weekly, for 16 weeks. Follow-up Pap test conducted after the completion of therapy was negative for intraepithelial lesion or malignancy. All subsequent Pap smears, HPV testing and colposcopy findings in last five years came negative. Therefore, we were able to avoid further surgical treatment in this patient.

**Conclusion** Topical medical therapy with 5% imiquimod of cervical premalignant lesion, at this point, cannot replace surgical therapy but may be considered as an off-label treatment option for selected group of women who want to avoid further surgery, especially during standard observation after primary biopsy, as shown in our report.

**Disclosures** The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial interest or nonfinancial interest in the subject matter or materials discussed in this manuscript.

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**NON-INFERIOR SURVIVAL OUTCOMES BETWEEN LAPAROSCOPIC AND OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER WITH INCIDENTALLY IDENTIFIED PATHOLOGIC HIGH-RISK FACTORS**

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10.1136/ijgc-2023-ESGO.203

**Introduction/Background** Previously, we suggested that patients with cervical cancer with tumors ≤2 cm on preoperative magnetic resonance imaging (MRI) are safe candidates for laparoscopic radical hysterectomy (LRH). Here, we aimed to investigate whether LRH deteriorates the prognosis of patients with incidentally identified high-risk factors on pathologic examination.

**Methodology** We identified patients with 2009 FIGO stage IB1 cervical cancer who underwent Type C LRH or open radical hysterectomy (ORH) at three tertiary hospitals between 2007 and 2018. Those with a tumor ≤2 cm on preoperative MRI who adhered to the practice guidelines for adjuvant treatment were included. Survival outcomes were compared between the LRH and ORH groups. Subgroup analyses were conducted according to presence of lymph node metastasis (LNM) and/or parametrial invasion (PMI).

**Results** In total, 498 patients were included: 299 in the LRH group and 199 in the ORH group. The ORH and LRH groups showed similar 5-year progression-free survival (PFS) (92.9% vs. 91.6%; P = 0.615) and 5-year overall survival (OS) rates (96.8% vs. 97.2%; P = 0.439). On pathologic examination, 49 (9.8%) of patients had LNM and PMI, respectively, and 10 (2.0%) had both. In the LNM subgroup, 5-year PFS rate was not significantly different between the ORH and LRH groups (91.7% vs. 73.2%; P = 0.169). In the PMI subgroup, no difference in PFS was observed between the two groups (P = 0.893).

**Conclusion** LRH might not deteriorate recurrence and mortality rates in CC patients with a tumor size ≤2 cm when adjuvant treatment is appropriately administered, even if pathologic LNM and PMI are incidentally identified.

**Disclosures** Nothing to disclose