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. The recurrence rates were respectively 7.5% for tumor ≤20 mm, 12.9% for tumor between 20 and 30 mm, and 24.1% for tumor >30 mm.

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

**Abstracts**

**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 Tinier, 4Camille Pasquignon, 5Sophie Taieb, 6Fabrice Narducci. 4Academic Radiotherapy Department, Centre Oscar Lambret, Lille, France; 5Surgical Oncology Department, Centre Oscar Lambret, Lille, France; 9Biosatistics Department, Centre Oscar Lambret, Lille, France; 2Biosatistics Department, Centre Oscar Lambret, Lille, France; 3Biostatistics Department, Centre Oscar Lambret, Lille, France; 2Biosatistics Department, Centre Oscar Lambret, Lille, France; 2Biosatistics Department, Centre Oscar Lambret, Lille, France; 5Radiology 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 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 HYSTERECTOMY 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, 3Hyun Ji Lim, 4Hyojin Kim, 5Chedl Lee, 1Dong Hoon Suh, 1Jae-Weon Kim. 1Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Korea, Republic of; 3Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Seongnam, Korea, Republic of; 2Department 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...
UROLOGICAL OUTCOMES FOLLOWING NERVE SPARING RADICAL HYSTERECTOMY FOR EARLY STAGE CERVICAL CANCER

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

Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.131 on 20 October 2022. Downloaded from http://ijgc.bmj.com/ on December 22, 2022 by guest. Protected by copyright.

Int J Gynecol Cancer 2022;32(Suppl 2):A1–A504

Conclusion After balancing confounding factors, overall and recurrence-free survival were not significantly different between radical hysterectomy and chemoradiation. Radical hysterectomy showed higher survival compared to chemoradiation (figure 1). However, higher toxicity was required.

Abstract 2022-RA-1471-ESGO Figure 1

Radical hysterectomy is not superior to chemoradiation in early stage cervical cancer with suspicious lymph nodes: a propensity score analysis

Ester P Olthof, Hans HB Wenzel, Jacob van der Velden, Lukas IA Stalpers, A van der Aa, Constantijn H Mom. Department of Research and Development, Netherlands Comprehensive Cancer Organization, Utrecht, Netherlands; Department of Gynaecological Oncology, Amsterdam University Medical Centre, Centre for Gynaecological Oncology Amsterdam, Amsterdam, Netherlands; Department of Radiotherapy, Amsterdam University Medical Centre, Amsterdam, Netherlands

Introduction/Background This retrospective cohort study aims to compare radical hysterectomy with primary chemoradiation regarding survival and toxicity (≥6 months) in women with early-stage cervical cancer and suspicious lymph nodes on pretreatment imaging.

Methodology Women diagnosed between 2009–2017 with International Federation of Gynaecology and Obstetrics (FIGO) 2009 stage IA-IIA, suspicious/conclusive pelvic and/or para-aortic nodes on radiological judgement by pretreatment imaging (i.e. computed tomography, magnetic resonance imaging, and/or positron emission tomography), and treated by radical hysterectomy with lymphadenectomy, or chemoradiation were selected from the Netherlands Cancer Registry. Propensity score stratification for age, FIGO, tumour morphology and size, suspicious node short-axis, location, and status was applied to control for heterogeneity between both treatment groups. Overall and recurrence-free survival were compared by Cox regression analyses, toxicity (Clavien-Dindo grade ≥2 and Common Terminology Criteria for Adverse Events ≥3) by logistic regression.

Results Of 319 patients included, 131 (41%) were treated by radical hysterectomy and 188 (59%) by chemoradiation. The pathological nodal status was known in 100% and 33% of the patients, of whom 43% (56/131) and 89% (54/61) had metastases, respectively. Radical hysterectomy was followed by (chemo)radiation in 54%. After balancing for confounding factors, radical hysterectomy yielded an almost similar overall (HR 0.91; CI 0.44–1.90) and recurrence-free (HR 1.18; CI 0.58–2.42) survival compared to chemoradiation (figure 1). However, radical hysterectomy was associated with more toxicity (n=44; 34%) compared to chemoradiation (n=37; 20%; p=0.006), also in adjusted analysis (OR 2.35; CI 1.18–4.68) and mainly caused by surgery-related complications (i.e. infection, bladder dysfunction, and blood transfusion) in 34 patients (26%).