standard CCR with weekly Cisplatin plus 3D conformal pelvic radiotherapy followed by brachytherapy (BT) and group B (received the standard CCR and BT). The primary end point: the assessment of response rate and local control. The secondary end points: assessment of the 2 years overall survival (OS) and progression free survival (PFS).

**Results** The median age was 54 years old and a range of 44 years old with a performance status (0, 1). The majority of patients had squamous cell carcinoma (88.24% group A vs. 94.12% group B) and most of the patients were FIGO stage IIIC, IVA and IIB (41.18%, 32.35% and 20.59% in group A vs. 32.35%, 17.65% and 17.65% in group B respectively). CT abdomen and pelvis done at time of diagnosis showed pathological enlarged lymph nodes in 64.71% and 58.82% of patients in group A and B respectively. After NAC, 97.06% of the patients achieved partial response with a reduction of tumor volume by 76.07% and only 2.94% had stable disease. Higher partial response in groups A (55.88% in group A vs. 32.35% in group B, p value 0.151) and higher overall response rate (ORR) in group A (79.41% vs.70.59%) while local control was higher in group B (91.18% vs. 97.06%, p value 0.614). The 2 years PFS was 91% in group A and 97.1% in group B and OS of 100% as all the patients remain alive till the end of the 2 years follow up.

**Conclusion** The addition of NAC to the standard CCR achieved a higher partial response rate and ORR with a reasonable local control of the disease. This can facilitate the CCR plane and subsequently the brachytherapy planning parameters in locally advanced cases with no inferiority of the PFS and OS compared to the standard.

**Disclosures** The authors of this abstract do not have any research support and no conflict of interest.