UD was completed. A near infra-red camera was used to evaluate ICG perfusion of anastomoses (ileum-ileum, right and left ureter with small bowel and colostomy or colo-rectal sides of anastomosis) few second after ICG injection.

Result(s)* Fifteen patients were included in the study. No patient reported adverse reactions to ICG injection. Only 3/15 patients (20.0%) had an optimal ICG perfusion (+++) in all anastomoses. The remaining 12 (80.0%) patients had at least one ICG deficit; the most common ICG deficit was on the left urerter: 3 (20.0%) versus 1 (6.7%) patient had no ICG perfusion (—) on the left versus right urerter, respectively (p=0.598). 8/15 (53.3%) and 6/15 (40.0%) patients experienced ≥ grade 3 30-day early and late postoperative complications, respectively. Of these, two patients had early and one had late postoperative complications directly related to poor perfusion of anastomosis (UD leak, ileum-ileum leak and benign ureteric stricture); all these cases had a sub-optimal intraoperative ICG perfusion.

Conclusion* The use of ICG to intra-operatively assess the anastomoses perfusion at time of pelvic exenteration for gynecologic malignancy is a feasible and safe technique. The different vascularization of anastomotic stumps may be related to anatomical sites and to previous radiation treatment. This approach could be of support in selecting patients at higher risk of complications, who may need personalized follow up.

**Abstracts**

**353** DOSE-DENSE NACT FOLLOWED BY CCRT IN LOCALLY ADVANCED CERVICAL CANCER: FEASIBILITY AND SAFETY

1G Parpinelli, 2M Buffa, 3Di Muzio, 4A Peruzzo Corpetto, 5C Palladino, 6ME Laudani, 7GB Barboni, 8E Peirano, 9M Grimonte, 10E Madon, 11P. Zola. 1University of Turin, Surgical Sciences, Turin, Italy; 2University of Turin, Surgical Sciences, Italy; 3Città della Salute e della Scienza di Torino, Oncology and Radiation Oncology, Italy; 4University of Turin, Oncology and Radiation Oncology, Italy; 5University of Turin, Surgical Sciences, Turin, Italy; 6University of Turin, Surgery, Italy; 7University of Turin, Surgical Sciences, Italy; 8University of Turin, Oncology and Radiation Oncology, Italy; 9Città della Salute e della Scienza di Torino, Medical Physics, Italy; 10University of Turin, Oncology and Radiation Oncology, Italy

**Introduction/Background** First-line treatment for locally advanced cervical cancer (LACC) is concurrent platinum chemoradiation therapy (CCRT) followed by cervico-vaginal brachytherapy (BT). Neoadjuvant chemotherapy (NACT) followed by CCRT+BT has been proposed as an alternative scheme, but its feasibility is still investigational. The aim of this study was to evaluate safety and efficacy of this treatment.

**Methodology** In our Institution 30 patients with LACC have been treated between 2016-19. They received 6 cycles of weekly NACT with Carboplatin AUC 2 and Paclitaxel 80mg/mq, followed by CCRT (pelvic EBRT (45Gy) weekly Cisplatin 40mg/mq followed by cervico-vaginal BT-HDR (10Gy)).

Primary endpoints were 3-year overall survival (OS) and progression-free survival (PFS) while secondary endpoints were safety and toxicity.

**Result(s)** The most frequent histological type was squamous cell carcinoma (80%) and G3-grading (66,7%).

9/30 patients had FIGO III stage. Radiologic complete response (CR) after NACT was 3,3% while partial response (PR) was 86,6%; only 1 patient had progressive disease (PD).

21 patients (70%) received more than 4 cycles of concurrent Cisplatin during EBRT, while 8 received less than 4 cycles.

After a median follow-up of 36.7 months 3-year OS and PFS values were 71.8% and 65.2%, respectively. Patients with higher values of haemoglobin pre-CCRT (i.e. >10 g/dl) reported a superior 3-year OS value (i.e. 70%, n=25) vs 50% for patients with < 10 g/dl (n=5).

Local and lymph-node recurrence occurred in 30% and 23% of patients while distant-metastasis in 10% of patients.

Only 1 patient experienced G3 anaemia after NACT while 3 cases of G3 haematological toxicity after CCRT+BT-HDR were observed. One patient had G3 neurotoxicity after NACT and 3 patients experienced G3 nausea and diarrhoea after CCRT+BT-HDR.

**Conclusion** In our study NACT followed by CCRT+BT resulted to be a feasible treatment. Our data are consistent with the published literature in term of feasibility and safety and the NACT could by synergic with CCRT in the treatment of LACC.
one year after radiotherapy. Patient is without the recurrence for 12 months but we know that any chemotherapy or radiotherapy will cause the huge toxicity that is why she is only under observation. We tried to balance the benefits from the radicality and the minimally invasive surgery at this particular patient.

**Abstract 385 Figure 2**

The surgery lasted approximately 345 min and the patient was discharged 3 days after surgery. Two weeks later, she presented painful lymphoedema, and was diagnosed with bilateral pelvic lymphocysts, requiring drainage by interventional radiology.

Parametrectomy pathology demonstrated a residual focus (4 mm) of squamous carcinoma at the vagina, and free margins. Subsequently, a metastasis was found in 1 left pelvic node – upstaging to FIGO IIIC1. Adjuvant chemoradiation with weekly cisplatin and whole pelvic radiation was planned.

**Conclusion**
CC may be found incidentally after SH carried out for benign gynecologic conditions or preinvasive cervical lesions. SH is suboptimal procedure and associated with significantly inferior survival rates. Further treatment, such as radiotherapy (RT) or additional surgery, is warranted. PET-CT have false negative, so surgery allow re-staging with a prognostic value and condition subsequent complementary treatment.

**Abstract 389 Figure 1**

**Serial Bone Density Changes in Women After Pelvic Chemoradiation for Cervical Cancer**

Introduction/Background Pelvic radiation therapy (RT) is associated with high doses to the lumbo-pelvic girdle. However, the impact of RT dose on bone density (BD) is not known. Present study was designed to understand the impact of RT dose on BD loss.

**Methodology**
Patients recruited into a phase III trial of adjuvant radiation with at least 2 CT imaging data sets at baseline and follow up were eligible. The primary endpoint was to report correlation if any between RT dose and BD loss. Across the lumbopevic region (L1-L5 vertebra, pubic symphysis, femur, acetabulum, greater trochanter, and anterior-superior iliac spine) points were predefined to estimate the RT dose received and Hounsfield (HU) units at pre RT and follow up time points on Eclipse version 13.5. Bone health was categorized as Normal >130HU, Osteopenic= 110-130 HU or Osteoporotic <110HU based on CT HU values. Univariate