PR. Median PFS was 4.1 months (95%CI: 2.1–11.3M), and median OS was 33.7M (95%CI: 13.5–33.7M, figure 1).
Conclusion The tumor dormancy was probably maintained by long administration with mild toxicities. These cases demonstrate the use of mCPA-BEV with minimal toxicity and expected anti-cancer activity and indicate that this regimen could be considered for the second-line chemotherapy in advanced recurrent cervical cancer.

IGCS20_1380

355 RADICAL VS. SIMPLE HYSTERECTOMY: A RETROSPECTIVE STUDY ON THE SURVIVAL OUTCOMES OF CERVICAL CANCER PATIENTS

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Cervical cancer remains to be the most common gynecologic malignancy among Filipino women despite being a preventable disease. Radical hysterectomy with pelvic lymphadenectomy is considered the standard surgical treatment of choice for patients with cervical cancer confined to the cervix up to the upper vagina. However, recent studies show that a less radical approach can be offered to these patients with comparable outcomes to radical hysterectomy, but with lesser perioperative and post-operative morbidity. The purpose of this study was to compare the outcomes in terms of recurrence and survival among cervical cancer patients who underwent simple hysterectomy and radical hysterectomy seen in a tertiary government hospital. Records of all cervical cancer patients who underwent radical hysterectomy and simple hysterectomy for the past ten years were reviewed. The incidence of cervical cancer patients who underwent simple hysterectomy from 2009–2018 is 0.37 per 100 person years or 0.592:16, lower than 1:16 ratio from 1964–1974, as reported by Manalo and Sotto.1Only 9 out of 42 patients who underwent simple hysterectomy had cervical cancer screening within 1 year prior to surgery. The most common indication for surgery was myoma uteri. Those who underwent radical hysterectomy had better recurrence free survival and overall survival than those who had simple hysterectomy, but among low risk patients, those with 2 cm or less tumor size with no other risk factors, there was no significant difference in survival outcomes between the two groups.

IGCS20_1381

356 PAPILLARY SQUAMOUS CARCINOMA OF THE CERVIX WITH METACHRONOUS CLEAR CELL RENAL CELL CARCINOMA

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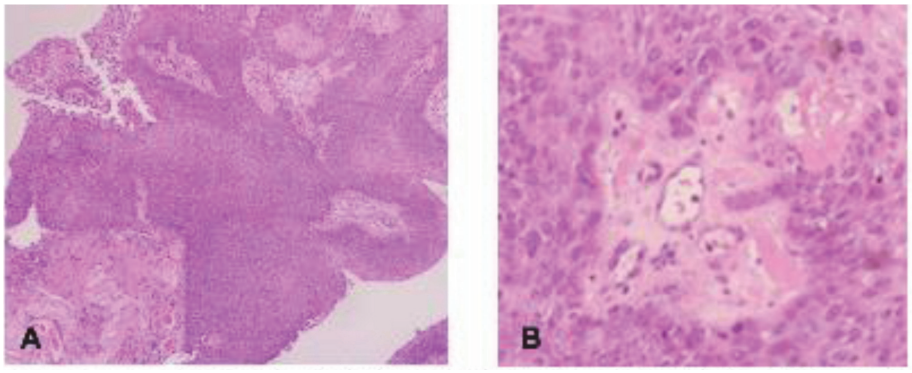
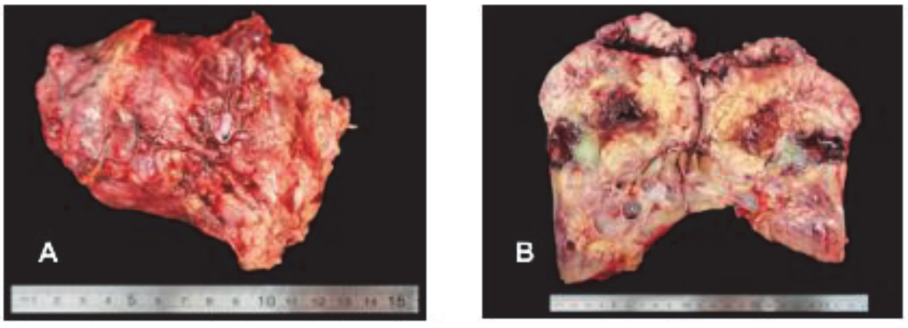
Multiple primary tumors can be classified as synchronous or metachronous. Cases have been reported, with a prevalence,



Abstract 356 Figure 1 A. Low Power Objective (100x magnification) of Papillary Squamous Cell Carcinoma with tumor cells arranged in nests and papillary configuration. B. High Power Objective (400x). These tumor cells exhibit moderate pleomorphism, with enlarged, round to oval, nuclei, some with prominent nucleoli, and abundant eosinophilic cytoplasm and distinct cell borders



Abstract 356 Figure 2 Intraoperative pictures. A. The left kidney was converted to a solid, necrotic mass measuring 12.0 × 10.0 × 5.0 cm. B. Cut section of the resected left kidney

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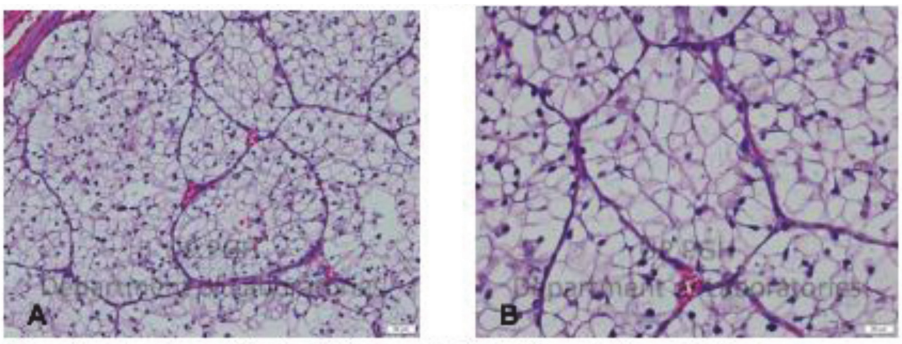

Abstract 356 Figure 3 A. Low Power Objective (100x magnification) of Clear Cell Renal Cell Carcinoma, ISUP Grade 1, with tumor cells distributed in alveolar pattern, separated by thin blood vessels. B. High Power Objective (400x). These tumor cells exhibit moderate pleomorphism, with hyperchromatic nuclei, rare nucleoli, and clear cytoplasm

in gynecologic malignancies, of 1.9 to 4.3%, and commonly occurring in endometrial and ovarian malignancies. Renal tumors coexisting with primary cervical cancer are mostly metastatic tumors, and at present, no case of cervical carcinoma metachronous with renal cell carcinoma has been reported on literature.

This is a case of Papillary Squamous Cell Carcinoma of the cervix who developed a metachronous Clear Cell Renal Cell Carcinoma. Several months after the diagnosis of cervical cancer, she presented with an abdominal mass and signs of uremia secondary to obstructive uropathy. She underwent radical nephrectomy with contralateral percutaneous nephrostomy. Definitive plan for the cervical mass is concurrent chemotherapy and radiation, depending on the improvement in renal function.

Currently, there are no clearly established guidelines in managing metachronous cervical and renal masses, and this presents a unique opportunity to document this case, and study its implications on management and prognosis.

IGCS20_1382

357 GLS-010 (ZIMBERELIMAB), A NOVEL FULLY HUMAN ANTI-PD-1 MAB IN CHINESE PATIENTS WITH RECURRENT/METASTATIC CERVICAL CANCER: RESULTS FROM A MULTICENTER, OPEN-LABEL, SINGLE-ARM PHASE II TRIAL

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Introduction GLS-010 (Zimberelimab) is a novel fully human anti-PD-1 monoclonal antibody developed on the OMT transgenic rat platform, exhibiting good tolerance and preliminary efficacy in previous phase I study.

Methods In this open-label phase II clinical trial (NCT03972722), PD-L1 positive (combined positive score (CPS) ≥1) patients with recurrent or metastatic cervical cancer who had received one or more lines of chemotherapy were enrolled. All patients received GLS-010 240 mg every 2 weeks. Objective response was evaluated by RECIST v1.1. AEs were graded by NCI-CTCAE, version 4.03.

Results A total of 45 patients with recurrent or metastatic cervical cancer were enrolled. As of April 2, 2020, of 41 evaluable patients, 11 achieved an objective response by investigator assessment with an ORR of 26.83% and a DCR of 53.66%. After a median follow-up time of 5.2 months (range:1.6–9.7), 18 patients still remained on treatment and 27 of them discontinued treatment due to progressive disease or adverse events. The Median DOR had not been reached yet. 36 of 45 (80.00%) patients experienced one or more treatment-related adverse events(TRAE), most of which were Grade 1 or 2.≥Grade 3 TRAEs occurred in 17 (37.78%) patients, and the most common one was Anaemia. Only 1 patient discontinued treatment due to adverse event.

Conclusion GLS-010 (Zimberelimab) showed encouraging therapeutic activity and manageable safety profile in Chinese recurrent or metastatic cervical cancer patients. This study is still ongoing, and we are looking forward to further results.

IGCS20_1383

358 PHASE 3 TRIAL OF TUMOR TREATING FIELDS CONCOMITANT WITH WEEKLY PACLITAXEL FOR PLATINUM-RESISTANT OVARIAN CANCER: ENGOT-OV50/GOG-329/INNOVATE-3

[1]I Vergote*, [2]V Salutari, [3]D Cibula, [4]J Korach, [5]EP Samartzis, [6]J Sehouli, [7]R Fossati, [8]AG Martin, [9]I Tsibulak, [10]B Slomovitz, [11]R Coleman, [12]B Monk, [13]P Thaker, [14]D O'Malley.
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