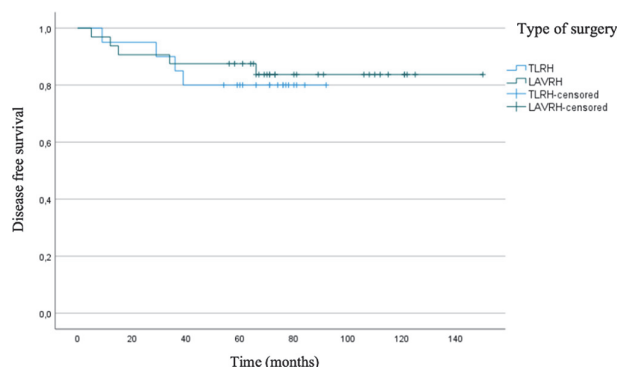


Introduction/Background Prevention of cervical cancer is a story of progress in the western world. Globally, however, it still represents a vital disease burden. The approach to surgical treatment of early-stage disease has changed dramatically in recent years. We present data in our center before the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

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10.1136/ijgc-2022-ESGO.124

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% in 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

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10.1136/ijgc-2022-ESGO.125

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