minimally invasive surgery still has an important role in the treatment of early stage cervical cancer.

**Abstract 2022-RA-1431-ESGO Table 1**

<table>
<thead>
<tr>
<th>Assessement/Indicators</th>
<th>Clamping Group</th>
<th>Retrograde Filling Group</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevoid Volume</td>
<td>232.9±63.02</td>
<td>244.7±41.25</td>
<td>0.524</td>
</tr>
<tr>
<td>Residual Urine Vol. on POD5</td>
<td>71.0±27.44</td>
<td>55.4±18.88</td>
<td>0.052</td>
</tr>
<tr>
<td>Residual Urine Volumes</td>
<td>40.0±8.84</td>
<td>40.0±8.84</td>
<td>0.385</td>
</tr>
<tr>
<td>[Days from surgery]</td>
<td>37.8±12.2</td>
<td>39.1±8.92</td>
<td>0.726</td>
</tr>
</tbody>
</table>

Introduction/Background

**Abstract 2022-RA-1431-ESGO Figure 1** Kaplan meier curve for duration of hospital stay among 2 groups

**Abstract 2022-RA-1431-ESGO Figure 2** Intraoperative images of nerve sparing radical hysterectomy

Results

There is no significant difference between bladder function recovery using the conventional clamping method and the retrofilling approach.

Conclusion

Using the retrofilling approach, patients can be discharged on post operative day 5, further reducing hospital stay in NSRH cases.

Also in retrograde filling approach, prevoid volume could be measured simultaneously without needing USG for same.

Ours is the first ever study to have incorporated this technique for NSRH.

**Abstract 2022-RA-1436-ESGO**

**PELVIC EXENTERATION – BOON OR A BANE? ANALYSIS FROM TERTIARY CARE CANCERCENTRE**

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Introduction/Background

Pelvic exenteration is a complex procedure and usually the only viable salvage option in recurrent cervical and rectal cancer. However, postoperative morbidity is deemed unfavourable by many groups. Our aim of the study is to analyse the patient profile and perioperative outcomes with survival data in our cohort.

Methodology

An analysis of prospectively maintained computerized database was performed including patients undergoing
pelvic exenteration from 2012 to 2021 for surgical and survival outcomes.

Results A total of 65 patients were included. Mean age of the patients was 46.17 (18–70 years). Predominant primary sites were rectum, ovary and cervix. All were curative intent resections. Majority of patients underwent supra-levator posterior exenteration. Mean duration of surgery was 342.30 min (150–600 min). Mean blood loss was 614.89 ml (100 ml to 2500 ml). Length of hospital stay was on average 11.16 days (5–45 days). R0, R1 resection rates were 97.5% and 2.5% respectively. In-hospital mortality was 3.6%. Urinary leak rates (5.6%), GI anastomotic leak (7.27%), enteric fistula (9.09%). Follow up data was available for 38 patients, 14 expired due to disease (26.9%), with median time to death from surgery of 14.3 months (2.3–57.53 months). Overall, 58.3% of the patients were alive at the end of 3 years (with available follow up data).

Conclusion Long term outcomes are favourable with pelvic exenteration in select subset of patients with acceptable morbidity.

IS IT TIME TO PERFORM IMPACT OF MINIMALLY INVASIVE RADICAL A60
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Conclusion Long term outcomes are favourable with pelvic exenteration in select subset of patients with acceptable morbidity.

Introduction/Background The objective of this study is to evaluate the survival and describe the recurrence of patients with early stage cervical cancer treated with ‘Schaufheim radical hysterectomy’ by minimally invasive surgery (MIS) at the Oscar Lambret Center.

Methodology From 01/1999 to 12/2018, we included all patients managed by minimally invasive surgery at the Oscar Lambret Center for early stage cervical cancer with tumor size < 4 cm (FIGO stage IA1 with emboli at IIA1). The primary endpoint was the 5-year overall and recurrence-free survival rates in these patients. Overall survival (OS) and Disease-Free Survival (DFS) were estimated from the initial biopsy using the Kaplan-Meier method. Hazard ratio (HR) was estimated with 95% confidence interval (CI95%).

Results A total of 239 patients were included. All patients underwent bilateral pelvic lymphadenectomy before radical hysterectomy. Preoperative image adapted brachytherapy (IABT) was performed in 125 patients. The 5-year overall and recurrence-free survival rates were 92% (95% CI 87.4–95%) and 86.9% (95% CI 81.6–90.7%), respectively. The multivariate analysis showed 2 associated factors to risk of recurrence: previous conization (HR = 0.21 (CI95% 0.06–0.70); p = 0.01) and tumor size > 30 mm (HR = 2.26 (CI95% 1.08–4.73); p = 0.031). We observed 33 recurrences, including 22 deaths due to disease. The recurrence rates were respectively 7.5% for tumor ≤20 mm, 12.9% for tumor between 20–30 mm, and 24.1% for tumor >30 mm.

Conclusion MIS is safe and for tumor size ≤20 mm with a very low rate of local recurrence; for tumors size >30 mm relapse rates are high and should be treated with concomitant radiochemotherapy and brachytherapy. For sizes between 20 and 30 mm, further data are needed to define management recommendations. Previous conization allow us to have a better accuracy regarding the tumor size in order to tailor the treatment.

IMPACT OF MINIMALLY INVASIVE RADICAL Hysterectomy. Figure 1

Abstract 2022-RA-1462-ESGO

Introduction/Background We compared survival outcomes of minimally invasive surgery (MIS) and open surgery for radical hysterectomy (RH) in early-stage usual-type adenocarcinoma (UAC) and adenosquamous carcinoma (ASC) of the cervix.

Methodology From the two centers’ cervical cancer cohorts, cervical cancer patients with 2009 FIGO stage IB who underwent Type C RH between 2007 and 2021 were identified. Patients with UAC and ASC were included in the analysis after pathologic review according to the updated WHO Classification of Tumors. Patients’ clinicopathologic characteristics and survival outcomes were compared by surgical approach.

Results A total of 161 patients were included in this analysis: 136 and 25 had UAC and ASC, respectively. No differences