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.

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

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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 parametrical 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%) and 16 (3.2%) 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

RADICAL VAGINAL TRACHELECTOMY – WHAT MAKES IT RADICAL AND IS IT SAFE TO STEP DOWN ?

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Introduction/Background Radical vaginal trachelectomy (RVT) is a safe and viable treatment option for patients with early stage cervical cancer wishing to preserve fertility. We performed a retrospective monocentric study to describe the detection rate of sentinel biopsy, frequency of residual tumor in trachelectomy specimen and the impact of changes in FIGO staging.

Methodology 107 patients who underwent RVT at University Hospital Jena (1998–2020) were included. Inclusion criteria: 21 to 41 years, cervical cancer stage Ia1 to Ib2, any tumor size, regardless of neoadjuvant chemotherapy, regardless of...