type of evidence (*in vitro*, *in vivo*, clinical trial, *etc.*). Subsequently, a clinical trial database (clinicaltrials.gov and WHO-ICTRP) search was performed to generate a list of registered trials in cervical cancer with drugs from our databases.

Result(s)* We queried 534 drugs from our drug databases. Of these, 169 drugs had at least one relevant abstract or registered trial in cervical cancer. Ninety-three drugs had at least human data available with 52 drugs evaluated in registered trials. Forty-two drugs had at most *in vitro* data.

All 169 drugs were assessed for strength of scientific rationale, feasibility for integration in cervical cancer standard of care, evidence of radiosensitisation and an assessment of the availability of the drug for clinical trials. Out of these 169 drugs, we present 5 examples, *i.e.* nelfinavir, plerixafor, valproate with hydralazine, sonidegib and cetuximab (table 1) of potential candidates out of 39 that have been prioritised for further investigation.

Conclusion* This study has identified potential candidates that are worth evaluating in cervical cancer. Although many drugs warrant additional preclinical and clinical investigation, we are exploring the possibility of conducting international collaborative multi-arm trials with one or several of these drugs.

148 OUTCOMES OF MANAGEMENT OF LOCALLY ADVANCED CERVICAL CANCER, NATIONAL CANCER INSTITUTE EXPERIENCE, CAIRO UNIVERSITY

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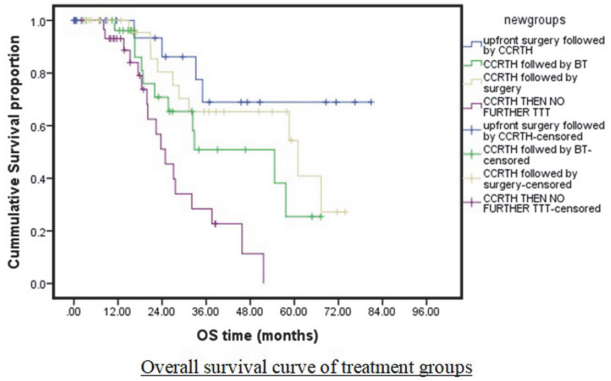
Introduction/Background* Cervical cancer is the 4th most common cancer affecting females with 85% of cases occurring in developing countries. There is limited data available in the literature about locally advanced cervical cancer management outcomes from Egypt. This is the first and the largest study to describe locally advanced cervical cancer treatment outcomes from Cairo University National Cancer Institute (NCI), the largest tertiary center for cancer in Egypt.

Methodology A retrospective study was conducted including 160 patients with pathologically proven cervical cancer, locally advanced disease (FIGO stage IIB till IVA) who presented to gynecology group, Radiation Oncology Department, NCI from 2013 to 2017. Data were collected retrospectively from patients' medical records. Demographic, clinicopathological, treatment, and survival outcome data were retrieved. Survival analysis was estimated using the Kaplan-Meier method and compared using the log-rank test.

Result(s)* Data analysis showed a great disparity in management plans. Local control (LC) was achieved in 65.1% of the patients, and 31% had metastatic disease progression. Non-compliance to treatment was seen in 18.8% of the patients. Three years overall survival (OS) and five years OS were 45.6% and 35% respectively. Non-compliant patients had significantly lower 3 years OS (28.4%, P<0.001). The most common modality of treatment was concurrent chemoradiation therapy (CCRTH) followed by radical surgery. There was no significant difference in OS, LC, and time to the distant metastasis between the different treatment modalities.

Conclusion* Locally advanced cervical cancer management represents a challenging burden in developing countries like Egypt. Patient compliance was found to be the most important factor affecting survival in our population. Proper assessment of the factors causing low compliance should be properly evaluated. Strict follow-up and improving patient compliance are essential to achieve a favorable outcome.



Overall survival curve of treatment groups

Abstarct 148 Figure 1 Overall survival curve of treatment groups

164 PHASE 3 RECURRENT/METASTATIC CERVICAL CARCINOMA TRIAL: SUBGROUP EFFICACY ANALYSIS OF CEMIPLIMAB VERSUS INDIVIDUAL INVESTIGATOR'S CHOICE CHEMOTHERAPY

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Introduction/Background* There is no standard of care regimen in the second-line setting for women with recurrent/metastatic (R/M) cervical carcinoma. Cemiplimab was recently shown to significantly improve overall survival (OS) compared with investigator's choice (IC) chemotherapy in patients with R/M cervical cancer after first-line platinum-based chemotherapy (NCT03257267; ESMO-VP-2021). We present a pre-planned exploratory subgroup analysis comparing cemiplimab to individual IC chemotherapy options.

Methodology EMPOWER-Cervical 1/GOG-3016/ENGOT-cx9 is an open-label, randomised (1:1), multi-centre, Phase 3 clinical trial of anti-programmed cell death (PD)-1 cemiplimab vs IC single agent chemotherapy in R/M cervical cancer that has progressed after first-line platinum-based treatment. The selection of single-agent chemotherapy by the investigator (gemcitabine, pemetrexed, vinorelbine, topotecan or irinotecan) was not protocol-defined, but the regimen had to be