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# SURVIVAL NOMOGRAMS NEOADJUVANT CHEMOTHERAPY RADICAL SURGERY CERVICAL CANCER : THE UNDERSEA APP

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**Introduction/Background** Cervical cancer (CC) is one of the leading cancer by incidence/mortality in women worldwide. Highest incidence/mortality rates are recorded in low-income countries, including sub-Saharan-Africa, Melanesia, South-America and South-Eastern-Asia. This disproportionately in incidence/mortality rates compared to transitioned countries reflects the effective global cancer services variation.

Surgery, radiotherapy and chemotherapy in an integrated approach are necessary to treat CC as part of a management of evidenced-based effective care. These approaches aren't interchangeable, but complementary and an increasing number of patients is best treated with at least two modalities. Around the world, there are still severe limitations in access to cancer care and especially radiotherapy services are scarce. To overcome regional and global large disparity, ASCO includes i) definitive radiotherapy with concurrent cisplatin-based chemotherapy and ii) neoadjuvant chemotherapy followed by radical surgery (NACT+S) as evidence-based resource-stratified recommendations on invasive CC management.

We have created the sUrvival Nomograms neoaDjuvant chEmotherapy Radical Surgery cErvical cAnCER (UNDERSEA) application (app), an user-friendly app specifically designed for invasive CC patients candidate to NACT+S (<http://undersea.app>).

The screenshot shows the UNDERSEA app interface. It has a header with the app name and logo. Below it are several input fields: BMI (with a range of < 25 to > 25), Age (with a range of < 50 to > 50), Tumor size (with a range of < 4 cm to > 4 cm), Tumor histology (with a dropdown menu showing 'squamous cell carcinoma' and 'other histologies'), Tumor grade (with a dropdown menu showing 'G1', 'G2', and 'G3'), FIGO disease stage (with a dropdown menu showing 'IB2-4A', 'IB', and 'II'), and LVS (with a dropdown menu showing 'absence' and 'presence'). At the bottom, there are three buttons: 'Calculate', 'Results', and 'About'.

Abstract #633 Figure 1 Undersea app

**Methodology** UNDERSEA app is a visualization tool of the results of an observational study of locally advanced CC patients treated with NACT+S. Statistical analysis was performed with R-Studio0.98.1091-software and web-app using Angular15.

**Results** UNDERSEA app is free, clean and quick to use. It estimates 2-year progression-free survival and 5-year overall

survival rates, according to patient's relevant clinical and pathological prognostic factors, including age, tumor histology, lymphovascular space invasion, pathological locoregional lymph-nodes and pathological parametria status (figure 1).

**Conclusion** Thanks to its functionality and portability, UNDERSEA app offers an adequate web-based instrument able to estimate survival outcomes for cancer control. UNDERSEA app should be an example of successful efficient and effective care delivery around the world. The hope is to help clinicians in daily clinical practice to build an evidenced-based critical care and derive the best benefit for patients.

**Disclosures** Prof Scambia and Marchetti have potential conflict (s) of interest. Prof Palaia and De Felice have no potential conflict of interest to report.

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# RADICAL HYSTERECTOMY USING WATER JET TISSUE DISSECTION: FUNCTIONAL RESULTS

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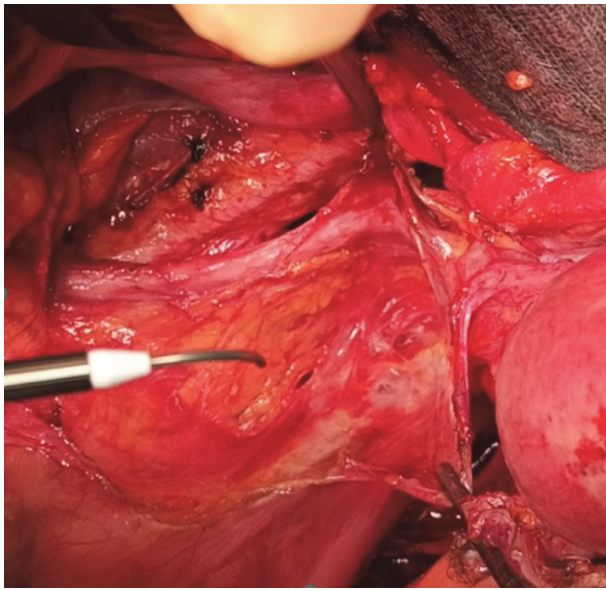
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**Introduction/Background** Radical hysterectomy is often associated with several significant complications such as urinary, anorectal and sexual dysfunction due to pelvic nerve injuries. The risk of nerve fibers damage remains high because of difficulties in recognition of elements of the autonomic nervous system. One of approaches for precise nerve dissection is tissue-selective dissection with a water-jet. This study was aimed to evaluate functional results after nerve sparing radical hysterectomy (RH type C1) in patients with stage IB1-IIA cervical cancer according to the International Federation of Gynecology and Obstetrics (FIGO 2018) staging system.

**Methodology** The study included 193 patients with morphologically verified cervical cancer IB1-IIB stages. The main group consisted of 62 patients who underwent nerve-sparing radical hysterectomy (type C1) with pelvic and para-aortic lymphadenectomy using the water jet dissection. Control group A consisted of 79 patients who underwent nerve-sparing radical hysterectomy (type C1) with pelvic and para-aortic lymphadenectomy. Control group B consisted of 52 patients who underwent radical hysterectomy (type C2) with pelvic and para-aortic lymphadenectomy.

**Results** The use of the water jet dissection method in the main group made possible to reduce the time to removal of the urethral catheter (4.5 days vs. 6.9 and 12.1 days), as well as to minimize the time for restoring urination according to the residual urine volume criterion less than 100 ml (5,6 day vs 10.2 and 21.2 days) (<0.001). In the main group none of the patients in the postoperative period showed clinical signs of neurogenic bladder dysfunction.

**Conclusion** The results suggest that using the water-jet technique in tissue incision contributes to the most atraumatic dissection of the autonomic nervous system. Thus, the proposed method makes it possible to avoid thermal degeneration of the nerves and preserve the functional integrity of the nerve plexus.



**Abstract #639 Figure 1** Preservation of the hypogastric nerve with a water jet

**Disclosures** The main advantage of water-jet method is selective dissection and preservation of nerve fibers and vessels with minimal deformation of the surrounding tissue. In the main group patients had no sign of bladder dysfunction and restored the function of the lower urinary tract in the shortest time.

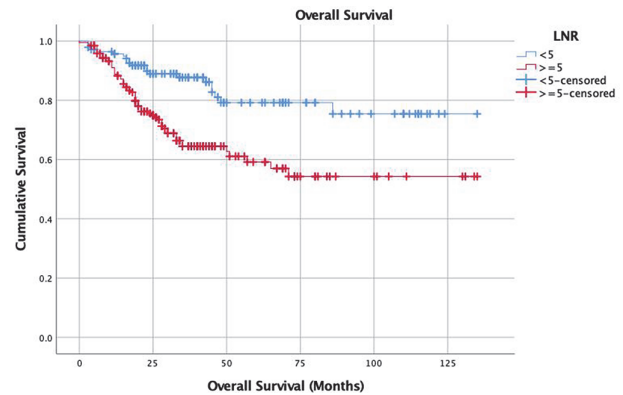
#### #642 IS LYMPH NODE RATIO A PROGNOSTIC FACTOR IN STAGE IIIC (P) CERVICAL CANCER?

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**Introduction/Background** Objective: The aim of this study was to determine the prognostic value of lymph node ratio (LNR) in women with 2018 International Federation of Gynecology and Obstetrics stage IIIC (p) cervical cancer.

**Methodology** Methods: In this retrospective multicenter study, a total of 335 node-positive cervical cancer patients who had undergone radical hysterectomy with systematic pelvic and para-aortic lymphadenectomy were included. All of the patients received adjuvant chemoradiation after surgery. LNR was defined as the ratio of positive lymph nodes (LNs) to the total number of LNs removed. The patients were categorized as two groups according to LNR; LNR<0.05 and LNR≥0.05. The prognostic value of LNR was investigated by univariate log-rank tests.



**Abstract #642 Figure 1**

**Results** Results: The median age of the patients was 50 (range, 25–81) years. Two hundred forty (71.6%) 95 (28.4%) patients were FIGO stage IIIC1 and IIIC2, respectively. There were 263 (78.5%) women with squamous cell carcinoma, 37 (11.0%) with adenocarcinoma, 28 (8.4%) with adenosquamous cell carcinoma, and 7 (2.1%) with other histologies. The median number of the harvested nodes was 39 (range, 5–138). The median number of removed pelvic lymph nodes was 28 (range, 1–97) whereas the corresponding figure 1 was 11 (range, 1–54) for para-aortic lymph nodes. With a median follow-up period of 30 months, the 5-year overall survival rates for LNR<0.05 and LNR≥0.05 were 87.7%, and 64.5%, respectively ( $p<0.001$ ). Patients with a LNR greater than 5 percent had 2.7-fold increased risk for death (HR:2.7, 95% CI: 1.5–4.7,  $p<0.001$ )

**Conclusion** Conclusion: LNR≥0.05 seems to be a prognostic factor for decreased overall survival in stage IIIC (p) cervical carcinoma.

**Disclosures** NONE

#### #654 DYNAMICS OF URINATION IN PATIENTS AFTER RADICAL SURGICAL TREATMENT OF CERVICAL CANCER

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**Introduction/Background** The main question of the surgeon in the postoperative period is the possibilities of assessing the function of the lower urinary tract. Symptomatic assessment of urination disorders does not allow to diagnose since many symptoms are subjective and non-specific for a particular disease. Urodynamic study allows to assess the state of the urinary system and determine further tactics.

**Methodology** The study included 173 patients with morphologically verified cervical cancer IB1-IIB stages who underwent radical hysterectomy (RH). The main group consisted of 42 patients after RH type C1 using the water-jet technique. The comparison group A included 79 patients who underwent RH type C1 with the traditional technique. The comparison group B included 52 patients who accepted radical hysterectomy RH