Results Eighty-three patients with HSIL were reported. The median age was 37 (IQR:13; 95% CI: 13.95–40.40), whereas the median number of partners was 5 (IQR:7; 95% CI: 5.52–8.61). Eighty-one (97.6%) patients were treated with Loop Electrosurgical Excision (LEEP) and 2 (2.4%) with cold knife conization (CKC). The histopathological results showed 1 case of low-grade intraepithelial lesions (LSIL) (1.2%), 70 HSIL (84.4%), 5 micro-invasive cancers stage IA1 (6%), 2 of stage IA2 (2.4%) and in 5 patients (6%), the results were negative for cervical lesions. The two cases with IA2 diagnosis were further treated with radical abdominal hysterectomy plus lymphadenectomy, while two out of five patients with IA1 were treated with total abdominal hysterectomy after discussion and patient decision. In total, 4 hysterectomies (4.8%) were performed. The incidence of the IA1 stage after treatment of HSIL was 6% (5/83); whereas the incidence of stage IA2 was 2.4% (2/83).

Conclusion The recurrence rate of HSIL after surgical treatment was high. Positive surgical margins (ORs: 20.571; 95% CI: 6.044–70.018, p-value<0.001), excision of the cone in multiple pieces (ORs: 5.624, 95% CI: 1.991–15.887, p-value=0.001) and the depth of cone less than 1cm (ORs: 70.018, p-value<0.001), excision of the cone in multiple pieces (ORs: 5.624, 95% CI: 1.991–15.887, p-value=0.001) and the depth of cone less than 1cm (ORs: 4.359, 95% CI: 1.470–12.927, p=0.009) were related to increased risk of recurrence.

Disclosures No conflict of interest.

#122 LAPAROSCOPIC ANATOMIC IDENTIFICATION OF THE INFERIOR HYPOGASTRIC PLEXUS AND NERVE
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10.1136/ijgc-2023-ESGO.115

Introduction/Background To clarify the laparoscopic anatomy necessary for the nerve sparing radical hysterectomy. We meticulously separated the blood vessels and connective tissues to preserve, the pelvic splanchnic nerve, the hypogastric nerve and the bladder branch of the inferior hypogastric plexus.

Methodology Operative procedure
Isolation of the deep uterine vein could preserve one of the branches of the pelvic splanchnic nerve.

The hypogastric nerve in the lateral rectal wall was isolated to the inferior hypogastric plexus.

During the division of the posterior leaf of the vesicouterine ligament, isolation of the inferior vesical vein could reveal the bladder branch from the inferior hypogastric plexus.

Only the uterine branch from the inferior hypogastric plexus was isolated and divided.

The T-shaped nerve plane consisting of the hypogastric nerve, the pelvic splanchnic nerve and the bladder branch from the inferior hypogastric plexus is preserved.

Results All patients recovered their urinary function completely by POD 3–5.

Conclusion In order to accomplish the nerve sparing procedure, it is necessary to meticulously divide the posterior leaf of the vesicouterine ligament.

By the separation of the inferior vesical vein in the posterior leaf of the vesicouterine ligament, the bladder branch from the inferior hypogastric plexus can be identified and preserved.

#123 EFFECT OF DIABETES MELLITUS ON TREATMENT RESPONSE IN PATIENTS OF CERVICAL CARCINOMA
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10.1136/ijgc-2023-ESGO.116

Introduction/Background To study the effect of Type 2 diabetes mellitus on treatment response in locally advanced cervical cancer in the Netherlands.

Results A total of 373 patients were included: 213 (57%) in the CRTN group, 66 (17.6%) in the CRTO group and 94 (25.2%) in the TT group. Mean age was 50.14 (SD 13.95) years. The mean tumour size was 61.98 (SD 16.72) mm.

Squamous cell carcinoma (91.4%) was the most frequent histological type. According to FIGO 2009 stage, following groups were observed: 15.5% IB2, 18.3% IIA, 31.6% IIB, 7.2% IIIA, 21.4% IIIB, 5.6% IV. According to treatment group, the five-year overall survival rate was 46% for in the CRTN group and 54% for the TT and CRTO group (p=0.479). The five-year PFS was 64% for the TT group, 53% for the CRTO group and 38% for the CRTN group (p=0.054). Cox proportional hazards analysis could identify FIGO stage as significant covariate.

Conclusion Overall survival results were similar between groups (p=0.479). Our data suggests an improvement in PFS for TT in comparison to CRTN (p=0.014). This could, however, be explained by the heterogenous study population and retrospective nature of the data.

Randomised controlled trials to further investigate potentially beneficial treatment options for LACC are warranted.

Disclosures Coordinating investigator (Erasmus MC) Dr H.J. van Beekhuizen
Coordinating investigator (Amsterdam UMC) Dr. C.H. Mom
Coordinating investigator (NKR) Dr M.A. Van der Aa
Principal investigator Drs J. Servaye

#108 SURVIVAL OF WOMEN WITH ADVANCED STAGE CERVICAL CANCER: NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADIOThERAPY AND HYPERtherMIA VERSUS CHEMORadioThERAPY WITH OR WITHOUT NODE DEBULKING
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10.1136/ijgc-2023-ESGO.114

Introduction/Background According to ESGO guidelines, chemoradiation without nodal debulking is standard of care for patients with (locally) advanced cervical cancer (LACC). In some centers, for selected cases induction chemotherapy followed by radiotherapy and hyperthermia is offered. In other centers lymph node debulking is performed prior to chemoradiation. These different approaches have not been compared directly in prospective clinical trials.

Methodology This is a retrospective observational study to investigate the overall survival (OS) and progression-free survival (PFS) using the Cox-proportional hazards model in women who underwent either upfront chemotherapy followed by radiotherapy and hyperthermia (triple therapy, TT) or chemoradiotherapy (either with, i.e. CRTN, or without prior, i.e. CRTO, lymph node debulking) for advanced stage cervical cancer in the Netherlands.

Results A total of 373 patients were included: 213 (57%) in the CRTO group, 66 (17.6%) in the CRTN group and 94 (25.2%) in the TT group. Mean age was 50.14 (SD 13.95) years. The mean tumour size was 61.98 (SD 16.72) mm.

Squamous cell carcinoma (91.4%) was the most frequent histological type. According to FIGO 2009 stage, following groups were observed: 15.5% IB2, 18.3% IIA, 31.6% IIB, 7.2% IIIA, 21.4% IIIB, 5.6% IV. According to treatment group, the five-year overall survival rate was 46% for in the CRTN group and 54% for the TT and CRTO group (p=0.479). The five-year PFS was 64% for the TT group, 53% for the CRTO group and 38% for the CRTN group (p=0.054). Cox proportional hazards analysis could identify FIGO stage as significant covariate.

Conclusion Overall survival results were similar between groups (p=0.479). Our data suggests an improvement in PFS for TT in comparison to CRTN (p=0.014). This could, however, be explained by the heterogenous study population and retrospective nature of the data.

Randomised controlled trials to further investigate potentially beneficial treatment options for LACC are warranted.

Disclosures No conflict of interest.