



Abstract 2022-RA-1601-ESGO Figure 2

Conclusion TVS is in a very good agreement with MRI in detection of parametrial invasion.

2022-RA-1615-ESGO LAPAROSCOPIC RADICAL HYSTERECTOMY WITHOUT UTERINE MANIPULATOR: ONCOLOGICAL OUTCOME

¹Andreas Kavallaris, ¹Antonios Gkoutzioulis, ²Sofia Papadimitriou, ¹Evgenia Stergiannakou, ¹Dimitrios Zygouris. ¹Gynecologic Oncology, St. Luke's Hospital, Thessaloniki, Greece; ²Department of Blood Transfusion, University Hospital of Ioannina, Ioannina, Greece

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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 PERFORMANCE OF PAP-SMEAR AND HPV-TESTING IN THE FOLLOW-UP OF PATIENTS WITH CERVICAL CANCER

Andres Rave Ramirez, Octavio Arencibia Sanchez, Laura Molero Sala, Daniel Gonzalez Garcia-Cano, Alicia Martin Martinez, Beatriz Navarro. *Gynecologic oncology, CHUIMI, Las Palmas de Gran Canaria, Spain*

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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 gynaecology-oncology unit of CHUIMI from 2015 to 2018 with subsequent follow-up until 2021. Demographic variables, histological treats, 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 negativation 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

2022-RA-1636-ESGO 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

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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