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

E Jackson*, S Addley, H Soleymani majd, S Dhar, M Alazzam. *Oxford University Hospitals NHS Foundation Trust, UK*

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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.

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

[1]R Isono*, [2]M Goto, [1]Y Takimoto, [1]T Ueda, [1]K Inoue, [2]K Ito, [1]H Tsubamoto. *[1]Hyogo College of Medicine, Japan; [2]Kansai Rosai Hosipital, Japan*

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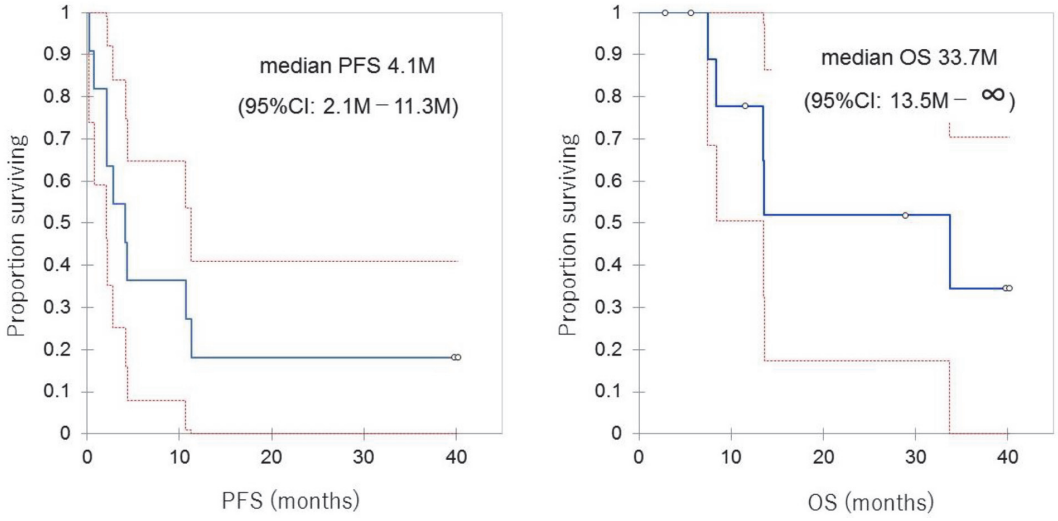
No standard treatment is available for 2nd line, especially for patients who experience anaphylaxis to platinum, or develop early recurrence. Previously, we reported 4 cases treated with 50 mg of oral cyclophosphamide daily and 15 mg/kg of intravenous bevacizumab every 3 weeks (mCPA-BEV). Here, we report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



Abstract 354 Figure 1