Results When reassigning FIGO stage, 47% (224/473) of the CC patients had a different FIGO (2018) stage than the FIGO (2009) stage; 34% (163/473) were upstaged, whereas 13% (61/473) were downstaged using FIGO (2018). For FIGO (2018), stage I (n=272) was defined by pathology findings in 81% (220/272), whereas stages II (n=64), III (n=104), and IV (n=33) were mostly defined by imaging findings (85%; 170/201). For FIGO (2018) stage III, stage migration was seen in 95% (99/104), mainly due to positive lymph nodes on imaging (in 89%; 93/104). FIGO (2018) yielded higher area under the tdROC curve (AUC) for predicting 5-year DSS than FIGO (2009) (AUC 0.89 vs. AUC 0.83, respectively; p = 0.009).

Conclusion Restaging to FIGO (2018) resulted in stage migration in 47% of the patients. FIGO (2018) stage I was mostly defined by pathology results, while imaging findings had a strong impact on stages II-IV. FIGO (2018) stage yielded higher AUC than FIGO (2009) for predicting 5-year DSS in CC.

Results TILs were assessed in 86 patients. 29 patients (34.9%) were considered as highly infiltrated by intraepithelial TILs (>1%), and 26 patients (30.2%) had a high stroma TILs infiltrate above 60%. Low intraepithelial TILs were associated with higher body mass index (25.5 versus 21.8 in the iTILs >1% group, p=0.0221), higher pretreatment MRI tumor size (compared to median tumor size, 31 patients (63.3%) were larger in the iTILs 0–1% group versus 11 patients (39.3%) in the iTILs >1% group (p=0.0421)).Low intraepithelial TILs were also associated with higher para-aortic lymph node metastasis (8 (14.8%) versus 1 (3.4%)) and poorer overall survival (figure 1), but these differences did not reach statistical significance.

Conclusion Our results suggest that intraepithelial infiltrating lymphocyte density is a potential prognostic non-invasive biomarker in patients treated with CRT for LACC. Furthermore, TILs seem to be associated with loco-regional tumor spread, and survival. These results need to be validated in larger series including the analysis of TILs subtypes.

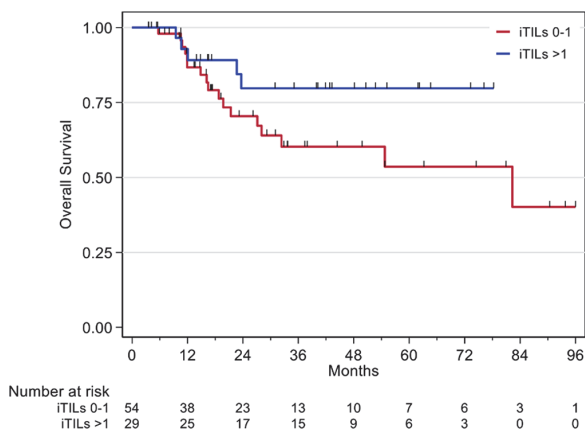## SPATIAL TILS DENSITY CORRELATES WITH LOCOREGIONAL SPREAD AND SURVIVAL IN PATIENTS WITH CERVICAL CANCER TREATED WITH CHEMO-RADIOTHERAPY

Mathilde Del, Claire Illac, Amélie Lusque, Erwan Gabiache, Martina Aida Angeles, Gwenael Ferron, Alejandra Martinez. *IUCT Oncopole, Toulouse, France*

Introduction/Background Tumor-infiltrating lymphocytes (TILs) have a central role in the control of tumor growth, distant progression, treatment response, and survival in most solid tumors. Their role as a potential biomarker has been poorly investigated in cervical malignancy. The study aimed to evaluate the correlation between TILs topography, clinical characteristics, and patient outcomes in patients with cervical cancer treated with chemo-radiation.

Methodology Patients with locally advanced cervical cancer, negative aortic pretherapeutic FDGPET/CT uptake, available clinical data and FFPE material, and pre- and post-treatment MRI treated at the University Cancer Institute of Toulouse, France, were selected. Imaging was centrally reviewed, and intraepithelial and stromal tumor-infiltrating lymphocytes count was performed by an expert gynecologic oncology pathologist.

Abstract 2022-RA-802-ESGO Figure 1 Overall survival according to intra-tumor lymphocytes infiltration 0–1 vs >1

IMPLICATION OF FDG-PET/CT PARAMETERS FOR PREDICTING PROGNOSIS OF HIGH GRADE NEUROENDOCRINE CERVICAL CANCER PATIENT

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Introduction/Background Neuroendocrine cervical cancer is a rare subtype of cervical cancer which account for 1.0–1.5% of all type of cervical cancer. Neuroendocrine cervical cancer is more likely to metastasize to lymph nodes and invade to lymph vascular space at the time of diagnosis resulting in higher rate of recurrence and worse 5-year survival rate. Due to the rarity of the tumor, it has been understudied. There is an unmet need for developing clinical markers for predicting prognosis of this particular type of tumor.Fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT) can yield quantitatively calculated parameters. There are some reports showing predictive value of these parameters in squamous cell carcinoma or adenocarcinoma of cervix. However, studies to identify the association between FDG-PET/CT parameters and prognosis of neuroendocrine cervical cancer is still lacking.

Methodology This retrospective study includes 29 neuroendocrine cervical cancer patients treated at Asan medical center, Seoul, Korea from 2007 to 2021. All patients underwent whole-body FDG-PET/CT before initial treatment. The following parameters were measured and recorded: SUVmax, SUVpeak, MTV2.5, MTV3.0, TLG2.5 and TLG3.0. The association between these parameters and disease free survival and overall survival were analyzed using univariate and mutivariate Cox proportional hazards model.

Results Median age of patient was 45 years, ranging from 29 to 70. Median follow up period was 40 month raging from 4 to 184. Median disease free survival (DFS) time was 17 month and median overall survival (OS) time was 40 month. For DFS, univariate anaylsis showed that age, TLG2.5 and 3.0 were statistically significant. Whereas, multivariate analysis showed that only age and TLG3.0 were the independent

prognostic variables. Univariate and multivariate analysis showed that none of the parameters were associated with OS. **Conclusion** Among the parameters of FDG PET/CT, TLG 3.0 was the independent prognostic factor for DFS and maybe associated with overall survival.

2022-RA-827-ESGO | **SENTINEL NODE BIOPSY DIMINISHES DE USE OF ADJUVANT THERAPY IN WOMEN WITH EARLY CERVICAL CANCER IN THE SUCCOR COHORT**

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Introduction/Background The aim of the study was to compare the use of adjuvant therapy in women with stage IB1 cervical cancer depending on the method used to diagnose lymphatic node invasion.
Methodology We used data from the SUCCOR study, that collected information from 1049 women operated on stage IB1 cervical cancer between January 2013 and December 2014. Inverse probability weighting was used to adjust for surgical approach, use of uterine manipulator, lymphovascular space invasion, parametrial space invasion and conization, such that there were no significant differences between both groups. We calculated the adjusted proportion of women who received adjuvant therapy depending on the lymph node diagnosis method and compared disease free and overall survival using Cox regression.
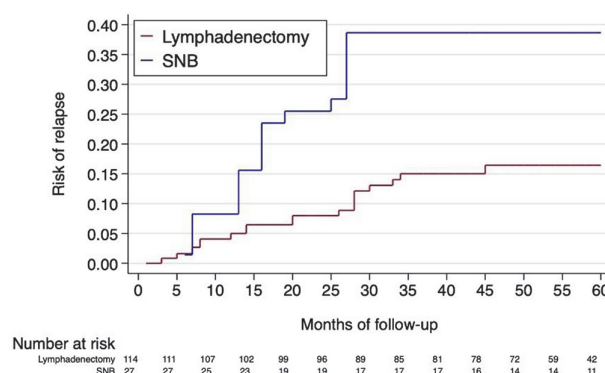**Results** The adjusted proportion of women who received adjuvant therapy was 33.8% in the sentinel node biopsy (SNB) group and 44.7% in the lymphadenectomy group (p=0.02), although the proportion of positive nodal status in both groups was similar (14% and 10.7% respectively. p=0.30). That difference was even greater in women with negative nodal status (adjusted difference 13.7%; p=0.002) and in the analysis restricted to women with negative nodal status and positive SEDLIS criteria (adjusted difference 31.2%; p=0.01). In this last group, women who underwent a SNB had an increased risk of relapse (HR: 2.50; 95%CI 0.98–6.33) and risk of death (HR: 3.5; 95% CI 1.04–11.7) compared to those who underwent lymphadenectomy.

Abstract 2022-RA-827-ESGO Table 1 Proportion of women in the SUCCOR cohort that underwent adjuvant theraphy by method of lymph node diagnosis

Overall sample				
	SNB	Lymphadenectomy	Adjusted difference*	p
Percentage of women that received adjuvant treatment.	33.8%	44.1%	10.9%	0.015
Analysis restricted to women with negative nodal status				
	SNB	Lymphadenectomy	Adjusted difference*	p
Percentage of women that received adjuvant treatment.	25.1%	38.1%	13.7%	0.002
Women with positive Sedlis criteria	43.3%	74.5%	31.2%	0.011
Women with negative Sedlis criteria	22.8%	29.3%	6.57%	0.212

*Adjusted for surgical approach, use of uterine manipulator, linfovascular space invasion, parametrial space invasion and conization

Abstract 2022-RA-827-ESGO Figure 1

Conclusion Women with the same clinical characteristics were less likely to receive adjuvant therapy if their nodal invasion was determined using SNB compared to lymphadenectomy. This difference was at the expense of women with negative nodal status but positive SEDLIS criteria. These results suggest a lack of therapeutic measures when a negative result is obtained by SNB, which may have an impact on the risk of recurrence and survival.

2022-RA-862-ESGO | **SIMULTANEOUS 18F-FDG PET/MRI AS SINGLE IMAGING METHOD IN THE ASSESSMENT OF CERVICAL CANCER- A PILOT STUDY**

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Introduction/Background Simultaneous PET/MRI is a relatively new imaging method, and its role in diagnostics of gynaecologic cancer is unclear. The aim of the present study is to investigate the use of PET/MRI in the assessment of cervical cancer and its potential to be used as a single imaging method.
Methodology In 2015–2016, 15 patients with primary cervical cancer FIGO stage IB or higher, at Akademiska Sjukhuset, Uppsala, Sweden, were prospectively enrolled for a simultaneous whole-body 18F-FDG (Fluorodeoxyglucose) PET/MRI.The PET/MRI images were evaluated in consensus by a fourth-year resident in radiology and a senior consultant for the following parameters; maximal tumor size, SUV-max, direct tumor extension to adjacent structures as the parametrium and pelvic wall, corpus, vagina, ovaries, presence of lymph nodes metastases and distant metastasis. The results of staging from PET/MRI were compared with standard radiology (Diffusion weighted-MRI and CT or PET/CT) and clinical staging. Furthermore, the separate contribution of the PET component in PET/MRI was analysed.
Results Five of the patients were treated with primary surgery and ten with radio-chemotherapy. In nine patients, staging with PET/MRI differed from clinical staging, whereof eight where upstaged (table 1). PET/MRI and standard imaging