

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

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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

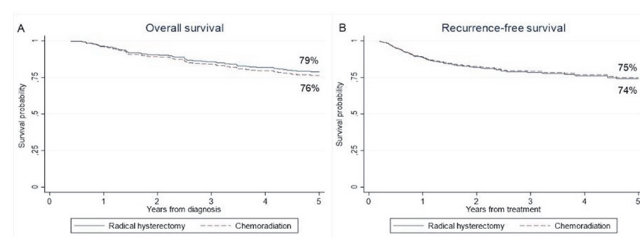
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10.1136/ijgc-2022-ESGO.133

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