drop-in and rigid gamma probe were equal (p=0.69). Because of wristed articulation of the robotic tissue grasper and possibility of autonomous probe control by the surgeon, maneuverability and control with the drop-in gamma probe were highly rated in usability questionnaires. No adverse events related to the intervention occurred.

Conclusions Sentinel lymph node detection with a drop-in gamma probe is safe and feasible in patients with early-stage cervical cancer. The drop-in gamma probe provides enhanced maneuverability and surgical autonomy compared to the rigid gamma probe.

Objectives We have previously shown a learning phase of 61 procedures when starting with robot-assisted surgery for early-stage cervical cancer. We evaluated the learning phase with a novice robotic surgeon who had access to a structured curriculum.

Methods Patients with early-stage cervical cancer who received primary robot-assisted treatment were included. In addition to the 165 patients included in our former learning curve analysis, we now included the 61 patients consecutively treated by the new surgical team, consisting of one experienced surgeon (proctor) and one novice robotic surgeon. To assess the learning phase, we extended the risk-adjusted cumulative sum (RA-CUSUM) analysis based on recurrence rate and assessed its impact on survival using Kaplan-Meier method.

Results In total 226 patients were divided over three groups: the previously reported learning phase of 61 procedures (group 1), the experienced phase of 104 procedures thereafter (group 2), and the first 61 procedures after introduction of structured curriculum training of the novice surgeon (group 3). No significant differences in baseline characteristics were observed between the groups. Based on RA-CUSUM analysis, no new learning phase was observed for group 3 (see figure 1). The 5-year recurrence free survival was 80.3% in group 1, 91.7% in group 2 and 84.7% in group 3 (p=0.10). The 5-year overall survival was 84.8% in group 1, 94.1% in group 2 and 90.9% in group 3 (p=0.12).

Conclusions Based on these single center results, introduction of a novice robotic surgeon with access to a structured curriculum did not introduce a new learning phase measured on oncological outcomes.

Objectives Literature suggests that with increasing experience the sentinel lymph node (SLN) detection rate improves. We evaluated if a learning curve affects the SLN detection rate in early-stage cervical cancer.

Methods All patients with early-stage cervical cancer who had undergone robot-assisted SLN procedures between September 2009 and May 2021 were retrospectively included. Sentinel lymph node mapping was performed with a combination of preoperative technetium-99m nanocolloid (followed by preoperative imaging) and intraoperative blue dye, which were injected into four quadrants of the cervix. Risk-adjusted cumulative sum (RA-CUSUM) analysis was used to determine if a learning curve based on non-bilateral SLN detection (i.e. non-detection or unilateral detection) existed in this cohort.

Results In total 229 cervical cancer patients were included and a median of 20 SLN procedures per year were performed. In 98.3% of patients (225/229) at least one SLN was successfully detected. No significant differences in baseline characteristics were observed between the groups. Based on RA-CUSUM analysis, no new learning phase was observed for group 3 (see figure 1). The 5-year recurrence free survival was 80.3% in group 1, 91.7% in group 2 and 84.7% in group 3 (p=0.10). The 5-year overall survival was 84.8% in group 1, 94.1% in group 2 and 90.9% in group 3 (p=0.12).

Conclusions Based on these single center results, introduction of a novice robotic surgeon with access to a structured curriculum did not introduce a new learning phase measured on oncological outcomes.
Abstract EP045/#852

Figure 1 The learning curve of robot-assisted sentinel lymph node (SLN) procedure in early-stage cervical cancer. The x-axis indicates the number of SLN procedures performed. The y-axis indicates the cumulative sum of surgical success and failure (here: non-bilateral detection) adjusted for age. The RA-CUSUM- success (blue) is designed to detect decrease in surgical performance. The RA-CUSUM- non-bilateral detection) adjusted for age. The RA-CUSUM- (+ orange) is designed to detect increase in surgical performance. Both curves move upward for surgical failure and downward for surgical success detected. The bilateral SLN detection rate was 87.8% (201/229). Except for age (OR 1.05, 95% CI 1.02 - 1.09) we found no significant risk factors for non-bilateral SLN detection (e.g. prior conization, BMI or FIGO stage). The RA-CUSUM showed no clear learning phase for the first procedures. A peak in the learning curve was observed for procedure number 64 to 70, indicating an increase in non-bilateral SLN detection, which could not be explained from the data (see figure 1).

Conclusions We observed no clear learning curve on bilateral SLN detection for a center performing a median of 20 SLN procedures per year in early-stage cervical cancer patients.

Abstract EP046/#457

OUTCOMES OF WOMEN DIAGNOSED WITH INVASIVE CERVICAL CANCER AS PART OF A SCREENING PROGRAM IN MOZAMBIQUE: A SUBSET-ANALYSIS OF THE MULHER STUDY

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Objectives Mozambique has one of the highest burdens of cervical cancer globally. As cervical cancer screening programs are implemented, many women are identified with invasive cancer. Our objective was to describe the outcomes of women diagnosed with invasive cervical cancer as part of the MULHER cervical cancer screening study in Mozambique.

Methods Women ages 30–49 were prospectively enrolled and offered cervical cancer screening with primary human papillomavirus (HPV) testing. HPV+ women underwent ablation or excision as appropriate. Those with findings suspicious for malignancy were referred to gynecologic oncologists trained through the IGCS Global Curriculum program.

Results Between January 2020 and April 2022, 7,829 women underwent screening, with 32.3% found to be HPV+. 22 women were diagnosed with cervical cancer. Median age was 43 years and 14 (63.6%) were living with HIV. Five patients (22.7%) underwent radical hysterectomy; three of whom required adjuvant radiotherapy and/or chemotherapy. Three patients (13.6%) underwent neoadjuvant chemotherapy which was followed by radiotherapy in two patients, with one patient still awaiting radiotherapy. Three patients (13.6%) received chemotherapy only. No patients received primary chemoradiation due to limited capacity and long wait times for radiotherapy. Six patients (27.3%) received only palliative care or died prior to receiving any treatment and five patients are awaiting workup/treatment.

Conclusions As cervical screening programs are implemented in low-resource settings, there will be an increase in the number of women diagnosed with invasive cervical cancer. Our results in Mozambique demonstrate the need to increase access to advanced surgery, radiation, and palliative care services.

Abstract EP047/#629

RESPONSE TO TREATMENT AND OVERALL SURVIVAL OF CERVICAL CANCER IN WOMEN WITH AND WITHOUT HIV IN BOTSWANA: IPABALELE STUDY US5 CA190158-01

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Objectives This study aimed to characterize factors associated with survival and response to treatment among women with cervical cancer in Botswana.

Methods Patients with histologically confirmed cervical cancer were prospectively enrolled between Jan 2015 and June 2019 to the Ipabalele study in Botswana. Response to treatment was characterized using squamous cell antigen (SCCa) level <2.2ng/ml at the end of treatment and 3 months post treatment.

Results Of 293 women diagnosed with cervical cancer, 73.7% (n=216) were women living with HIV (WLWH). Fifty-six percent (n=150) of all patients had a complete response to