

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, ³Marie Cécile Le Deley, ²Carlos Martinez Gomez, ²Eric Leblanc, ²Delphine Hudry, ¹Alexandre Escande, ¹Florence Le Tinier, ⁴Camille Pasquesoone, ⁵Sophie Taieb, ²Fabrice 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

10.1136/ijgc-2022-ESGO.130

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.

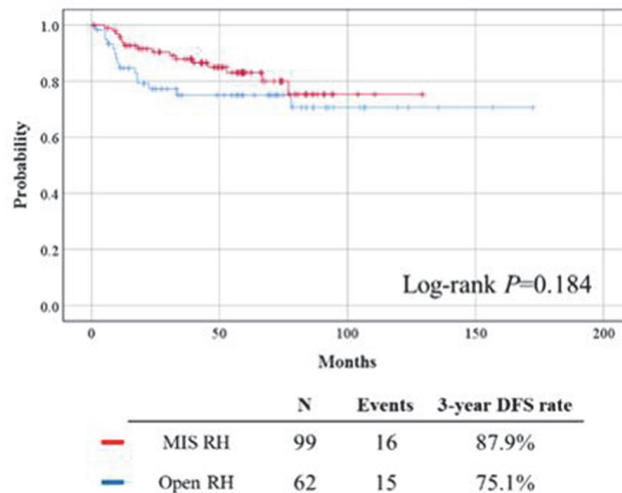
2022-RA-1462-ESGO IMPACT OF MINIMALLY INVASIVE RADICAL HYSTERECTOMY ON SURVIVAL OUTCOMES IN EARLY-STAGE USUAL-TYPE ADENOCARCINOMA AND ADENOSQUAMOUS CARCINOMA OF THE CERVIX: A TWO-CENTER STUDY WITH PATHOLOGIC REVIEW

¹Se Ik Kim, ²Yeorae Kim, ¹Hyun Ji Lim, ³Hyojin Kim, ⁴Cheol 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

10.1136/ijgc-2022-ESGO.131

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

in overall survival (OS; $P=0.241$) and disease-free survival (DFS; $P=0.156$) were observed between the two histologic subtypes. The MIS RH group ($n=99$) had significantly smaller tumor size ($P<0.001$) and less pathologic parametrial invasion ($P=0.001$) and lymph node metastasis ($P<0.001$) than the open RH group ($n=62$). The MIS RH and open RH groups showed similar OS (HR, 0.23; 95% CI, 0.03–2.17; $P=0.201$) and DFS (3-year DFS rate, 87.9% vs. 75.1%; $P=0.184$). In multivariate analysis, MIS did not influence DFS (adjusted HR, 1.30; 95% CI, 0.50–3.35; $P=0.589$), but pathologic parametrial invasion deteriorated DFS (adjusted HR, 3.41; 95% CI, 1.25–9.29; $P=0.016$). Consistent results were observed among the patients with UAC: MIS was not associated with DFS (adjusted HR, 1.79; 95% CI, 0.62–5.17; $P=0.285$).

Conclusion Our study suggests equivalent survival outcomes between MIS RH and open RH for early cervical cancer patients with UAC/ASC. While MIS RH was not a prognostic factor, pathologic parametrial invasion significantly deteriorated DFS in these histologic subtypes.

2022-RA-1469-ESGO UROLOGICAL OUTCOMES FOLLOWING NERVE SPARING RADICAL HYSTERECTOMY FOR EARLY STAGE CERVICAL CANCER

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

10.1136/ijgc-2022-ESGO.132

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, 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.

2022-RA-1471-ESGO RADICAL HYSTERECTOMY IS NOT SUPERIOR TO CHEMORADIATION IN EARLY STAGE CERVICAL CANCER WITH SUSPICIOUS LYMPH NODES: A PROPENSITY SCORE ANALYSIS

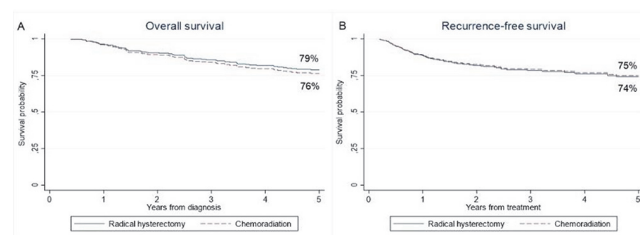
^{1,2}Ester P Olthof, ¹Hans HB Wenzel, ²Jacobus van der Velden, ³Lukas JA Stalpers, ¹Maaikje A van der Aa, ²Constantijne H Mom. ¹Department of Research and Development, Netherlands Comprehensive Cancer Organization, Utrecht, Netherlands; ²Department of Gynaecological Oncology, Amsterdam University Medical Centre, Centre for Gynaecological Oncology Amsterdam, Amsterdam, Netherlands; ³Department of Radiotherapy, Amsterdam University Medical Centre, Amsterdam, Netherlands

10.1136/ijgc-2022-ESGO.133

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 pre-treatment imaging.

Methodology Women diagnosed between 2009–2017 with International Federation of Gynaecology and Obstetrics (FIGO) 2009 stage IA-IIA, suspicious/inconclusive 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%).



Abstract 2022-RA-1471-ESGO Figure 1

Conclusion After balancing confounding factors, overall and recurrence-free survival were not significantly different between radical hysterectomy and chemoradiation. Radical