Abstracts

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.

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

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, 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.

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 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

Abstract #642 Figure 1

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

Introduction/Background The main question of the surgeon in the postoperative period is the possibility 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-IIIB 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...
type C2. All patients underwent uroflowmetry at the preoperative and postoperative stages in order to exclude dysfunction of the lower urinary tract.

Abstract #654 Figure 1 Obstructive type of uroflowmetric curve in the postoperative period

Results In a comparative study of the parameters of uroflowmetry before surgery and 2 months after surgical treatment in patients of the main group, significant differences were obtained in such parameters as the average and maximum velocity of urine flow. In control group A, statistically significant differences were obtained in such parameters as the average urine flow rate, maximum urine flow rate, urine flow time, and the volume of residual urine. In control group B, all indicators had significant differences, with the exception of the volume of urine excreted.

Conclusion The introduction of urodynamic testing into the practice of pre- and postoperative examination has improved the understanding of changes in bladder and urethra function after radical gynecological surgery. In this study we demonstrated the benefits of using a water jet dissector due to faster functional recovery in the postoperative period.

Disclosures Comparative results before surgery and 2 months after surgical treatment in the main group indicate the advantage of the water jet dissection technique as the most precise and nerve-sparing method.

#665 REGULARITY OF CERVICAL CANCER SCREENING IN KOREA: ANALYSIS USING NATIONAL PUBLIC DATA FOR 12 YEARS

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Introduction/Background This study aimed to assess the frequency of regular uptake of national cervical cancer screening (CCS) program and identify associated factors among Korean women.

Methodology Using data from the 2007–2012 Korean National Health and Nutrition Examination Survey (KNHANES), a cohort of 4,663 women was followed up for up to 12 years (2007–2018) using linked individual level data from the Korean National Health Insurance Service (KNHIS) and the Korean Health Insurance Review and Assessment Service (KHIRA). Compliance level with CCS was categorized as none, irregular and regular, and an ordinal logistic regression model was employed to investigate the contributing factors.

Results The multivariate logistic analysis showed individuals aged 40–59 exhibited the highest likelihood of regular adherence to CCS among participants. Regular adherence of CCS were associated with certain groups, including those with an income between 100–150% of the median, service workers, residents of small to medium-sized cities, middle-school graduates, and married individuals. Furthermore, individuals who had private insurance, a history of non-cervical cancer or carcinoma in situ (CIS) of the cervix, family history of cervical cancer, or a higher frequency of general check-ups demonstrated greater adherence to CCS.

Conclusion The study highlights the importance of establishing public institutions to lead screening initiatives, promote continued CCS even with normal results, and developed tailored screening program for high-risk group who have never been screened or have abnormal test results.

Disclosures This study revealed that regular uptake of CCS in South Korea was low at 18.9%. Moreover, the study identified new factors associated with regular adherence to CCS, such as having personal history of non-cervical cancer, a history of CIS of the cervix, a family history of cervical cancer, and a higher frequency of general check-ups.

#666 PREDICTORS OF RECURRENTNESS IN SURGICALLY STAGED INTERMEDIATE-RISK EARLY-STAGE CERVICAL CANCER

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Introduction/Background The Sedlis criteria [a) lymphovascular space invasion, b) depth of invasion, c) tumour diameter] have long been considered primary predictors of recurrence in early-stage cervical cancer. Consequently, over the past decades they have served as the primary indication for determining the need for adjuvant treatment. However, the LACC trial findings have highlighted the significance of non-histological risk factors in predicting recurrence, raising concerns regarding the need to reassess treatment planning.

Methodology A retrospective analysis was conducted on intermediate-risk cervical cancer (FIGO-2009 stage IB1 with negative nodes at final pathology) of the SUCCOR study database. Univariate and multivariable Cox proportional hazards models were used to evaluate independent risk factors for disease-free survival (DFS). Survival curves were generated using the Kaplan-Meier method and compared using log-rank test.

Results The study included 572 patients, of whom 67 (11.7%) experienced recurrence. In the univariate analysis, Minimally Invasive Surgery (MIS) and the use of uterine manipulator were found to be associated with an increased risk of recurrence (p<0.001), while preoperative conization was identified as a protective factor (p 0.002). Patients aged over 50 years were more likely to experience recurrence (p 0.04), while no other baseline characteristics examined appeared to have an influence on the risk of recurrence.

Among the conventional histologic risk factors, only tumour diameter, specifically when ≥2 cm, was found to be associated with an elevated risk of recurrence (p 0.006). The Kaplan-Meier curves illustrating disease-free survival were stratified by