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.

**2022-RA-1439-ESGO**

**IS IT TIME TO PERFORM RADIOCHEMOTHERAPY AND BRACHYTHERAPY FOR CERVICAL TUMORS HIGHER THAN 3 CM?**

1Abel Cordoba, 2Benjamin Serouart, 3Emilie Bogart, 4Marie Cécile Le Deley, 5Carlos Martínez-Gomez, 6Eric Leblanc, 7Delphine Hudry, 8Alexandre Escande, 9Florence Le Triner, 6Camille Pasquesoune, 10Sophie Taeib, 11Fabrice Narducci. 1Academic Radiotherapy Department, Centre Oscar Lambret, Lille, France; 2Surgical Oncology Department, Centre Oscar Lambret, Lille, France; 3Biostatistics Department, Centre Oscar Lambret, Lille, France; 4Pathology Department, Centre Oscar Lambret, Lille, France; 5Radiology Department, Centre Oscar Lambret, Lille, France.

**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 ‘Schautheim 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 IA1). 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 recurrence 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.

**2022-RA-1462-ESGO**

**IMPACT OF MINIMALLY INVASIVE RADICAL HYSSTERECTOMY ON SURVIVAL OUTCOMES IN EARLY-STAGE USUAL-TYPE ADENOCARCINOMA AND ADENOSQUAMOUS CARCINOMA OF THE CERVIX: A TWO-CENTER STUDY WITH PATHOLOGIC REVIEW**

1Se Ik Kim, 2Yeeae Kim, 3Hyun Ji Lim, 4Hyojin Kim, 5Cheol Lee, 1Dong Hoon Suh, 1Jae-Weon Kim. 1Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Korea, Republic of; 2Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Seongnam, Korea, Republic of; 3Department of Pathology, Seoul National University Bundang Hospital, Seongnam, Korea, Republic of; 4Department of Pathology, Seoul National University College of Medicine, Seoul, Korea, Republic of.

**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.

**Abstract 2022-RA-1462-ESGO Figure 1**

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