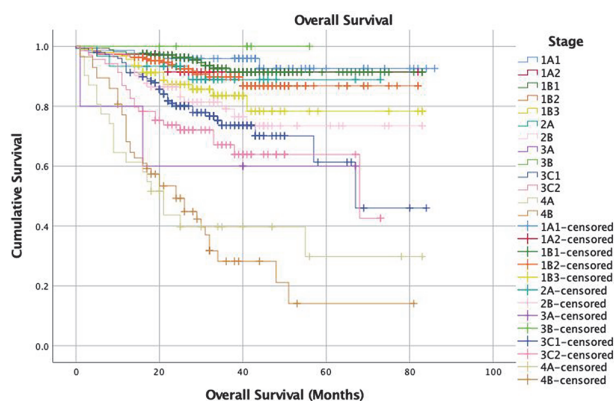


1671 (65.8%) cases were associated with HPV 16/18. The histologic distribution of the cases were as follows: squamous cell carcinoma in 1972 (77.7%), adenocarcinoma in 380 (15.0%) and adenosquamous cell carcinoma in 54 (2.1%) women. Primary chemoradiation was applied as primary treatment in 1285 (50.6%) women whereas 1254 (49.4%) underwent surgery. There were 938 (74.8%) radical and 249 (19.8%) simple hysterectomies. With a median follow-up of 28 months, the 3-year overall survival rates were 92.7%, 89.8% and 83.6% for stage IB1, IB2 and IB3, respectively. The 3-year overall survival rate for stage IIB was 79.1%. According to histologic subtypes, the 3-year overall survival rates were 71.9%, 72.0%, and 70.9% for women with squamous cell carcinoma, adenocarcinoma, and adenosquamous cell carcinoma, respectively.



Abstract #563 Figure 1

Conclusion Conclusion: In spite of a 10-years' experience of a nation-based cervical cancer screening program, cervical cancer still seems to represent an important tumor burden in Turkey.
Disclosures NONE

#566

UPDATE ON LONGTERM FOLLOW UP IN PATIENTS WITH CERVICAL CANCER THAT UNDERWENT LAPAROSCOPIC RADICAL HYSTERECTOMY WITHOUT UTERINE MANIPULATOR

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Introduction/Background The aim of this study is to evaluate surgical data and oncological outcome of laparoscopic nerve-sparing radical hysterectomy without uterine manipulator for cervical cancer stage IB, over the last 12 years.

Methodology This retrospective study includes 44 patients with cervical cancer Figo stage (2009) IB who underwent laparoscopic nerve-sparing radical hysterectomy without using any kind of uterine manipulator. Patients were eligible if they had squamous cell carcinoma, adenocarcinoma, or adeno-squamous carcinoma, and no para-aortic lymph node involvement by

imaging or after frozen section. The median value and range were assessed for operative outcomes and relapse rate and disease-free survival rate were evaluated using the Kaplan-Meier method.

Results In the study, 44 patients were included and among them 35 women were stage IB1 (23 cases with tumor size 2–4 cm) and 8 women stage IB2 (Figo stage 2009). The average operating time was 221 min and median hospital stay was 2.6 days. Approximate blood loss was 181 ml (range 120–300 ml). After a median follow-up of 62 months, we had 2 recurrences out of 44 cases and no death. Especially for patients with Figo stage (2009) IB1, the recurrence rate was 3.1% (1/32). The 3-year PFS was 96.1% and the number at risk 26 (71.8%) and especially for the IB1 stage (2009) women, the 3-year PFS was 96.9% and the number at risk 21 (77.7%). The 3-year OS was 100% with no. at risk 71.8%.

Conclusion Laparoscopic nerve-sparing radical hysterectomy without uterine manipulator is feasible and safe surgical procedure for cervical cancer with acceptable surgical and oncological outcomes in the hands of well-trained and experienced laparoscopic surgeons. Our retrospective study reveals better oncological outcome compared to other studies on the minimally invasive approach, where uterine manipulator was routinely used and no vaginal sealing of the tumor was made.

Disclosures All authors declare no conflict of interest

#567

LAPAROSCOPIC BULKY PELVIC LYMPH NODE RESECTION IN IIA1 CERVICAL CANCER

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Introduction/Background Lymph node dissection has been an integral part of the management of patients with cervical cancer. The 2018 FIGO (International Federation of Obstetrics and Gynaecology) staging system has incorporated lymph nodal involvement; hence, the importance of accurate lymph nodal assessment is compounded and has direct implications on the mode of management.

Methodology We present the case of a 48 years old patient with cervical cancer with bulky pelvic lymph nodes in MRI that were laparoscopically removed in order to determine the further treatment.

Results Laparoscopic lymphadenectomy was completed in 58 minutes and the estimated blood loss was less than 50 ml. There was no intraoperative complication and the patient was discharged the first postoperative day. On the 8th postoperative day the patient started adjuvant chemo radiation and is disease 26 months after treatment.

Conclusion Laparoscopic pelvic lymphadenectomy is feasible and safe procedure even in cases of bulky lymph nodes. It offers oncological safety and also the opportunity to start adjuvant therapy immediately after the surgery.

Disclosures All authors disclose no conflict of interest