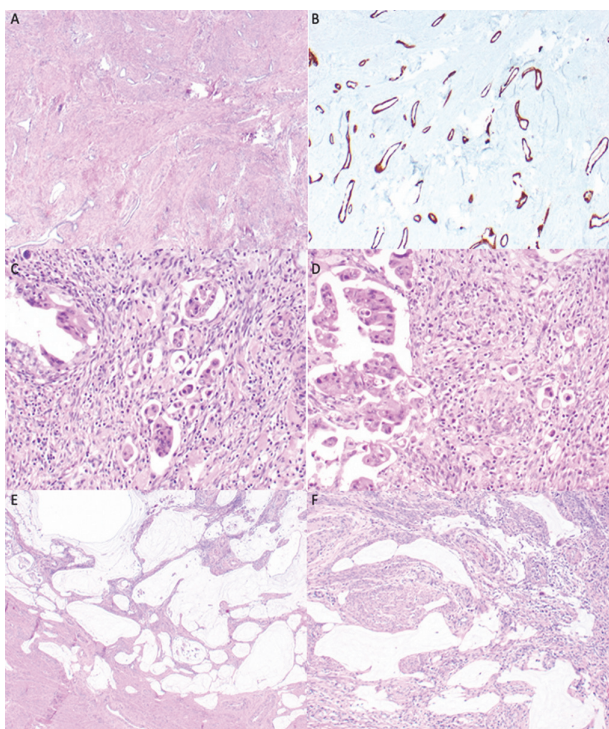


surgery in patients diagnosed with advanced cervical adenocarcinoma (AC).

**Methodology** Retrospective assessment of histological slides was conducted to evaluate the pathological response to treatment and to develop a response score for cervical chemoradiation therapy (cCRS score). This cCRS score distinguishes three major response groups: Group A (no response), Group B (partial response), and Group C (complete response). Within Group B, three different response patterns can be distinguished based on their pathological morphological characteristics: Pattern 1, Pattern 2 and Pattern 3.



**Abstract #1071 Figure 1** Patterns of cervical adenocarcinoma after neoadjuvant chemoradiation. (A) Pattern 1 cCRS B shows an expanded network of infiltrating small and angulated glands with little response. (B) The p16 immunostaining shows a strong and diffuse nuclear staining, which means the cancer correlates with HPV. P16 is a surrogate marker for high-risk HPV. (C and D) Pattern 2 cCRS B shows an altered eosinophilic morphology of the remaining tumor nests that can easily infiltrate. (E and F) Pattern 3 cCRS B shows expanded acellular pools of mucin with little remaining tumor glands.

**Results** Twenty-five patients, with a mean age of 52,04 years were included for analysis. Two patients (8%) had no pathological response (cCRS A), 22 patients (88%) had a partial response (cCRS B), and 1 patient (4%) had a complete response (cCRS C) after CRT. During follow-up, 10 out of 25 (40,0%) patients developed a recurrence. In a univariate logistic analysis, a significant higher risk of recurrence and death was observed for the Group B Pattern 2 cCRS ( $p=0,009$  and  $p=0,020$  respectively) as well as if there was the presence of lymph vascular space invasion (LVSI) ( $p=0,009$  and  $p=0,013$  respectively). Five patients (20,0%) died, of which all had a recurrence, and all had a Group B pattern 2 cCRS. In addition, a trend towards higher mortality was observed when there was a lymph node metastasis ( $p=0,051$ ).

**Conclusion** The identification of prognostic markers associated with poor outcome is clinically relevant and could be

implemented in an individualized treatment plan. Further studies are necessary to confirm these findings on a larger scale.

**Disclosures** No potential conflict of interest by all authors

#1081

### EVALUATION OF URINARY DYSFUNCTION AFTER NERVE-SPARING RADICAL HYSTERECTOMY IN PATIENTS WITH CERVICAL CANCER

<sup>1</sup>Marjan Stojovski, <sup>1</sup>Viktorija Jovanovska, <sup>1</sup>Daniel Milkovski, <sup>2</sup>Vlatko Gjirevski\*, <sup>1</sup>Ivana Kijajova, <sup>1</sup>Sasho Stojchevski, <sup>1</sup>Igor Aluloski, <sup>1</sup>Mile Dragan Tanturovski. <sup>1</sup>University clinic of gynecology and obstetrics, Skopje, Macedonia, Former Yugoslav Republic of; <sup>2</sup>University clinic of gynecology and obstetrics, Skopje, North Macedonia

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**Introduction/Background** Urinary dysfunction is one of the most frequently described postoperative complications after radical hysterectomy. Extensive dissection leads to damage to the pelvic autonomic nerves that innervate the bladder muscles, urethral sphincter and pelvic floor fascia, and thus to urinary dysfunction.

The aim of this study is to assess the length of the recovery phase and functional establishment of urinary function after radical hysterectomy type C1.

**Methodology** It is a retrospective cross-sectional study conducted at the University of Gynecology and Obstetrics in the period from January to December 2022 in a total of 33 patients with cervical cancer (stage IA-IIA2) treated with radical hysterectomy. Postoperatively, urinary function was determined by measuring residual urine after appropriate training on the 5th-7th day, a residual volume below 100ml was considered as limit value for well-established urinary function.

**Results** The average age of the patients in the study was 51 years, the youngest patient was 29 years old, and the oldest 73 years old. The calculated mean length of urinary function recovery was  $7.3 \pm 1.9$  days, with a mean measured residual urine volume of  $40.6 \pm 26.3$  ml. Average time of hospital treatment is  $7.7 \pm 2.41$  days, but no longer than 14 days.

**Conclusion** Monitoring the recovery phase and establishment of urinary function after radical hysterectomy is essential. Good surgical technique with maximum nerve preservation leads to early establishment of urinary function, removal of the urinary catheter and additional urinary complications prevention, shorter hospital stay and better quality of life for patients.

**Disclosures** No conflicts of interest are reported

#1087

### MINIMALLY INVASIVE RADICAL HYSTERECTOMY FOR EARLY-STAGE CERVICAL CANCER: CENTRAL AFRICA EXPERIENCE

<sup>1</sup>Isidore Tompeen, <sup>2</sup>Wilfried Loic Tatsjipie\*, <sup>3</sup>Claude Cyrille Noa Ndoua, <sup>3</sup>Junie Annick Metogo Ntsama, <sup>2</sup>Clothilde Poupon, <sup>4</sup>Jennifer Uzan, <sup>5</sup>Gregoire Miallhe, <sup>6</sup>Jean Dupont Kemfang Ngowa, <sup>7</sup>Frederic Guyon, <sup>8</sup>Pascal Foumane. <sup>1</sup>Gyneco-obstetric and pediatric hospital of cameroon, Yaoundé, Cameroon; <sup>2</sup>Poissy -saint germain en laye intercommunal hospital, Poissy, France; <sup>3</sup>Hospital Centre for Research and Application in Endoscopic Surgery and Human Reproduction, Yaoundé, Cameroon; <sup>4</sup>Creteil intercommunal hospital, Paris, France; <sup>5</sup>Curie Institute, Saint Cloud, France; <sup>6</sup>Yaoundé General hospital, Yaoundé, Cameroon; <sup>7</sup>Bergonié cancer center, Bordeaux, France; <sup>8</sup>sangmelima reference hospital, Sangmelima, Cameroon

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