

commenced. She received EBRT by VMAT 45Gy in 25 fractions over pelvis recurrence, postoperative bed and elective lymph nodes followed by boost up to 55 Gy SIB on tumour lymph nodes, concurrent with Cisplatin 40 mg/m² q1w. EBRT was followed by two sessions of brachytherapy 3D D90 HR CTV 6.5/Gy/day, one day apart. Therapy well-tolerated, with G1 toxicities and completed in November 2020.

Results Patient was followed every three months with CT thorax and MRI abdomen and pelvis, both with contrast. In December 2021 PET-CT showed psoas, iliacus muscles and peritoneal recurrence. Case was discussed in MDT and Bevacizumab/Paclitaxel/Carboplatin q3w was commenced. After 4 cycles partial response was noted and patient was referred to surgery for salvage pelvic exenteration. Surgical consultation recommended four more cycles and imaging. At the moment the patient is awaiting PET-CT.

Conclusion MDT has been shown in the carepath of cancer patient to significantly prolong overall survival and reduce discrepancies in cancer management. Our treatment has been guided by the surgical approach and therefore awaiting dynamic imaging tests to address and improve odds. Longer follow up will allow us to assess the impact on median overall survival and QoL.

2022-RA-1597-ESGO PREOPERATIVE CONIZATION OF EARLY CERVICAL CARCINOMA ASSOCIATED WITH IMPROVED PROGRESSION FREE SURVIVAL

¹Rüdiger Klapdor, ²Laura Delebinski, ³Hermann Hertel, ²Peter Hillemanns. ¹Gynecology and Obstetrics, Hannover Medical School, Hannover, Germany; ²Hannover Medical School, Hannover, Germany

10.1136/ijgc-2022-ESGO.144

Introduction/Background Tumor cell contamination during laparoscopic radical hysterectomy appears to be associated with decreased survival. Preoperative cone biopsy might reduce the risk for tumor cell contamination. This study analyses the association of preoperative cone biopsy with survival after radical hysterectomy for cervical cancer.

Methodology In total 276 patients with cervical carcinoma through FIGO IB1 were included in this singlecenter study. In this retrospective analysis, multivariate cox regression was performed by adjusting for age, lymph node status, tumor diameter, grading, preoperative conization, adjuvant therapy and surgical approach (abdominal, laparoscopic).

Results For 52,5% of the patients the minimally invasive approach and for 44,9% the open abdominal approach was chosen, respectively. The surgical approach was neither a predictive marker for overall survival (OR 1,220; 95% KI: 0,460 – 3,236; p=0,689) nor for progression free survival (OR 1,295; 95% KI: 0,548 – 3,06; p=0,556) in our study. However, a preoperative conization was the only variable strongly associated with improved survival (OR 4,022; 95% KI: 1,243 – 13,012; p=0,020). In 114 patients with macroscopically complete tumor resection by conization 8 recurrences occurred. This could be a surrogate for the prognostic role of tumor cell contamination during laparoscopic hysterectomy in patients with macroscopic tumor.

Conclusion Patients with preoperative conization represent a low risk collective that might still profit from laparoscopic hysterectomy. Further prospective, randomized

studies on minimally invasive surgery for cervical cancer must include techniques to prevent intraoperative tumor cell contamination.

2022-RA-1601-ESGO ULTRASOUND VERSUS MAGNETIC RESONANCE IMAGING IN THE ASSESSMENT OF PARAMETRIAL INVASION IN CERVICAL CANCER

¹Mervat Ali Mohamed Elsayes, ²Mahmoud Elsayed Meleis, ³Heba Hamdy Ahmed Abdelnaby, ⁴Hisham Hosny Algammal. ¹Gynaecology, shatby uiversity hospital, alexandria, Egypt; ²Gynaecology, shatby university hospital, alexandria, Egypt; ³Shatby university hospital, alexandria, Egypt; ⁴Ultrasound unit, shatby university hospital, alexandria, Egypt

10.1136/ijgc-2022-ESGO.145

Introduction/Background Transvaginal/trans rectal ultrasound (TVS/TRS) when performed at experienced centers, typically performed by the treating gynecologist has the advantage of being readily available at low cost. The reported diagnostic performance of TVS/TRS for the assessment of tumor size > 4 cm, deep Stromal invasion and parametrial invasion is overall quite good with reported sensitivities (specificities) [accuracies] of 78% (99%) [95%], 88–91% (93–97%) [91–93%], and 60–83% (89–100%) [87–99%] respectively. This study aimed to compare the accuracy of ultrasound in relation to magnetic resonance imaging (MRI) in detection of parametrial infiltration in cases of cervical cancer

Methodology A prospective comparative cohort study was conducted after ethical committee approval on 50 newly diagnosed patients with cervical cancer at El Shatby University Hospital gynecology unit in Alexandria, Egypt. the patients had no contraindications for MRI. They did not receive any radiotherapy. pelvic ultrasound (Trans abdominal/transvaginal) evaluation were done by expert ultrasonographer to all patients with the aim to evaluate the parametrial infiltration before MRI evaluation. The ultrasound examination was compared to the results of the MRI examination for each patient.

Results The sensitivity of TVS for detecting parametrium invasion was 92.86 and the specificity was 93.75 in comparison to MRI as gold standard. positive predictive value (PPV) was 82.35 and negative predictive value (NPV) is 96.30 where κ value is 0.855



Abstract 2022-RA-1601-ESGO Figure 1