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 psosas, 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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**2022-RA-1597-ESGO**

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

1Rüdiger Klapdor, 2Laura Delebinski, 3Hermann Hertel, 4Peter Hillemanns. Gyneeco-loogy and Obstetrics, Hannover Medical School, Hannover, Germany; 2Hannover Medical School, Hannover, Germany

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**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 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.

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**2022-RA-1601-ESGO**

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

1Mervat Al Mohamed Elsersy, 2Mahmoud Elsayed Meleis, 3Heba Handy Ahmed Abdelnabty, 5Hisham Hosny Algammal. 1Gynaeco-logy, shatby university hospital, alexandria, Egypt; 2Gynaecology, shatby university hospital, alexandria, Egypt; 3Shatby university hospital, alexandria, Egypt; 4Ultrasound unit, shatby university hospital, alexandria, Egypt

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**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 parametral 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 parametral 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 gynae-oncology 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 ultra-sonographer to all patients with the aim to evaluate the parametral 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 parametral 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 k 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

1Andreas Kavallaris, 1Antonis Gkoutzioulis, 2Soﬁa Papadimitriou, 1Evgenia Stergiannakou, 1Dimitris Zygoris. 1Gynecologic Oncology, St. Luke’s Hospital, Thessaloniki, Greece; 2Department of Blood Transfusion, University Hospital of Ioannina, Ioannina, Greece

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.

2022-RA-1625-ESGO DIAGNOSTIC PERFORMACE OF PAP- Smeer and HPV-TESTING IN THE FOLLOW-UP OF PATIENTS WITH CERVICAL CANCER

Andres Rave Ramirez, Octavio Arenibica Sanchez, Laura Molerola Sala, Daniel Gonzalez Garcia-Caro, Alicia Martin Martinez, Beatriz Navarro. Gynecologic oncology, CHUMI, Las Palmas de Gran Canaria, Spain

Introduction/Background Follow-up of patients after primary treatment for cervical cancer is unanimously recommended although there are no strong data regarding how should we do it. The majority of relapses are detected by performing a proper clinical interview and examination. This calls into question the use of complementary tests such as PAP and HPV testing.

Methodology Retrospective descriptive observational study including all patients diagnosed with cervical cancer in the gynacology-oncology unit of CHUMI from 2015 to 2018 with subsequent follow-up until 2021. Demographic variables, histological types, pre-treatment HPV status, type of treatment, post-treatment HPV status, changes in HPV status during follow-up and post-treatment PAP and changes in PAP result during follow-up were recorded. Relapse rate, location and current status of the patient were studied.

Results 183 patients were included in the study. Sixteen recurrences were detected (8.7%), 12 of which were systemic (75%) and 4 local (25%). We found no association between PAP results during follow-up and subsequent recurrence (p = 0.459) or exitus. All patients who relapsed had normal PAP results during follow-up. We found no difference between the percentages of negativity of the different HPV serotypes after treatment (77.1% VPH 16 or 18 vs 76.5% other HRV). In our sample, patients who had persistent VPH positive tests after treatment were not at increased risk of recurrence (p = 0.506) or exitus. 91.8% (168) of patients were alive and free of disease at the end of the study, 2.7% (5) live with disease and 9 patients died with disease (overall mortality rate of 4.9%).

Conclusion guidelines generally recommend PAP and HPV screening because they are minimally invasive and low cost, but according to the available evidence and the data provided by this study, we have information that would support focusing on good anamnesis and examination and educating the patient on the appearance of warning signs.

SAFETY OF CONSERVATIVE SURGERY IN SMALL VOLUME CERVICAL CANCER

1Boris Vranes, 2Aleksandra Jovic Vranes. 1Gynecology, Euromedik General hospital, Belgrade, Serbia; 2Medical Faculty University of Belgrade Institute of Social Medicine, Belgrade, Serbia

Introduction/Background Fertility sparing treatments of cervical cancer have pushed the idea of overall cervical cancer surgical treatment perhaps becoming less radical due to low risk of parametrial involvement in patients with early stage I cervical...