

29 and 30 months for RAD and RPAO. After multivariate analysis, in the CCRT-P and adequate LRC group, a tumor size of ≥ 4 cm was associated as an independent prognostic factor for DR (HR 2.7, IC 95% [1.04–7], $p=0.032$). OS was lower in patients with a tumor of ≥ 4 cm in this group ($p=0.12$).

Conclusion There are different patterns of recurrence in LACC between those treated with CCRT-P and CCRT-P +PAO, that allows us to provide for the risk of these and adapt our diagnostic-therapeutic and follow-up protocols. LACC patients treated with CCRT-P have clinical-pathological factors associated with recurrences that allow us to provide for the risk of these as well as adapt our diagnostic-therapeutic and follow-up protocols.

2022-VA-1296-ESGO COELIO-SCHAUTA: LAPAROSCOPICALLY ASSISTED RADICAL VAGINAL HYSTERECTOMY IN EARLY-STAGE CERVICAL CANCER

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Introduction/Background Since the publication of the LACC trial results, the role of minimally invasive radical hysterectomy for cervical cancer has been questioned. However, it is likely that the lower survival rates shown in the minimally invasive surgery (MIS) arm, were not directly related to the MIS itself, but rather to technical procedures linked to laparoscopic and robotic-assisted approaches, such as the use of uterine manipulators or the opening of the vagina through the abdominal cavity.

Methodology Laparoscopically assisted radical vaginal hysterectomy (LARVH) or Coelio-Schauta combines lymph node staging and pelvic space creation by laparoscopy with radical hysterectomy including parametrium-paracolpium resection performed predominantly by vaginal approach, as reported by Schauta. This technique has shown oncological results and surgical complications comparable with those reported for the open surgery arm of the LACC trial. During LARVH, colpotomy and closure of the vagina are performed at the beginning of the radical hysterectomy, precluding manipulation of the tumor during the procedure.

Results We present a step-by-step video demonstration of the LARVH technique as it has been performed for more than 25 years at Hospital Clínic of Barcelona following surgical technique described by Dargent and Querleu.

Conclusion Coelio-Schauta is a minimally invasive technique that adheres to the oncologic principle of tumor containment. It should be included in prospective randomized trials to clarify the role of MIS in early-stage cervical cancer.

2022-RA-1301-ESGO THE IMPACT OF HOSPITAL SURGICAL VOLUME ON SURVIVAL IN EARLY-STAGE CERVICAL CANCER TREATED WITH RADICAL HYSTERECTOMY: A SUB-ANALYSIS OF THE SCCAN STUDY

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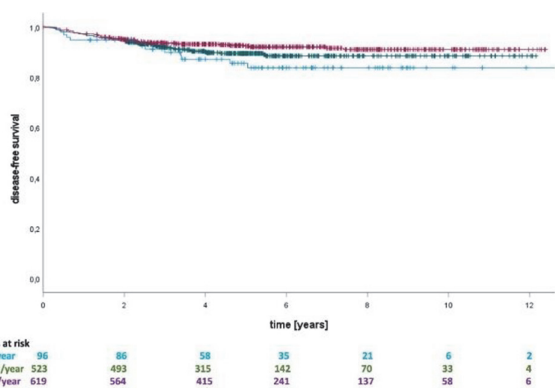
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Introduction/Background The objective was to evaluate the impact of number of radical hysterectomies (RHs) performed per year in each center on disease-free survival (DFS) and overall survival (OS), from patients previously included in the SCCAN study.

Methodology International, multicenter, retrospective study. Patients with FIGO-2009-stage IB1-IIA1 cervical cancer who underwent RH, did not undergo neo-adjuvant chemotherapy and with pathologic negative lymph nodes, were included. Patients were treated in national referral centers for gynecologic oncology according to updated national/international guidelines. Optimal cut-offs for surgical volume were identified using an unadjusted Cox proportional hazard model with DFS as outcome and defined as the

value which minimizes the p-value of the split in groups in terms of DFS. A Propensity Score Matching (PSM) was used to adjust the differences between the groups baseline characteristics.

Results 2,157 patients were initially included. The two most significant cut-offs for surgical volume were identified in 7 and 17 surgical procedures, dividing the entire cohort in low, middle, and high-volume centers. After PSM, 1,238 patients, distributed as 619 (50.0%) in high-volume, 523 (42.2%) in middle-volume and 96 (7.8%) in low-volume group, were analyzed. Patients operated in higher volume institutions had a progressively better 5-year DFS than those operated in lower volume centers (92.3% vs 88.9% vs 83.8%, $p=0.029$). No 5-year OS difference was noted (95.9% vs 97.2% vs 95.2%, $p=0.70$). Cox multivariate regression analysis for risk of showed that FIGO-stage >IB1, LVSI+, grade >1, tumor diameter >20 mm, minimally invasive approach, non-squamous cell histology, and lower volume centers represented independent risk factors for recurrence.



Abstract 2022-RA-1301-ESGO Figure 1

Conclusion Surgical volume represented an independent prognostic factor affecting DFS. Increasing number of RHs performed in each center every year was associated with improved DFS. Performance of at least 18 RHs per year may be considered the target volume of cases for referral centers associated with better DFS.

2022-RA-1302-ESGO ASSOCIATION OF SUVMAX WITH SURVIVAL AND KNOWN PROGNOSTIC FACTORS IN LOCO-REGIONALLY ADVANCED CERVIX CANCER

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Introduction/Background The Standardised Uptake Value (SUV) on FDG PET reflects glycolytic metabolism and high values have been shown to be associated with aggressive tumour biology and a poor prognosis in some but not all cancers. The purpose of this study was to evaluate the association of baseline SUVmax with tumour volume, lymph-node involvement

and survival in loco-regionally advanced cervix cancer (LRACC) patients.

Methodology One hundred fifty-one LRACC patients, treated with curative intent between 1996 and 2014 were retrieved. Patients were classified to FIGO 2018 staging based on histopathology, MRI (for tumour volume and local compartmental spread) and PET (for measuring SUVmax and nodal spread). Association of SUVmax with known prognostic factors such as age, histology, FIGO stage, tumour volume and nodal spread was studied using relevant statistical tests and regression models. Cox proportional hazards model was used to evaluate predictors of relapse-free and overall survival.

Results SUVmax of the primary tumour was significantly higher (17.2 vs 13.8, $p=0.012$) in patients with positive nodes compared to those who were node negative. Similarly, SUVmax was 3.6 units higher in those with tumour volume above the median (34.3cc) compared to those with tumour volume below the median ($p=0.007$). There was no difference in the distribution of relapses and deaths by quartiles of SUVmax. There was no significant difference in FDG uptake by histology, $p=0.2352$. While node positivity and tumour volume were independent predictors of relapses, SUVmax was not. Tumour volume was an independent predictor of overall survival in LRACC.

Conclusion Prognosis in LRACC depends on the interplay between primary tumour (local control) and nodal disease (regional and distant relapse). SUVmax has limited independent prognostic value in LRACC. The primary role of FDG PET/CT remains detection of nodal and distant metastasis.

2022-RA-1332-ESGO TIMING AND DURATION OF DEFINITIVE RADIATION THERAPY WITH OR WITHOUT CONCURRENT CHEMOTHERAPY FOR FIGO 2018 STAGE IB3 – IVA CERVICAL CANCER IN A TERTIARY REFERRAL HOSPITAL IN THE PHILIPPINES

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Introduction/Background Cervical cancer remains to be a significant public health concern among low- to middle-income countries. The objective of this study was to determine the timing and treatment duration of definitive radiation therapy and the factors affecting its delivery to women with cervical cancer in a tertiary referral hospital in the Philippines.

Methodology This was a single center, retrospective study performed among 107 women with newly-diagnosed, biopsy-proven bulky or locally-advanced cervical cancer (FIGO 2018 stage IB3 – IVA) seen from January 1 to December 31, 2019 and received radiation therapy. Individual medical records were reviewed to retrieve demographic information, pertinent clinical data, treatment details, and disease status of each patient.

Results Out of 456 new cases referred to the subspecialty clinic, 329 (72%) were candidates for concurrent chemoradiation (CCRT) and brachytherapy (BT). Only 107 (32.5%) women have received treatment at the time of the study. Among these, 51 (48%) completed treatment, while 28 (26%) received external radiation therapy only, and another 28 (26%) were still ongoing primary treatment. The median