(58.3%) patients deceased and 2 (16.7%) were alive without evidence of cancer.

Conclusion* in our series, bevacizumab had the expected outcomes and safety profile. Nevertheless, multicentric studies are needed to evaluate the true added value of bevacizumab to P-CT in ACC treatment in real-world practice and to identify predictive factors.

567 EFFICACY OF CHECKPOINT INHIBITOR IMMUNOTHERAPY DRUG PEMBROLIZUMAB (KEYTRUDA) FOR TREATMENT OF ADVANCED CERVICAL CANCER

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Introduction/Background* Cervical cancer is the fourth most common cause of cancer-related deaths in women worldwide. With screening for precancerous lesions and vaccination for preventive human papillomavirus (HPV), a survival improvement has been observed in these patients in developed countries. In recent years, immunotherapy has represented a breakthrough in oncology and immune-checkpoint inhibitors have shown antitumor activity in a variety of tumor types. Here, we present the first systematic review discussing the efficacy and clinical usefulness of pembrolizumab, an anti-PD-1 checkpoint inhibitor, in the treatment of advanced cervical cancer.

Methodology A systematic literature search was performed on March 2021 according to PRISMA statement using multiple databases and selective medical search terms (MeSH) such as 'uterine cervical neoplasms' AND 'Pembrolizumab'. After a detailed primary and secondary screening conducted by two members of 188 studies, total 7 studies were included (*Chung et al. 2019, Frenel et al. 2017, Choi, M et al. 2020, H Chung et al. 2018, SH Kim al. 2019, J Zhu et al.2019, K. Miller et al. 2020*).

Result(s)* A total of 411 patients, mean age of 48 years (21-76) with advanced cervical cancer who had received a median range of 1-7 previous lines of therapies, were included. In all studies, pembrolizumab monotherapy reported a cumulative median duration of follow up of 10.5 months (0-32.2), overall response rate (ORR) of 15% (n=47/313), and complete response of 3.76% (n=14/372). Very Good partial response was not reported in any study. A calculated pooled partial response, stable disease, and progressive disease were reported respectively [9.7%(n=40/411) vs. 19.3% (n=67/346) vs. 41% (n=145/348)]. Six-month overall survival as presented in 3 studies was 67%(n=160/239). The progression free survival and survival data is premature at this stage and requires further elaboration in phase II/III clinical trials.

Conclusion* Pembrolizumab (KEYTRUDA) monotherapy demonstrated durable antitumor activity in patients with advanced cervical cancer. However, further studies using combinations with other treatment options including chemotherapy, radiotherapy and other immunotherapeutic agents should be explored for the efficacy and survival outcomes.

568 CERVICAL CANCER AFTER LACC TRIAL…WHAT DO WE DO?

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Introduction/Background* In 2018 the results of an early termination of the LACC trial were published, followed by a tremendous amount of retrospective trials, all showing the worst outcomes of patients with cervical cancer who were operated by minimally invasive surgery (MIS). After years of training in laparoscopic radical hysterectomy we had go backwards and start learning the open way once again

Methodology Educational video showing new strategies in patients with cervical cancer after LACC trial

Result(s)* Since we already have the laparoscopic platform for sentinel lymph node (SLN) mapping with Indocyanine green (ICG), we decided we will start by doing our surgeries with MIS. After cervical injection of ICG, we search for bilateral SLN. The radical hysterectomy is prepared through laparoscopy by dissecting the retroperitoneal space, identifying vascular structures and ureter. The procedure is continued by the open way. We Coagulate and section uterine artery and ventral, lateral, and posterior parametrium. For the colpectomy we used bigger vaginal clamps in order to avoid tumour spillage inside the abdominal cavity.

In 2019 al 2020 Dr Kohler and Dr Chiva suggested that closing the vagina over the tumour, is a feasible technique that could avoid tumour spillage and may improve the outcomes in MIS. So, we began our learning curve in vaginal cuff in open surgery. After the laparoscopic SLN mapping, we have a vaginal time, and finally the open surgery.

Conclusion* Prospective randomized trials are needed to prove that MIS is safe for our patients with the adding of surgical changes as the vaginal cuff. Meanwhile we keep doing open surgeries with some advantages such as the laparoscopic SNL mapping and the spaces dissection, decreasing the open operating time, and the possibility of tumour spillage with the vaginal cuff.

572 LONG TERM TREATMENT OUTCOME AFTER PELVIC EXENTERATIONS FOR RECURRENT GYNAECOLOGICAL CANCERS

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Introduction/Background* Pelvic exenteration is radical enbloc resection of pelvic organs followed by surgical reconstruction. This is considered a curative treatment in recurrent gynaecological cancers. The present study looked into the long term survival outcome and morbidities associated with pelvic exenterations done in our centre.

Methodology The study included patients who underwent pelvic exenteration for recurrent gynaecological cancers from January 2006 to December 2016. Patient characteristics, nature of disease, type of surgery, complications associated were retrieved from the medical records. Surgical complications were graded with Clavein dindo grading. Patients were followed up till December 2020.Survival analysis was done using Kaplan- Meir method

Result(s)* 32 patients were included in the study. Cervical cancer was most common recurrent cancer (81.2%), 6.2% had vulvar cancer, 6.2% had vaginal cancer and 3.1% had endometrial cancer. There were 14 anterior exenterations, 17 total exenterations and 1 posterior exenteration. There was no immediate post-operative mortality. Post-operative complications were seen in 68.5% of which the majority were related to the urinary tract. One patient had Grade IV complication (post-operative myocardial infarction) 4 Grade IIIB (re-laparotomies), 7 patients had Grade II and 10 patients had Grade I complications. Median hospital stay was 12 days (Range 8-22days). Median overall survival was 41 months. 5 year as well as 7 year overall survival was 38%. Median disease free survival was 15 months.

Conclusion* This small series shows that pelvic exenterations are potentially curable surgeries in selected patients with recurrent gynaecological cancers with reasonable long term survival benefit and acceptable morbidity

589 VARIABLES THAT MODIFY THE SURVIVAL AFTER RECURRENCE IN PATIENTS WITH EARLY CERVICAL CANCER

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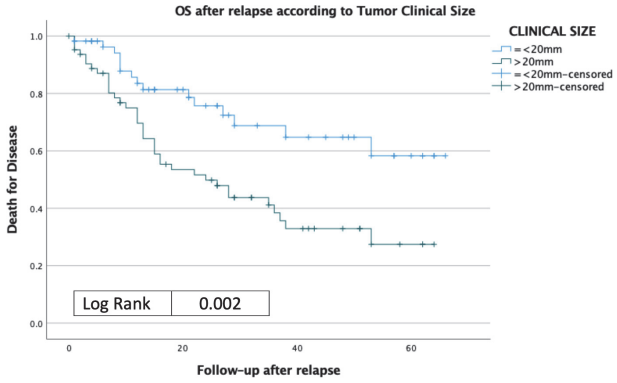
Introduction/Background* The primary objective of this project was to identify the independent clinical-pathological variables associated with the death after relapse in patients with stage IB1 cervical cancer who underwent radical hysterectomy. The secondary objective was to analysis survival post-relapse in these patients.

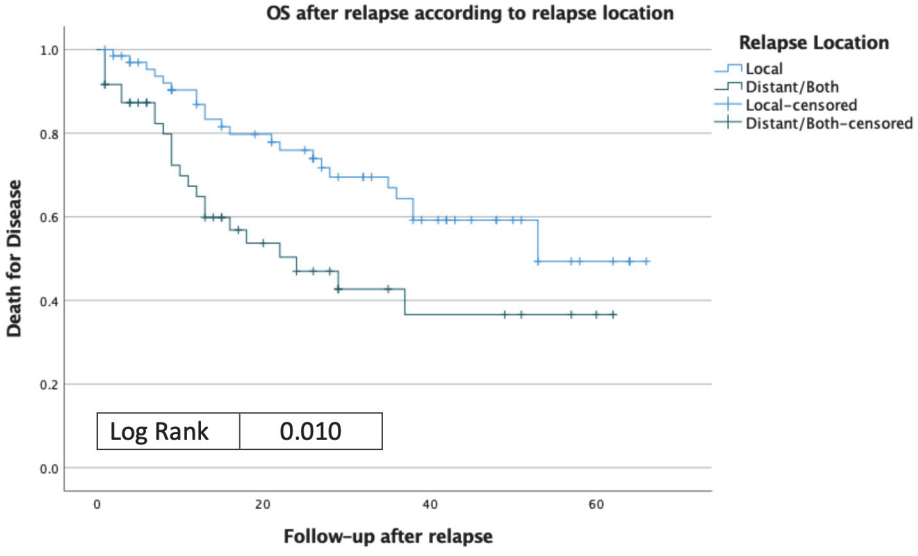
Methodology Based on the SUCCOR study's database . Patients were eligible if they had a relapse (local, distant or both) after underwent a radical hysterectomy in a European Institution for stage IB1 cervical cancer (FIGO 2009), from January 1st, 2013 to December 31st, 2014. To identify variables independently associated with death in these patients, we calculated the odds ratio using simple logistic regression models and subsequently a multivariate backward stepwise procedure. For the secondary end point we calculated Kaplan-Meyer and Cox regression using the results of the univariate and multivariate analysis .

Result(s)* A total of 126 patients were selected, women who died were more likely to have tumors >2cm on the clinical examination (OR, 3.50; 95% CI, 1.35- 9.08) and to have a stromal infiltration higher than 1/3 (OR, 6.30; 95% CI, 1.31-30.00). In contrast, the histologic subtype of adenocarcinoma and treatment with Bevacizumab were found as protective factors against death (OR, 0.32; 95% CI, 0.11- 0.95) and (OR, 0.23; 95% CI, 0.05- 0.99) respectively.

The mean time of relapse of our population was 22.94 months and the median of survival after relapse was 18.5 months.



Abstract 589 Figure 1



Abstract 589 Figure 2