2022-RA-438-ESGO A COMPARISON OF SURVIVAL AND RECURRENCE PATTERN OF PATIENTS PRESENTING LOCALLY ADVANCED CERVICAL CANCER ACCORDING TO THE HISTOLOGICAL SUBTYPE: A MONOCENTRIC RETROSPECTIVE STUDY

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Introduction/Background According to best practice, adeno-/adenosquamous cell (AC) and epidermoid cell (EC) locally advanced cervical cancers (LACC) are treated by chemoradiation (CRT) followed by image-guided adapted brachytherapy (IGABT). However, literature shows different survival prognosis between these histological subtypes. In this retrospective monocentric study, we compared the prognosis and recurrence profile of patients presenting LACC with EC and AC histology.

Methodology Patients with LACC who underwent CRT followed by IGABT between 2010 and 2020 at the University Hospital of Liège were retrospectively included. Clinical features and the pattern of recurrence between the EC and AC groups were compared. Groups were compared by Student t- or Chi-square tests. Survival outcomes were evaluated by log-rank test.

Results Of the 211 patients, 181 (86%) and 30 (14%) presented EC and AC carcinoma, respectively. The AC group is younger (mean 49.5 versus 54.4 years; $p=0.043$) whereas the EC group presented more positive pelvic lymph nodes on the pre-operative PET/CT (53% versus 30%, $p=0.029$). No statistically significant differences were observed for FIGO 2009 stage, tumour size, parametrial and vaginal invasion. The overall treatment duration was similar in both subgroups with a median of 50 days. The 5-year overall survival rates for the EC and AC groups were 70.4% and 63.1% ($p=0.17$), respectively; the 5-year recurrence-free survival rates were 75,8% and 61.6% ($p=0.090$), respectively. The proportion of patients with local, pelvic, para-aortic and distant recurrence was respectively in the EC and AC group: 5% versus 10% ($p=0.38$); 3% ($p=1.00$); 9% versus 7% ($p=1.00$) and 16% versus 17% ($p=0.79$).

Conclusion The outcomes and recurrence profiles seem statistically equivalent between the EC and AC groups of patients with LACC treated by CRT and IGABT. However, in terms of absolute values, the AC group demonstrates worse prognosis and local control rates.

2022-RA-443-ESGO LYMPH NODE INVOLVEMENT IN EARLY-STAGE CERVICAL CANCER: IS THE LYMPHANGIOGENESIS A RISK FACTOR? RESULTS OF MICROCOL STUDY

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Introduction/Background In patients with cervical cancer, the presence of tumoral lymph-vascular space invasion (LVSI) is the main risk factor for pelvic lymph node metastasis (PLNM). The objective of this study was to evaluate the presence of several markers of lymphangiogenesis in early-stage cervical cancer and their correlation with PLNM and tumoral recurrence.

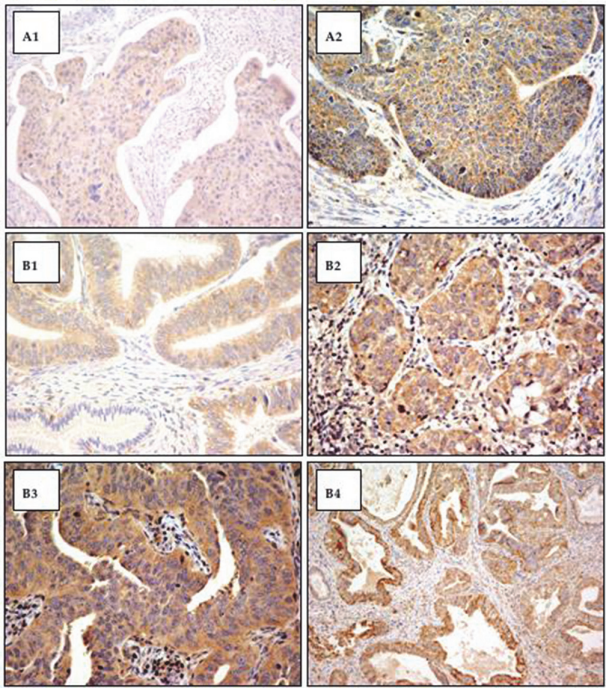
Methodology Patients with early-stage cervical carcinoma underwent sentinel lymph node (SLN) sampling in association with complete pelvic lymph node dissection. Primary tumors were stained with the following markers: Ki67, D2–40, CD31 and VEGF-C. A 3 years follow-up was performed to evaluate the disease-free survival.

Results Overall, 14 patients (18.6%) had PLNM. Positive LVSI was seen in 29 patients (38.6%). There was a significant correlation between LVSI evidenced by H/E staining and PLNM ($p<0.001$). There was no correlation between high Ki67, CD31, D2–40, and VEGF-C staining with PLNM or tumor recurrence.

Abstract 2022-RA-443-ESGO Table 1 Correlation between proliferation markers and lymph node involvement

Markers					P value
Ki 67	Mean ± st.d.	Median	N.	n.d.	0.45
LN+	63.38 ± 19.74	69 (34-95)	13	1	
LN-	67.89 ± 17.3	64 (15-96)	59	2	
CD31	Mean ± st.d.	Median	N.	n.d.	0.28
LN+	13.32 ± 10.19	11.3 (3.33-45)	14	2	
LN-	11.34 ± 4.83	10.6 (3.75-24.4)	59	0	
D2-40 Ab	0	1	2	n.d.	0.43
LN+	10	1	2	1	
LN-	34	7	18	2	
VEGF-C	0	1	2-3	n.d.	0.31
LN+	5	5	4	0	
LN-	27	23	7	4	

LN+: positive lymph-nodes; LN-: negative lymph-nodes



Abstract 2022-RA-443-ESGO Figure 1 Cytoplasmic VEGF-C antibody staining

Conclusion Our data support lymphatic spread does not require the proliferation of new lymphatic endothelial cells in early-stage cervical cancer. These results emphasize the importance of pre-existing peritumoral lymphatic vessels in the metastatic process in early cervical cancer. None of the markers of lymphangiogenesis and proliferation assessed in this study were predictive of PLNM or recurrence.

2022-RA-447-ESGO EFFICACY AND SAFETY OF VB10.16, A THERAPEUTIC DNA VACCINE SPECIFICALLY TARGETING ANTIGEN-CELL PRESENTING CELLS, IN COMBINATION WITH ATEZOLIZUMAB IN PATIENTS WITH ADVANCED HPV16-POSITIVE CERVICAL CANCER: RESULTS FROM A PRE-PLANNED INTERIM ANALYSIS

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Introduction/Background VB10.16 is a novel therapeutic antigen-presenting cell targeting DNA vaccine developed to treat HPV16-positive cancers. We aimed to investigate whether VB10.16 is safe and efficacious when administered to patients with advanced cervical cancer in combination with atezolizumab.

Methodology In this open-label, single-arm, phase 2a trial, patients with recurrent or metastatic HPV16-positive cervical cancer were recruited at 13 hospitals across Europe. Patients received up to 11 intramuscular 3 mg VB10.16 vaccinations in combination with 3-weekly 1200 mg atezolizumab for up to 48 weeks, or until disease progression or unacceptable toxicity. Anti-tumor activity was assessed by central independent review using RECIST v1.1 criteria.

Results At the cut-off date of 14 February 2022 for this interim analysis, 39 patients had at least one or more post-baseline scan available and were included in the efficacy analysis. 69% of patients had received 2 or more prior systemic treatment lines. Overall Response Rate (ORR) was 21%, with 2 Complete Responses (CR) and 6 Partial Responses (PR). Responses were observed in both PD-L1 positive and negative patients (ORR 27% and 17%, respectively). Disease Control Rate (DCR) was 64% (77% in PD-L1 positive and 58% in PD-L1 negative patients). HPV16-specific T cell responses were observed in the majority of patients and associated with a clinical response. 50 patients had received $\geq$1 doses of VB10.16 and atezolizumab and were included in the interim safety analysis. 5 patients (10%) experienced treatment-related adverse events (TRAEs) of grade 3, including 1 patient (2%) who experienced a grade 3 TRAE related to VB10.16. No grade 4–5 TRAEs were reported.

Conclusion VB10.16 combined with atezolizumab had a favorable safety profile in heavily pre-treated patients. The combination treatment showed clinically relevant HPV16-specific T cell responses and promising clinical activity with a very high DCR of 64% and 8 patients achieving CR or PR.

2022-RA-451-ESGO THE IMPACT OF COVID-19 INFECTION ON THE RATES OF PERIOPERATIVE COMPLICATIONS FOLLOWING TOTAL PELVIC EXENTERATIONS FOR GYNECOLOGICAL MALIGNANCIES

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Introduction/Background COVID-19 infection leaded to one of the greatest crises affecting the healthcare system worldwide. The aim of the current paper is to analyze the influence of previous COVID-19 infection on the perioperative outcomes of patients submitted to total pelvic exenterations for gynecological malignancies.

Methodology Between July 2021 and April 2022 there were 38 patients submitted to pelvic exenterations for different gynecological malignancies, 11 of these cases presenting a previous history of COVID 19 infection. However, all these 11 patients developed asymptomatic or mild symptomatic disease and did not necessitate hospital admission.

Results Patients with previous history of COVID-19 infection reported a significantly longer length of the surgical procedure (380 minutes versus 300 minutes, p=0,004), a higher intraoperative blood loss (1100 ml versus 600 ml, p=0,002) and a longer intensive care unit stay (5 days versus 2 days, p=0,001). Meanwhile, two of the patients with previous history of COVID-19 infection developed postoperative pneumonia and other three cases developed thrombotic complications while in the control group a single patient developed postoperative thrombotic complications and another one necessitated intensive care readmission due to respiratory dysfunction due to a previous history of asthma