

with substantial LVSI were more likely to receive adjuvant treatment (6.6% vs 52.6%,  $p < 0.001$ ). The 5-year OS was 99.5% in patients with absent LVSI and 70.6% in those with substantial LVSI ( $p < 0.001$ ). The 5-year recurrence free survival was 93.6% in patients with absent LVSI and 56.5% in those with substantial LVSI ( $p < 0.001$ ). The rate of distant failures increased from 1.8% for absent LVSI to 22.7% for substantial LVSI ( $p = 0.002$ ). In univariate analysis substantial LVSI was the strongest predictor of poor overall survival (HR = 11.9,  $p = 0.001$ ). Multivariate analysis showed that substantial LVSI was an independent predictive factor of both recurrence (HR = 5.88,  $p = 0.001$ ) and distant failure (HR = 10.6,  $p = 0.006$ ).

**Conclusions** Substantial LVSI represents the strongest independent risk factor for decreased survival and distant relapse, indicating a role for potential hematogenous dissemination.

## IGCS20\_1376

### 352 INTRA-OPERATIVE FROZEN SECTION EXAMINATION OF PELVIC LYMPH NODES IN EARLY CERVICAL CANCER

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**Introduction** Frozen section examination (FSE) of pelvic lymph nodes in early stage cervical cancer is designed to avoid the morbidity of dual therapy. It is however timely and expensive. **Method** All patients undergoing surgery for early stage cervical cancer between 2010–2019 in a UK tertiary centre were identified ( $n = 180$ ). All patients had pre-operative MRI scans performed and all patients underwent planned intra-operative FSE. Nodes retrieved by FSE were examined by expert pathologists. Patient MRI and histology findings were analysed to suggest an optimal approach to employing FSE.

**Results** 4913 lymph nodes in total were retrieved. 22/180 patients had positive nodes on FSE. 18 of these had intermediate/high grade tumours; and 13 had no suspicious lymph nodes identified on pre-operative MRI. The sensitivity of MRI

to detect positive nodes was 40% (95% CI 20% to 63%); specificity 83% (95% CI 76% to 88%); NPV 91% (95% CI 88% to 94%); and PPV 25% (95% CI 16% to 39%).

**Conclusions** Pre-operative MRI did not reliably predict the presence of lymph node involvement in women with intermediate/high grade cervical cancer. Perhaps FSE could be targeted to this group, employing this timely and expensive technique in those at greatest risk having nodal disease.

## IGCS20\_1379

### 354 BEVACIZUMAB WITH METRONOMIC ORAL CYCLOPHOSPHAMIDE FOR PATIENTS WITH RECURRENT CERVICAL CANCER

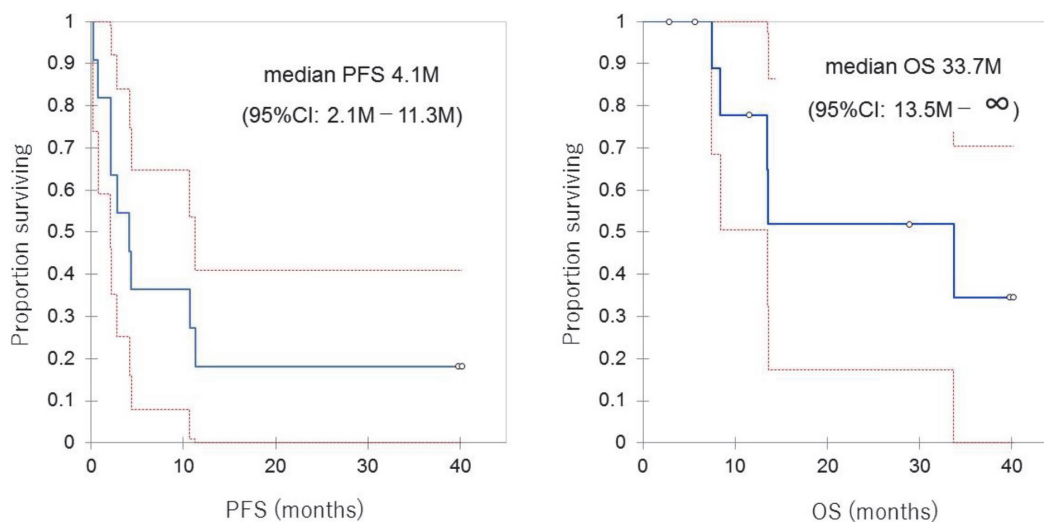
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No standard treatment is available for 2nd line, especially for patients who experience anaphylaxis to platinum, or develop early recurrence. Previously, we reported 4 cases treated with 50 mg of oral cyclophosphamide daily and 15 mg/kg of intravenous bevacizumab every 3 weeks (mCPA-BEV). Here, we report follow up of the 4 cases and the additional cases.

**Methods** Patients with cervical cancer who had anaphylaxis to platinum or who recurred less than 6 months after the last administration of cisplatin, and treated with mCPA-BEV were retrospectively reviewed. Adverse events and response rate were recorded according to CTCAE ver 5.0 and RECIST ver 1.1, respectively.

**Results** During 2016 and 2020, 11 patients were enrolled. Histology of the tumor were SCC in 6, adeno in 3, adeno-SCC in 1, and LCNEC in 1. Two patients had platinum anaphylaxis, 7 patients had progressive disease during previous chemotherapy, and 2 patients recurred within 6 months. One patient suffered from grade 3 neutropenia; however, no grade 2 or higher non-hematological toxicities were observed. Median duration of chemotherapy was 4.1M (range 0.2–30.6 M). One patient had CR in RECIST criteria, and none had



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