studies published up to July 2022 comparing perioperative lymphatic complications after RRHND and LRHND while treating early uterine cervical cancer. Related articles and bibliographies of relevant studies were also checked. Two reviewers independently performed the data extraction.

Results of 19 eligible clinical trials (15 retrospective studies and 4 prospective studies) comprising 3,079 patients were included in this analysis. Only 107 patients (3.48%) had perioperative lymphatic complications, of which the most common was lymphedema (n = 57, 1.85%), followed by symptomatic lymphocele (n = 30, 0.97%), and lymphorrhea (n = 15, 0.49%). When all studies were pooled, the odds ratio (OR) for the risk of any lymphatic complication after RRHND compared with LRHND was 1.27 (95% confidence interval: 0.86–1.98; p = 0.527). In the subgroup analysis, study quality, country of research, and publication year were not associated with perioperative lymphatic complications.

Conclusion/Implications A meta-analysis of the available current literature suggests that RRHND is not superior to LRHND in terms of perioperative lymphatic complications.

PR012/#858 COMPARISONS OF SURVIVAL OUTCOMES OF LAPAROSCOPIC VERSUS OPEN RADICAL HYSTERECTOMY IN EARLY CERVICAL CANCER WITH INCIDENTALLY IDENTIFIED PATHOLOGIC HIGH-RISK FACTORS

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Introduction Previously, we suggested that patients with cervical cancer with tumors ≤2 cm on preoperative magnetic resonance imaging (MRI) are safe candidates for laparoscopic radical hysterectomy (LRH). Here, we aimed to investigate whether LRH deteriorates the prognosis of patients with incidentally identified high-risk factors on pathologic examination.

Methods We identified patients with 2009 FIGO stage IB1 cervical cancer who underwent Type C LRH or open radical hysterectomy (ORH) at three tertiary hospitals between 2007 and 2018. Those with a tumor ≤2 cm on preoperative MRI who adhered to the practice guidelines for adjuvant treatment were included. Survival outcomes were compared between the LRH and ORH groups. Subgroup analyses were conducted according to presence of lymph node metastasis (LNM) and/or parametrial invasion (PMI).

Results In total, 498 patients were included: 299 in the LRH group and 199 in the ORH group. The ORH and LRH groups showed similar 5-year progression-free survival (PFS) (92.9% vs. 91.6%; P=0.615) and 5-year overall survival (OS) rates (96.8% vs. 97.2%; P=0.439). On pathologic examination, 49 (9.8%) and 16 (3.2%) patients had LNM and PMI, respectively, and 10 (2.0%) had both. In the LNM subgroup, 5-year PFS rate was not significantly different between the ORH and LRH groups (91.7% vs. 73.2%; P=0.169). In the PMI subgroup, no difference in PFS was observed between the two groups (P=0.893).

Conclusion/Implications LRH might not deteriorate recurrence and mortality rates in CC patients with a tumor size ≤2 cm when adjuvant treatment is appropriately administered, even if pathologic LNM and PMI are incidentally identified.

PR013/#1503 TORIPALIMAB COMBINED WITH BEVACIZUMAB AND CHEMOTHERAPY AS FIRST-LINE TREATMENT FOR REFRACTORY, RECURRENT OR METASTATIC CERVICAL CANCER: A SINGLE-ARM, OPEN-LABEL, PHASE II TRIA

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Introduction Treatment options for refractory, recurrent, or metastatic cervical cancer (R/M CC) are limited. This study evaluated the efficacy and safety of toripalimab combined with bevacizumab and platinum-based chemotherapy as first-line treatment for refractory R/M CC.

Methods Patients (≥18 years) who had no prior systemic treatment with histologically confirmed refractory R/M CC were eligible. Patients received toripalimab (240 mg, D1, q3W) plus bevacizumab (7.5 mg/kg, D1, q3W) and platinum-based chemotherapy (paclitaxel 175 mg/m^2+ cisplatin 50 mg/m^2 or carboplatin AUC=5, D1, q3W) for 6 cycles, followed by the maintenance of toripalimab plus bevacizumab (q3W) for 12 months or until disease progression or intolerable toxicity occurred. The primary endpoint was the objective response rate (ORR) per RECIST v1.1. The secondary endpoints were safety profiles, disease control rate (DCR), progression-free survival (PFS), and overall survival (OS).

Results A total of 23 patients were in the final analysis. The median follow-up duration was 9.6 months (95% CI, 6.4 to 12.8). The ORR was 78.3% (95% CI, 56.3 to 92.5), 1 (4.3%) patient achieved CR and 17 (73.9%) attained PR. The DCR was 91.3% (95% CI, 72 to 98.9). The median PFS and OS were not reached. Any grade treatment-related adverse events (TRAEs) occurred in 91.7% of patients, and the most common were neutropenia (58.3%), ATCH increased (37.5%), and anemia (37.5%). The grade ≥ 3 TRAEs occurred in 58.3%. No grade ≥ 3 irAEs occurred.

Conclusion/Implications Toripalimab combined with bevacizumab and platinum-based chemotherapy has demonstrated promising clinical efficacy as the first-line treatment for patients with refractory R/M CC while showing a tolerable safety profile.

PR015/#791 MEASURING THE RISK-BENEFIT OF OBSTETRIC AND ONCOLOGIC ASPECTS OF FERTILITY-SPARING SURGERY AMONG EARLY CERVICAL CANCER ≥2 CM: IMPLICATIONS CAPTURED IN SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction Composing approaches to early cervical cancer (CC ≥2 cm in tumor size) in fertile years implicates around the preservation of the reproductive function; on whether the following intervention (i.e., operative procedures with/without neoadjuvant chemotherapy (NACT)) offer acceptable child-

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