT as primary treatment and 70 received postoperative adjuvant radiotherapy (RT). Descriptive statistics were used to summarize patient. For the estimation of disease free interval, Kaplan-Meier analysis was performed.

Results The mean age was 57.4 years (range: 32–88 years). Squamous cell carcinoma was the most common type in 107 patients (79.9%), adenocarcinoma in 25 patients (18.7%), and adenosquamous cell type in 2 patients (1.5%). FIGO IIb was the most common with 65 (48.5%), and those with IIa or lower were 42 (31.3%). The mean follow-up period was 39.4 months (2–123 months). The 5-year disease-free survival (DFS) across arms was 56%. In the case of adenocarcinoma patients, although the number of subjects was relatively small, the 5-year DFS was 79% for those who received adjuvant CCRT after surgery (compared with 55% inr SCCA, no statistical significance)

Conclusion With the introduction of CCRT, the therapeutic effect is gradually increasing in patients with 2 types of cervical cancer. For cervical adenocarcinoma, which has been increasing relatively since the introduction of the HPV vaccine, surgical treatment needs to be considered and future studies are also needed in the future.

2022-RA-1392-ESGO

TISOTUMAB VEDOTIN COMBINATIONS WITH PEMBROLIZUMAB OR CARBOPLATIN IN PATIENTS WITH RECURRENT/METASTATIC CERVICAL CANCER: INTERIM RESULTS OF ENGOT CX8/GOG-3024/INNOVATV205

¹Domenica Lorusso, ²Ignace Vergote, ³Roisin E O'Ceirbhail, ⁴Anne M Westermann, ⁵Susana Banerjee, ²Els van Nieuwenhuysen, ⁶David A Iglesias, ⁷Dearbaile Collins, ⁸David Cibula, ⁹Kristine Madsen, ¹⁰Krishnansu S Tewari, ¹¹Sandro Pignata, ¹²Jean-Francois Baurain, ¹³Ingrid A Boere, ¹⁴Hannelore Denys, ¹⁵Camilla Mondrup Andreassen, ¹⁶Ibrahima Soumaoro, ¹⁷Shweta Jain, ¹⁸Christine Gennigens, ¹⁹Bradley J Monk. ¹Fondazione Policlinico Gemelli IRCCS, Rome, Italy; ²Belgium and Luxembourg Gynaecological Oncology Group (BGOG) and Leuven Cancer Institute University Hospital Leuven, Leuven, Belgium; ³Memorial Sloan Kettering Cancer Center, New York, NY; ⁴Dutch Gynaecological Oncology Group (DGO) and Amsterdam University Medical Centers, Amsterdam, Netherlands; ⁵The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, National Cancer Research Institute (NCRI), London, UK; ⁶Virginia Tech Carilion School of Medicine and Carilion Clinic, Roanoke, VA; ⁷Cork University Hospital, Wilton, Cork, Ireland; ⁸General University Hospital in Prague and First Faculty of Medicine, Charles University, Prague, Czech Republic; ⁹Rigshospitalet and University Hospital of Copenhagen, Copenhagen, Denmark; ¹⁰UC Irvine, Irvine, CA; ¹¹Istituto Nazionale Tumori di Napoli IRCCS 'Fondazione G. Pascale', Naples, Italy; ¹²Belgium and Luxembourg Gynaecological Oncology Group, Cliniques Universitaires Saint-Luc, and Université Catholique de Louvain, Brussels, Belgium; ¹³Erasmus MC Cancer Institute, Rotterdam, Netherlands; ¹⁴Belgium and Luxembourg Gynaecological Oncology Group and University Hospital, Ghent, Belgium; ¹⁵Genmab A/S, Copenhagen, Denmark; ¹⁶Genmab US, Inc., Princeton, NJ; ¹⁷Seagen Inc., Bothell, WA; ¹⁸Belgium and Luxembourg Gynaecological Oncology Group and CHU of Liege, Liege, Belgium; ¹⁹GOG Foundation, Creighton University, and University of Arizona, Phoenix, AZ

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Introduction/Background Pembrolizumab + chemotherapy as first-line (1L) and tisotumab vedotin (TV) monotherapy as