LAPAROSCOPIC RADICAL HYSTERECTOMY:
ONCOLOGICAL OUTCOME

Introduction/Background The aim of this study is to evaluate surgical data and onco-logical 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 uterine manipulator for cervical cancer stage IB, over the last 11 years.

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 rate 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-1636-ESGO SAFETY OF CONSERVATIVE SURGERY IN SMALL VOLUME CERVICAL CANCER

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 cancer. However, due to the presence of cervical cancer, surgical intervention may still be necessary. The aim of this study was to evaluate the safety and oncological outcome of conservative surgery in patients with small volume cervical cancer.

Methodology This retrospective study included 183 patients who were treated with conservative surgery for cervical cancer at our institution between 2015 and 2018. Patients were eligible if they had stage IA1 or IB1 cervical cancer and no parametrial involvement. Surgical procedures included cervical conization, hysterectomy, and radiation therapy.

Results Of the 183 patients included in the study, 168 were stage IA1 and 15 were stage IB1. The overall recurrence rate was 3.6% (10 patients) with 5 patients experiencing local recurrence and 5 patients experiencing distant recurrence. The 5-year overall survival rate was 90.5% and the 5-year disease-free survival rate was 83.5%.

Conclusion Conservative surgery for cervical cancer with small volume tumors is a safe and feasible treatment option with low recurrence rates and acceptable oncological outcomes.

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