however current lymph node (LND) algorithms do not account for molecular subtyping. The objective of this study was to evaluate the association of microsatellite instability (MSI) and lymph node metastases (LNM).

Methods This was a retrospective cohort study of patients undergoing surgery for EC between 2010–2021. All EC patients at our institution undergo immunohistochemistry testing for mismatch repair (MMR) proteins and next generation sequencing per clinician discretion. Sarcomas were excluded. Mutations were classified as microsatellite instability high (MSI-H) or MMR proficient (MMRp).

Results 367 patients were included. Of these, 273 were MMRp and 94 were MSI-H. An average of 6.1 LND were removed and there was no difference in the average LND removed between groups (p= 0.91). LNM were identified in 8% (n=31) of the entire cohort. There was a statistically significant difference in the average LNM between MMRp and MSI-H patients (p<0.0001), with 1% (n=2) of the MMRp cohort and 30% (n=28) of the MSI-H cohort having LNM. Within the MSI-H cohort, all LNM occurred within the MMR deficient, MLH1 hypermethylated subgroup – representing a LNM rate of 41%.

Conclusions There is a significant association between MSI status and LNM. Molecular classification, which is obtainable from preoperative biopsy, may be used to guide intraoperative decision making and should be evaluated in the context of sentinel LND protocols.

0041/#768 MIRRORS STUDY: A PROSPECTIVE COHORT STUDY ASSESSING THE FEASIBILITY OF ROBOTIC INTERVAL CYTOREDUCTIVE SURGERY FOR ADVANCED-STAGE OVARIAN CANCER

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Objectives MIRRORS (Minimally Invasive Robotic surgery, Role in optimal debulking Ovarian cancer, Recovery & Survival) is the largest prospective cohort study of robotic interval CRS in women with advanced-stage epithelial ovarian cancer to date. MIRRORS has investigated the feasibility of consenting, the acceptability and success of robotic interval CRS and its impact on short-term surgical outcomes and quality of life. Aim: to establish the feasibility and safety of a proposed randomised controlled trial (RCT) of robotic interval cytoreductive surgery (CRS) for advanced ovarian, fallopian tube and peritoneal cancer (EOC) using MIRRORS-protocol.

Methods Eligibility: Women with Stage IIIc-IVb EOC undergoing neoadjuvant chemotherapy, suitable for interval CRS with a pelvic mass ≤8 cm. Robot-assisted laparoscopic assessment proceeding to robotic/open interval CRS (MIRRORS protocol). 6-month post-op surveillance.

Results

Recruitment 23/24 eligible women(95.83%). Following MIRRORS-protocol, completed 20 robotic, 3 open interval CRS. All patients achieved CRS to R<1, robotic: R0 =47.4%, open R0 =0.0%. Conversion rate to open: 0.0%. Median estimated blood loss robotic: 50 ml, open: 2026 ml; length of stay 1.5 days robotic vs 6 days open, time to chemotherapy robotic: 18.5 days vs open: 25 days. 6 month OS and PFS are non-inferior compared with concurrent and retrospective control groups.

Conclusions Robotic interval CRS is safe and feasible in women with a pelvic mass up to 8 cm. A prospective RCT is required to assess whether patients undergoing MIRRORS-protocol have non-inferior overall-survival compared to open interval CRS.

0042/#767 IS MINIMALLY INVASIVE SURGERY SAFE FOR CERVICAL CANCER PATIENTS WITH A DIAMETER OF LESS THAN 2 CM?

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Objectives To identify the clinicopathologic prognostic factors associated with pelvic recurrence for patients with 2018 FIGO stage IA2 and IB1 cervical cancer treated with laparoscopic/robotic radical hysterectomy (LRH/RRH).

Methods A total of 117 FIGO stage IA2 and IB1 cervical cancer patients was identified between April 2006 and January 2021. One patient with lung metastasis was excluded. Sites of disease recurrence and all possible clinicopathologic factors related to the risk of pelvic recurrence were analyzed. Disease-free survival (DFS) was estimated using the Kaplan-Meier method. Based on Cox proportional hazard regression model with a backward elimination method were used to determine prognostic factors for DFS.

Results Of the 116 patients, 8 (6.9%) showed disease recurrence (4 vaginal stump, 2 pelvic lymph nodes, 2 peritoneum). Five-year DFS rates were 92.9%. In multivariate analysis, the risk factors associated with pelvic recurrence during and after surgery were intracorporeal colpotomy (P < 0.044, odds ratio 5.281, 95% confidence interval 1.046–26.665), and the size of residual tumor after conization (P < 0.003, odds ratio 4.081, 95% confidence interval 1.611–10.340), ; conversely preoperative conization reduced the risk of pelvic recurrence (P < 0.044, odds ratio 0.092, 95% confidence interval 0.009–0.943).

Conclusions There is no guarantee that minimally invasive surgery is safe in FIGO stage IB1 patients with tumors less than 2 cm in size. Intracorporeal colpotomy should not be performed even in patients with tumors less than 2 cm in diameter. In addition, preoperative conization might be associated with a lower recurrence rate in minimally invasive radical hysterectomy.