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.

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**PREOPERATIVE CONIZATION OF EARLY CERVICAL CARCINOMA ASSOCIATED WITH IMPROVED PROGRESSION FREE SURVIVAL**

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**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 preoperative marker for overall survival (OR 1.220; 95% KI: 0.460 – 3.236; p=0.689) nor for progression free survival (OR 1.220; 95% KI: 0.460 – 3.236; p=0.689) nor for progression free survival (OR 1.220; 95% KI: 0.460 – 3.236; p=0.689) nor for progression free survival (OR 1.220; 95% KI: 0.460 – 3.236; p=0.689) nor for progression free survival (OR 1.220; 95% KI: 0.460 – 3.236; p=0.689).

**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.

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**ULTRASOUND VERSUS MAGNETIC RESONANCE IMAGING IN THE ASSESSMENT OF PARAMETRICAL INVASION IN CERVICAL CANCER**

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**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 gynec-oncology unit in Alexandria, Egypt. The patients had no contraindications for MRI. They did not receive any radio-therapy. Pelvic ultrasound (Trans abdominal/transvaginal) evaluation were done by expert ultra-sonographer 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 US 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) was 96.30% where *κ* value is 0.855.

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**Abstract 2022-RA-1601-ESGO Figure 1**
Conclusion TVS is in a very good agreement with MRI in detection of parametrial invasion.

LAPAROSCOPIC RADICAL HYSTERECTOMY WITHOUT UTERINE MANIPULATOR: ONCOLOGICAL OUTCOME

Introduction/Background The aim of this study is to evaluate surgical data and oncological outcome of laparoscopic nerve-sparing radical hysterectomy without uterine manipulator for cervical cancer stage IB, over the last 11 years.

Methodology This retrospective study includes 44 patients with cervical cancer Figo stage (2009) IB who underwent laparoscopic nerve-sparing radical hysterectomy without using any kind of uterine manipulator. Patients were eligible if they had squamous cell carcinoma, adenocarcinoma, or adeno-squamous carcinoma, and no para-aortic lymph node involvement by imaging or after frozen section.

Results In the study, 44 patients were included and among them 35 women were stage IB1 (23 cases with tumor size 2–4 cm) and 8 women stage IB2 (Figo stage 2009). The median age of patients was 47.7 years (31–69) and median body mass index (B.M.I) was 26.7 kg/m² (range 19–34.3 kg/m²). The average operating time was 221 min (146–310 min) and median hospital stay was 2.6 days (range 2–7 days). Approximate blood loss was 181 ml (120–300 ml). After a median follow-up of 54 months, we had 2 recurrences out of 44 cases and no death. Especially for patients with Figo stage (2009) IB1, the recurrence rate was 3.1%. The 3-year PFS was 95.7% and especially for the IB1 stage (2009) women, the 3-year PFS was 96.1%. The 3-year OS was 100%.

Conclusion Laparoscopic nerve-sparing radical hysterectomy without uterine manipulator is feasible and safe surgical procedure for cervical cancer with acceptable surgical and oncological outcomes in the hands of well-trained and experienced laparoscopic surgeons. Our retrospective study reveals better oncological outcome compared to other studies on the minimally invasive approach, where uterine manipulator was routinely used and no vaginal sealing of the tumor was made.