Ki67 0.80, CEACAM1 0.78, CDKN2A 0.72, ORF1 0.71, VEGF 0.71, CA125 0.52, and HPV16E7 0.51. A logistic regression model combining multiple markers demonstrated that the addition of CDKN2A and CEACAM1 to Ki67 resulted in a modest improvement of AUC to 0.83 with an accuracy of 80%.

**Conclusions** Detection of cervical biomarkers using Simoa is feasible with Ki67, CDKN2A, and CEACAM1 demonstrating good test performance. This assay has the potential to triage patients with abnormal cytology and/or positive human papillomavirus test results. Future work will validate this biomarker panel and platform with an external cohort.

**EP075/#171** SURVIVAL OUTCOMES FROM LAPAROSCOPIC RADICAL HISTERECTOMY WITHOUT PREOPERATIVE CERVICAL CONIZATION IN 2018 FIGO STAGE IB1-IB2 CERVICAL CANCER

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**Objectives** To compare survival outcomes between minimally invasive surgery (MIS) for radical hysterecomy (RH) and open RH in 2018 FIGO stage IB1-IB2 cervical cancer patients who did not receive preoperative conization.

**Methods** We identified pathologically-confirmed 2018 FIGO stage IB1-IB2 cervical cancer patients who received primary C RH between 2006 and 2020. Patients who received cervical conization before RH were excluded. The study population was divided into MIS group (n=196) and open group (n=156).

**Results** Between the two groups, no differences were observed in histologic type, cervical tumor size, and depth of invasion. Despite similar proportions of patients with IB1 (23.5% vs. 19.2%; P=0.337) and those received adjuvant treatment (55.7% vs. 44.3%; P=0.429), lymphovascular space invasion was more commonly observed in the MIS group (35.7% vs. 24.4%; P=0.022). After a median follow-up of 63.5 months, the two groups showed similar overall survival, which was 88.3% in the MIS group and 87.3% in the open group (P=0.6). However, among stage IB1 patients (n=107), no difference in DFS was observed between the MIS and open groups: multivariate analysis revealed that MIS did not influence the disease recurrence rate (P=0.142).

**Conclusions** In 2018 FIGO stage IB1 cervical cancer, MIS RH without preoperative conization might not increase the disease recurrence rate after RH. Accurate preoperative identification of clinical stage is essential for early cervical cancer patients in deciding the surgical approach of RH.