performed a meta-analysis for investigating the association between the extent of radical excision and survival after radical hysterectomy for early-stage cervical cancer.

**Methods**

We searched studies which compared disease-free survival (DFS) or overall survival (OS) between type I (A) or II (B) and type III (C) hysterectomy reported till January 2022. In total, we used six studies including 1,010 patients with stage IB-IIB diseases in this meta-analysis. We compared DFS and OS, surgical outcomes, complications and the pattern of recurrence between the two groups.

**Results**

There were no differences in DFS and OS (hazard ratios, 0.810 and 0.605; 95% confidence intervals [CIs], 0.539 to 1.215 and 0.324 to 1.130 between type I (A) or II (B) and type III (C) hysterectomy. Operation time and hospitalization were shorter, and blood loss and the rate of bladder dysfunction were less (standard difference in means, -1.213, -0.794, -1.010 and -0.855; 95% CIs, -1.360 to -1.065, -0.991 to -0.597, -1.170 to -0.850 and -1.233 to -0.558) in type I (A) or II (B) hysterectomy. However, there were no differences in surgical complications and the pattern of recurrence between the two groups.

**Conclusions**

Type I (A) or II (B) hysterectomy may have the similar effect on survival to type III (C) hysterectomy for early-stage cervical cancer with an improvement of surgical outcomes and bladder dysfunction.

**Abstracts**

**EP062/#902 THE STANDARIZED UPTAKE VALUE FOR F-18 FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY AS A PREDICTIVE MARKER FOR CERVICAL CANCER RECURRENCE AND PROGRESSION FREE SURVIVAL**

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**Objectives**

Patients with locally advanced cervical cancer (CC) have pre-treatment imaging before definitive chemoradiation. We aimed to evaluate the prognostic value of the maximal standardized uptake value (SUV(max)) of F-18 fluorodeoxyglucose (FDG) on positron emission tomography (PET), in patients with locally advanced CC treated by chemoradiation.

**Methods**

We performed a retrospective study of 50 consecutive CC patients who underwent pretreatment FDG-PET, and were treated by chemoradiation. All medical records, imaging studies, and laboratory tests were reviewed. PET images were re-evaluated by blinded nuclear medicine radiologists. The analysis included measurement of SUV(max), tumor size, and lymph node involvement. Univariable analysis was performed using Mann-Whitney test. Kaplan-Meier curves were used for survival analyses.

**Results**

Median tumor size was 4.8 cm [range 3.4–6.0]. Lymph node involvement was found in 35 (70.0%) of women. 20 patients (40.0%) had stage 2B disease. Median SUVmax was 16.5 [range 4.6–30.0]. There were 14 (28.0%) recurrences, with a median PFS of 13 months. The mean SUVmax was similar between stages of disease, involvement of adjacent organs and parametrium, lymph node involvement and tumor size. Mean SUVmax did not differ between cases of...
Abstracts

**Subject:** Potent Mechanism for Ocular Adverse Events Observed with Tisotumab Vedotin

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**Abstract:** This study demonstrates that persistence of HPV in patients who are margin-positive after LEEP for HSIL is associated with relapse of HSIL. This suggests that HPV test as a postoperative follow-up in patients with positive margins is an important to monitor for recurrence of HSIL.

**Objective:** The purpose of this study was to evaluate the role of HPV by comparing HSIL recurrence rate according to the persistence of HPV in patients with positive margin after LEEP for HSIL.

**Methods:** We performed a retrospective study of patients diagnosed with HSIL from January 2015 to December 2019 who underwent LEEP. In all patients, cytology, HPV, and colposcopy were performed to confirm HSIL residual lesions and the HPV persistence. We compared clinical pathological characteristics and HSIL recurrence rate according to HPV persistence in patients with positive margin after LEEP surgery.

**Results:** During the study period, 538 patients received LEEP for HSIL. The mean age of the patients was 41.2 years. Among them, 179 patients (33.3%) had positive margins after LEEP. Of these, 40 (22.3%) had HPV persistence and 139 (77.7%) were negative. In patients with a positive margin after LEEP, the recurrence rate of HSIL was significantly increased in the HPV persistence group compared to the HPV negative group (20% vs 1.4%, P = <0.001). In patients with negative margin after LEEP, the recurrence rate of HSIL was increased in the HPV persistence group compared to the HPV negative group (4.5% vs 0.4%, P = 0.014).

**Conclusions:** This study demonstrates that persistence of HPV in patients who are margin-positive after LEEP for HSIL is associated with relapse of HSIL. This suggests that HPV test as a postoperative follow-up in patients with positive margins is an important to monitor for recurrence of HSIL.