

in 70%–90% of patients. Surgery after CR is still debated .Is definitive CCRT recommended in our population?

Methodology We retrospectively reviewed the clinical record of 22 patients treated for LACC by definitive CCRT between 2011 and 2021.

Results The mean age of patients at diagnosis was 55.5 years old .

Patients were staged as stage IB3, IIA, IIB, III to stage IV in 9.1%, 13.6%, 36.4%, 31.7% and 9.1% of cases respectively.

All subjects received CCRT followed by brachytherapy.

Response after CRRT, evaluated by a magnetic resonance imaging (MRI) and cervical biopsy, was complete in all cases.

Six patients presented with a loco-regional relapse (LRR) respectively on pelvic lymph nodes (3cases), uterine cervix (2cases), and on the vagina. The relapses occurred in the first 18 months in 5 cases. One patient had a late LRR after 45 months of follow-up.

Three of them underwent surgery with an R0 resection while the other ones received palliative chemotherapy. One patient presented after 13 months of follow-up with bone metastasis that was treated by exclusive external radiotherapy.

Clinical factors correlated with LRR were pelvic nodal status on MRI ($p < 0.01$), bladder involvement on MRI ($p < 0.035$) and clinical tumor stage ($p < 0.047$).

However age, tumor size, histological type and the presence of lympho-vascular invasion were not significantly related to the risk of LRL .

The average duration of follow-up was 27.05 months.

The 2-year OS rate was 76.4% visualized in Kaplan–Meier curves; however, the disease-free survival rate was about 85.9% for all cases in 2 years.

Conclusion To date no study has attested of a significantly improved OS and DFS after completion surgery.

A prospective randomized trial is mandatory to compare the two approaches and to evaluate the morbidity and survival outcome.

Disclosures The authors have nothing to disclose.

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INCIDENCE AND PREVALENCE OF CERVICAL CANCER IN UZBEKISTAN

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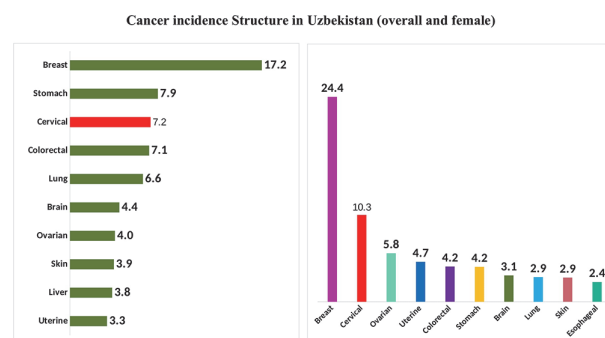
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Introduction/Background According to world statistical data, there were more than 604 thousand new cervical cases registered and more than 341 thousand of death from cervical cancer. In Uzbekistan, cervical cancer remains the most common cancer type.

Methodology We collected cancer incidence and mortality data from official statistical report in Uzbekistan for the years 2005–2022.

Results The results of the study showed, that the cervical cancer incidence of Uzbek population increased over 2005–2022 almost by 2 times. Thus, the number of newly diagnosed patients with cervical cancer over the last 17 years has

increased from 971 to 1 851 cases and incidence rate per 100,000 population - from 3.7 to 5.1. The most commonly diagnosed cancer for both sexes in the country is breast (17.2%), followed by stomach (7.9%) and cervical (7.1%) cancer. Meanwhile, for women the most frequently occurring cancers are breast (28.1%), cervical (11.9%) and ovarian (6.6%) cancer. In turn, the number of death cases from cervical cancer over 2005–2022 raised from 414 to 969. Mortality rate per 100,000 population over 2013–2022 has increased from 1.6 to 2.7. In women breast (23.4%), cervical (12.7%) and stomach (7.1%) cancer are the main cause of death. In 2022, 71.0% of cervical cancer cases were detected in the early stages (I-II st) (in comparison with 2005 y – 59.3%), and 27.7% of cancer cases (2005 y - 39.7%) were diagnosed in advanced stages.



Abstract #155 Figure 1

Conclusion In conclusion, it can be noted, that cervical cancer incidence and mortality continues to increase in Uzbekistan. Cervical cancer ranks 3rd in the overall structure of cancer incidence and 2nd place among women. Moreover, over the past 17 years, the state of the oncological service has improved significantly due to the improvement of the quality of healthcare, medical equipment and implementation of guidelines for the diagnosis and treatment of oncological patients.

Disclosures Nothing to disclose

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LAPAROSCOPIC OR ROBOTIC VERSUS TOTAL ABDOMINAL RADICAL HYSTERECTOMY FOR EARLY-STAGE CERVICAL CANCER: A MULTICENTER, PROSPECTIVE, REAL-WORLD OBSERVATIONAL COHORT STUDY

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Introduction/Background With an effective of reducing tumor cells dissemination, non-touch isolation techniques are being emphasized during operation these days. Compared with total abdominal radical hysterectomy, whether improving the tumor-free strategy in the laparoscopic/robotic radical hysterectomy (minimally invasive surgery) benefits patients, is still unclear.

Methodology Patients with early-stage cervical cancer (stage IA1 with lymphovascular invasion, IA2, IB1, IB2 and IIA1) were prospectively enrolled in this study, and were divided