surgery in patients diagnosed with advanced cervical adenocarcinoma (AC).

**Methodology** Retrospective assessment of histological slides was conducted to evaluate the pathological response to treatment and to develop a response score for cervical chemoradiation therapy (cCRS score). This cCRS score distinguishes three major response groups: Group A (no response), Group B (partial response), and Group C (complete response). Within Group B, three different response patterns can be distinguished based on their pathological morphological characteristics: Pattern 1, Pattern 2 and Pattern 3.

**Results** Twenty-five patients, with a mean age of 52.04 years were included for analysis. Two patients (8%) had no pathological response (cCRS A), 22 patients (88%) had a partial response (cCRS B), and 1 patient (4%) had a complete response (cCRS C) after CRT. During follow-up, 10 out of 25 (40.0%) patients developed a recurrence. In a univariate logistic analysis, a significant risk of recurrence and death was observed for the Group B Pattern 2 cCRS (p=0.009 and p=0.020 respectively) as well as if there was the presence of lymph vascular space invasion (LVSI) (p=0.009 and p=0.013 respectively). Five patients (20.0%) died, of which all had a recurrence, and all had a Group B pattern 2 cCRS. In addition, a trend towards higher mortality was observed when there was a lymph node metastasis (p=0.051).

**Conclusion** The identification of prognostic markers associated with poor outcome is clinically relevant and could be implemented in an individualized treatment plan. Further studies are necessary to confirm these findings on a larger scale.

**Disclosures** No potential conflict of interest by all authors

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**#1081 EVALUATION OF URINARY DYSFUNCTION AFTER NERVE-SPARING RADICAL HYSTERECTOMY IN PATIENTS WITH CERVICAL CANCER**

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**Introduction/Background** Urinary dysfunction is one of the most frequently described postoperative complications after radical hysterectomy. Extensive dissection leads to damage to the pelvic autonomic nerves that innervate the bladder muscles, urethral sphincter and pelvic floor fascia, and thus to urinary dysfunction.

The aim of this study is to assess the length of the recovery phase and functional establishment of urinary function after radical hysterectomy type C1.

**Methodology** It is a retrospective cross-sectional study conducted at the University of Gynecology and Obstetrics in the period from January to December 2022 in a total of 33 patients with cervical cancer (stage IA-IIA2) treated with radical hysterectomy. Postoperatively, urinary function was determined by measuring residual urine after appropriate training on the 5th-7th day, a residual volume below 100ml was considered as limit value for well-established urinary function.

**Results** The average age of the patients in the study was 51 years, the youngest patient was 29 years old, and the oldest 73 years old. The calculated mean length of urinary function recovery was 7.3±1.9 days, with a mean measured residual urine volume of 40.6±26.3 ml. Average time of hospital treatment is 7.7±2.41 days, but no longer than 14 days.

**Conclusion** Monitoring the recovery phase and functional establishment of urinary function after radical hysterectomy is essential. Good surgical technique with maximum nerve preservation needs to be implemented in an individualized treatment plan. Further studies are necessary to confirm these findings on a larger scale.

**Disclosures** No potential conflict of interest by all authors
Introduction/Background For several decades, laparotomy radical Wertheim hysterectomy, also known as Wertheim, has been the traditional surgical approach for early stage cervical cancer. However, many established cancer centres around the world have recently demonstrated that this procedure is laparoscopic and is a safe alternative, having already started in the West and America three decades ago. This technique has entered the implementation phase in Cameroon in 2019, which is why we proposed to evaluate the contribution of laparoscopy in the management of localized cervical cancer.

Methodology This was a comparative study with retrospective and prospective data collection, over a 3-year coverage from January 1, 2019 to July 31, 2022. All women who had a C1 radical hysterectomy for early stage cervical cancer were included in our study, divided into two arms, the laparotomy arm and the laparoscopy arm. Data on socio-demographic, clinical, para-clinical and therapeutic characteristics were collected using a questionnaire. The collected data were entered and analysed using SPSS version 25.0 software.

Results From January 2019 to July 2022, a total of 10 HTRs by laparoscopy and 22 HTRs by laparotomy were performed. The median blood loss in the laparoscopy group was significantly lower than in the laparotomy group (190 ml vs. 400 ml; p = 0.01). Furthermore, there was no statistically significant difference between the two techniques in terms of operative time, total lymph node yield or adjuvant therapy. Postoperative complications occurred, most of which were in the laparotomy group: digestive complications at 18% and postoperative infections at 18%.

Conclusion The results of our study suggest that with appropriate patient selection and increased experience, laparoscopic total radical hysterectomy can be a safe and effective procedure for the management of early cervical cancer in Cameroon.

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