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 supralevator 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 Martinez Gomez, 6Eric Lublance, 7Delphine Hudry, 8Alexandre Escande, 9Florence Le Tinier, 10Camille Pasquissone, 11Sophie Taieb, 12Fabrice 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 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.

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, 2Yeorae Kim, 3Hyujin Lim, 4Hyojin Kim, 5Cheol Lee, 6Dong Hoon Suh, 7Jae-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 Gynecology, 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 survival 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...
UROLOGICAL OUTCOMES FOLLOWING NERVE SPARING RADICAL HYSTERECTOMY FOR EARLY STAGE CERVICAL CANCER

VVN Raju K, Pavan Kumar Jonnada, Pradeep Keshri, Prasad Behera, Zeebha Usofi, Syed Nusrath S. BIACHRI, Hyderabad, India

Introduction/Background The current study retrospectively analysed the functional, urological outcomes of nerve-sparing radical hysterectomy performed for early stage cervical cancer.

Methodology Nerve sparing radical hysterectomy (NSRH) type C1 (Q-M) was performed on 42 patients included in this study. Bladder function was assessed symptomatically and objectively by ultrasonography, measuring post void residual urine volume (PVR) on 5th POD, at four and six weeks. The PVR of more than 100 ml on fifth post-operative day, at four and six weeks. The median PVR in our study was 88 ml by 5th POD. They were started on bladder training on fifth POD revealed normal voiding pattern in 33.3% (n=14) as open surgery with no conversion. First nerve sparing surgeries were performed laparoscopically and, 28.5% (n=12) had impaired sensation of bladder fullness (sympathetic) and, 9.5% (n=4) had higher post void residual urinary volume (PVR) of more than 100 ml on fifth post-operative day, more than 50 ml at four weeks after surgery was considered as bladder dysfunction.

Results The mean tumour size in our study is 2.1 cm with 73.8% were staged as IB (1–3). 66.7% (n=28) of nerve-sparing surgeries were performed laparoscopically and 33.3% (n=14) as open surgery with no conversion. First assessment on fifth POD revealed normal voiding pattern in 57.1% (n=24) of patients, 14.4% (n=6) had impaired sensation of fullness (sympathetic) and, 28.5% (n=12) had higher PVR (parasympathetic). The median PVR in our study was 88 ml by 5th POD. They were started on bladder training and reassessed four weeks later. By the end of 4 weeks after surgery, 90.5% (n=38) had normal voiding pattern and had sensation of fullness before voiding. However, 9.5% (n=4) had higher post void residual urinary volume and needed extended bladder training. The median post void residual urinary volume, one month after surgery was 37.5 ml. By the end of 6 months after surgery, all patients had complete sensation of bladder fullness and normal voiding pattern.

Conclusion NSRH was significantly associated with decreased rates of urological dysfunction and is associated with improved quality of life of patients who underwent surgical treatment for early stage cervical cancer.