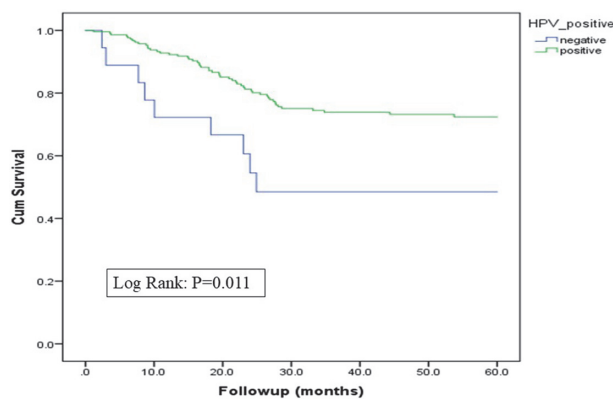


Abstract 218 Table 1 Multivariate analysis for overall survival, Recurrence-free survival, and disease-free survival of cervical cancer patients

	Hazard Ratio (CI 95%)	P-value
5-year mortality		
HPV negative	2.19 (0.86-5.01)	0.062
Advanced age	1.03 (1.01-1.05)	0.008
Higher stage at diagnosis (IIS-4B)	7.27 (2.52-20.99)	<0.001
5-year recurrence		
HPV negative	1.75 (0.66-4.65)	0.261
Adenocarcinoma	2.77 (1.28-6.03)	0.010
Chemo/Rad ^a as primary treatment	3.06 (1.29-7.29)	0.011
Advanced age	1.023 (0.99-1.05)	0.084
Disease-free survival		
HPV negative	1.57 (0.73-3.39)	0.246
Advanced age	1.03 (1.01-1.05)	0.003
Chemo/Rad ^a as primary treatment	3.79 (1.89-7.62)	<0.001
Adenocarcinoma	1.65 (0.89-3.11)	0.120



Abstract 218 Figure 1 Kaplan Meier curve of overall survival, comparing women with HPV-negative and HPV-positive cervical cancer

negativity ($P=0.062$). Median overall survival for HPV-positive CC was not reached, compared to 24 months for HPV-negative CC. Kaplan-Meier curves showed lower rates of overall survival ($P=0.011$), recurrence-free survival ($P=0.005$) and disease-free survival ($P=0.008$) for women with HPV-negative compared to HPV-positive CC.

Conclusion* The relatively poor prognosis of HPV-negative CC is important in light of its relatively high prevalence, which could increase proportionally to HPV-positive CC due to increased HPV screening and vaccination. Further studies are needed to confirm if HPV status is truly an independent prognostic factor in CC.

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CLEARANCE OF HPV AFTER CONIZATION OF CERVICAL CANCER AND ADENOCARCINOMA IN SITU CORRELATES WITH ABSENCE OF CANCER

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10.1136/ijgc-2021-ESGO.19

Introduction/Background* About 40% of CC are in women under age 40 years, for whom fertility-sparing treatment might be very important and should always be considered. More than half the patients who undergo radical surgery (trachelectomy or hysterectomy) have no remnant tumor in the final pathology specimen. HPV clearance is a test of cure after conisation, but it is not a test of cure in CC. Our objective was to assess correlation of clearance of high-risk human papillomavirus (HR-HPV) after large loop excision of the transformation zone (LLETZ) with absence of residual disease, in women diagnosed with cervical cancer (CC) and Adenocarcinoma in Situ (AIS).

Methodology Data was collected from 92 women diagnosed with CC and AIS who were positive to High-Risk HPV (HR-HPV), and had a repeat cervical HPV test 3-12 weeks post-LLETZ, and before final surgical treatment. We compared characteristics of women with negative and positive HR-HPV post-LLETZ.

Result(s)* The pathological results of women who were HR-HPV negative ($n=40$) compared to HR-HPV positive ($n=52$) at the post-LLETZ follow-up visit included a significantly higher incidence of AIS: 14 (35%) vs 5 (9.6%) ($p < 0.006$). In the negative HR-HPV post-LLETZ group, 36 (90%) had normal histology and only 2 (5%) had cancer in the final histological specimen. Among women who underwent radical hysterectomy/trachelectomy after LLETZ, a normal final histology was observed in 75% and 9% of those who were HR-HPV negative and HR-HPV positive, respectively ($p < 0.0005$). The negative predictive value for residual cancer, with clearance of HR-HPV after LLETZ was 95%.

Conclusion* Clearance of HR-HPV from the cervix a short time after LLETZ has a high correlation with the absence of residual cancer in the final outcome, either in the pathology or the follow up. Testing for HR-HPV a short time after LLETZ might serve as a parameter for risk assessment.

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THE SIGNIFICANCE OF SURGICAL ASSESSMENT IN ONCOLOGICAL OUTCOMES AFTER RADICAL HYSTERECTOMY FOR EARLY-STAGE CERVICAL CANCER. A MULTICENTER STUDY

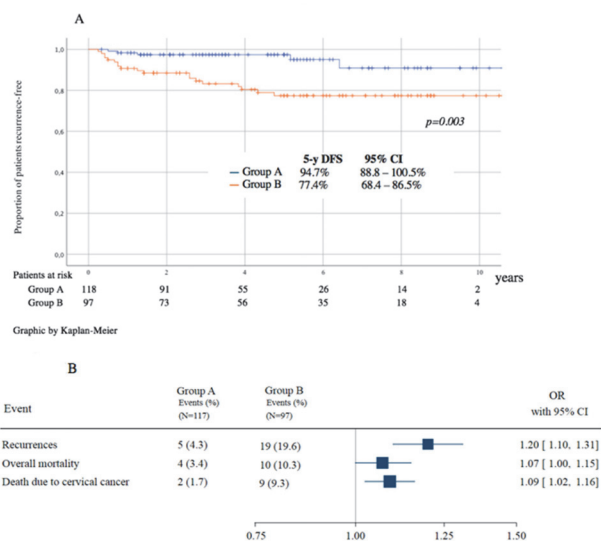
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10.1136/ijgc-2021-ESGO.20

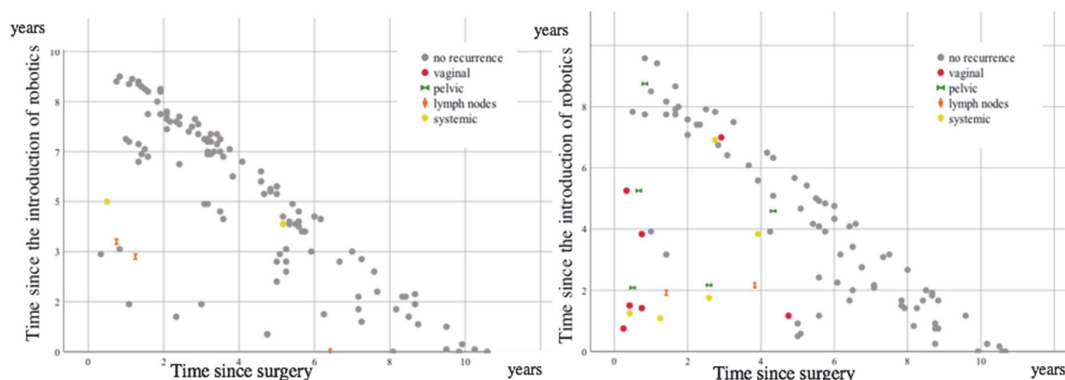
Introduction/Background* Patients with early-stage cervical cancer [CC] had worse prognosis when operated by minimal invasive surgery according to LACC trial. Different hypothesis were suggested such as the intrauterine manipulator, the CO₂ or the lack of protective manoeuvre. However, the effect of surgical expertise among patients who underwent radical hysterectomy by the same approach has not been evaluated.

Methodology All patients with early-stage CC (FIGO IA1-IIA1) undergoing robot-assisted radical hysterectomy in Spain and Portugal from 2009 to 2018 were included. Those centres with > 15 cases were selected. Centres with recurrence rate < 10% were gathered in group A and those \geq 10% in group B. The primary objective was to compare the oncological outcomes between groups after balancing by Propensity Score [PS] analysis. The groups were balanced in age, BMI, histology, Size, tumoral grade, ILV and adjuvant treatment. Second primary objective was to audit the pre-surgical quality indicators [QI] proposed by ESGO.

Result(s)* A total of 118 and 97 patients were well balanced (p-value 0.9483) between groups. 5 (4.3%) vs 19 (19.6%) recurrences occurred in group A vs group B, OR 1.23; (95% CI, 1.13-1.35) p-value of 0.001 after a median follow-up of 51 months. Overall mortality and disease-specific mortality were significant higher in group B, OR 1.07; (95% CI, 1.00-1.15) and 1.09; (95% CI, 1.02-1.16) respectively (figure 1). Five of eight Q.I were fulfilled by both groups. Lower rates of pre-operative assessment with M.R.I was observed in group B. 1 (20%) and 8 (42%) recurrences were observed during the first two years of robotic experience in group A and B (figure 2). Intraoperative and postoperative complications occurred in 0.8 vs 6.2% (p 0.028) and 5.1% vs 12.4% (p 0.055) in groups A and B respectively.



Abstract 245 Figure 1 A) Disease-free survival rates between surgical; B) Odds of recurrence & mortality after balancing



Abstract 245 Figure 2 (Group A and B) relation between time of recurrence and time of surgery

Conclusion* We observed significant differences in recurrence rate, overall mortality and specific-disease mortality between hospitals. Pre-operative assessment with M.R.I and the effect of learning curve were factors related to higher rates of recurrence. The surgical assessment might be considered as an impact factor in oncological outcomes in patients who underwent radical hysterectomy by minimal invasive approach.

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ENGOT-CX11/GOG 3047/KEYNOTE-A18: PHASE 3 RANDOMIZED STUDY OF PEMBROLIZUMAB + CHEMORADIOTHERAPY FOR HIGH-RISK LOCALLY ADVANCED CERVICAL CANCER

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10.1136/ijgc-2021-ESGO.21

Introduction/Background* High-risk locally advanced cervical cancer has a poor prognosis, and more than half of patients recur in 2 years. External beam radiotherapy (EBRT) with concurrent chemotherapy followed by brachytherapy is the standard of care for locally advanced cervical cancer. The