survival (PFS) (adjusted hazard ratio (95% confidence interval (CI)) =1.68 (1.17–2.40), p=0.025 and 1.935 (1.5–2.7), p=0.001, respectively). The 5-year DFS and 5-year OS were significantly higher among patients with lymphopenia $\geq$300 cells/μl than among those with $>$300 cells/μl lymphopenia (73% vs. 59%, p<0.02, and 67% vs. 50%, p=0.03, respectively).

Conclusions Severe lymphopenia related to treatment in locally advanced cervical cancer is an independent factor to predict poor survival.

**EP051/#743 QUALITY OF LIFE FOLLOWING RADICAL HYSTERECTOMY FOR CERVICAL CANCER**

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Objectives Cervical cancer patients have been found to have worse Quality-of-Life (QoL) scores due to disease and also to surgical and oncologic treatment.

Methods The authors aimed to evaluate the QoL of patients who had undergone type C2 radical hysterectomy (RH) ± oncologic treatment for FIGO 2018 stages IA2 – IIB using two translated standardized questionnaires EORTC QLQ-C30 and QLQ-CX24.

Results On 430 RH patients, the five-years overall survival (OS) was 72.4%. Of the alive patients (n=308), 208 answered the QoL self-assessment questionnaires. The mean age of the participants was 52 years (22–60). Of these, 59% of patients received concurrent adjuvant chemoradiotherapy (CCRT), 24% neoadjuvant chemoradiotherapy (CRT), 14% RH only and only 3% adjuvant CT. The questionnaires were sent after an average follow-up of 48 months. Regarding the QLQ-C30, the survivors revealed a relatively good global QoL of 64.6 (median) out of 100. The functional status represented by physical, role, cognitive, emotional, and social functioning also had satisfactory scores, symbolizing good functioning and good QoL. The symptoms that most frequently caused discomfort, but rarely led to significant problems were constipation, insomnia, and fatigue. The QLQ-CX24 questionnaire measures the specific symptoms of cervical cancer. The symptoms experience showed a good result with a value of 25.9. However, the body image, lymphedema, peripheral neuropathy, and menopausal symptoms showed above-average cervical cancer-specific symptoms. Concerning sexual activity, data indicated an unsatisfying level of sexual enjoyment with a worsening of sexual activity.

Conclusions Properly treated patients achieve a good 5-years OS, but with relatively negative repercussions on QoL.

**EP052/#1125 EARLY STAGE CERVICAL CANCER AFTER THE LACC TRIAL, ARE WE IN THE RIGHT PATH? SINGLE CENTER EXPERIENCE IN ARGENTINA**

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Objectives The aim of this study is to describe two cohorts of patients and analyzed variables associated with the risk of relapse in patients operated of cervical cancer after the LACC trial

Methods retrospective observational study that included all patients with CC FIGO 2009 IA2-IB1, operated between April 2013-April 2021, with at least one year follow up. All patients underwent RH with SLN mapping, with/without pelvic lymphadenectomy. In the first cohort of patients (2013–2018) we did a laparoscopic RH (LRH), In the second cohort (2018–2021) we did a laparoscopic-abdominal RH (LARH)

**Results**

55 patients were included: 42 in LRH Group and 12 in LARH Group. Median follow up was 53.5 and 28 months respectively. Time to relapse was 8.5 months in LRH and 18 in LARH (p 0.14) -Regarding group 1 (LRH): 4 patients relapsed (9.3%). 3 (75%) died of the disease. 2 had local recurrences, 2 had distant metastases. two patients had tumors <2 cm. They all had an adenocarcinoma -In Group 2 (LARH): 2 patients relapsed locally (16.6%) without deaths. Both have initially tumors >2 cm. None of the patients that recurred had a previous conization All patients in LRH were operated with uterine manipulator, none in LARH (p<0.00001)