significantly shorter disease free interval of 11 months, so adding systemic therapy to adjuvant treatment should be investigated further. Survival for patients with regular follow up was 61.6 months, out of 69, in 57 patients symptoms alone were the index diagnostic method. Neither of the methods of recurrence detection have impact on OS.

Conclusions: This study was undertaken in a developing nation that harbours majority of global burden of cervical cancer. Thorough examination of clinical symptoms could diagnose recurrence early. Also the recurrence detection outcomes were not linked to specific diagnostic procedures. Interestingly, there was a trend of better survival period in patients who followed up regularly.

**EP091/#76 UTILIZATION OF LYMPH NODE EVALUATION AT TIME OF HISTERECTOMY FOR CERVICAL CARCINOMA IN-SITU**

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**Objectives** To examine the utilization and characteristics of lymph node evaluation at time of hysterectomy for carcinoma in-situ of the cervix.

**Methods** This retrospective cohort study queried the National Inpatient Sample, evaluating 7,395 patients with cervical carcinoma in-situ who underwent hysterectomy from 2016–2019. A multivariable binary logistic regression model was fitted to identify independent characteristics related to lymph node evaluation at hysterectomy. A classification-tree was constructed with recursive partitioning analysis to examine utilization patterns of nodal evaluation.

**Results** Lymph node evaluation was done during hysterectomy in 4.6% of the study population. In a multivariable analysis, older age, higher household income, use of robotic-assisted hysterectomy, and surgery at large beds capacity or urban teaching centers in Northeast U.S. region were associated with increased likelihood of lymph node evaluation (all, P<0.05). Of those independent factors, robotic-assisted surgery exhibited the largest effect size (adjusted-odds ratio 3.23, 95% confidence interval 2.54–4.10), followed by urban teaching hospital (adjusted-odds ratio 2.96, 95% CI 2.13–4.10). Utilization pattern analysis identified 9 unique characteristics, of which robotic-assisted surgery was the primary indicator for cohort allocation (12.4% versus 3.2%, P<0.001). Three of nine patterns had the lymph nodal evaluation rate exceeding 10% and all were associated with robotic-assisted surgery. The rate difference between the highest and lowest groups were 33.3% (range, 0% to 33.3%).

**Conclusions** Overall, one in approximately 22 patients with cervical carcinoma in-situ underwent lymph node evaluation during hysterectomy in this population. Marked association between robotic-assisted surgery and lymph node evaluation at time of hysterectomy for cervical carcinoma in-situ warrants further investigation to determine the long-term risks and benefits of the procedure in this setting.