4. When the superficial inguinal lymph nodes are retracted over the facia lata from the craniolateral part, the fossa ovalis is identified at the central part of the incision, which is covered by the cribriform fascia. Besides, during the excision of the superficial nodes at the caudal part of this area, the great saphenous vein passing through the fossa ovalis is identified.

5. After total excision of the superficial inguinal lymph nodes, the cribriform fascia is dissected. The femoral vein is identified below the fascia lata, covered by the femoral sheath between the sartorius muscle laterally and the adductor longus muscle medially. The great saphenous vein drains into the femoral vein, and the deep inguinofemoral lymph nodes, which are located medial to the femoral vein, are dissected. The femoral artery lies at the lateral part of the femoral vein, and the femoral nerve is the most lateral component in the femoral sheath.

6. The deep inguinofemoral lymph nodes cover the base of the great saphenous vein.

7. During excision of the deep inguinofemoral lymph nodes, the deep external pudendal vein should also be kept in mind, which drains into the great saphenous or femoral vein.

Conclusion* The essential anatomy of the superficial inguinal and deep femoral lymph nodes, with Scarpa's fascia, facia lata of the thigh, and cribriform fascia should be known to perform an inguinofemoral lymphadenectomy.

Late breaking abstracts

Cervical cancer

58 KEYNOTE-826: PEMBROLIZUMAB PLUS CHEMOTHERAPY VERSUS PLACEBO PLUS CHEMOTHERAPY FOR PERSISTENT, RECURRENT, OR METASTATIC CERVICAL CANCER

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Introduction/Background* Pembrolizumab has efficacy in previously treated, PD-L1-positive advanced cervical cancer. KEYNOTE-826 (NCT03635567) was a phase 3, randomised, double-blind trial of pembrolizumab or placebo added to chemotherapy ± bevacizumab for first-line treatment of recurrent, persistent, or metastatic cervical cancer.

Methodology Eligible adults had persistent, recurrent, or metastatic cervical cancer not previously treated with systemic chemotherapy and not amenable to curative treatment. Patients were randomised 1:1 to pembrolizumab 200 mg or placebo Q3W for ≤35 cycles added to chemotherapy (paclitaxel plus cisplatin or carboplatin) ± bevacizumab and stratified by metastatic status at diagnosis, planned bevacizumab use, and PD-L1 combined positive score (CPS). Dual primary endpoints were PFS (RECIST v1.1, investigator review) and OS tested sequentially in the CPS ≥1, all-comer, and CPS ≥10 populations.

Result(s)* 617 patients were randomized: 308 to pembrolizumab plus chemotherapy (63.6% with bevacizumab) and 309 to placebo plus chemotherapy (62.5% with bevacizumab); 548 (88.8%) patients had CPS ≥1, 317 (51.4%) had CPS ≥10. At the protocol-specified first interim analysis, pembrolizumab plus chemotherapy ± bevacizumab significantly improved PFS in the CPS ≥1 (median, 10.4 vs 8.2 months; HR, 0.62 [95% CI, 0.50–0.77]; P<0.001), all-comer (10.4 vs 8.2 months; 0.65 [0.53–0.79]; P<0.001), and CPS ≥10 (10.4 vs 8.1 months; 0.58 [0.44–0.77]; P<0.001) populations. OS was also significantly improved in the CPS ≥1 (median, not reached [NR] vs 16.3 months; HR, 0.64 [95% CI, 0.50–0.81]; P<0.001), all-comer (24.4 vs 16.5 months; 0.67 [0.54–0.84]; P<0.001), and CPS ≥10 (NR vs 16.4 months; 0.61 [0.44–0.84]; P=0.001) populations. Benefits were seen in the with and without bevacizumab subgroups. The incidence of grade ≥3 AEs was 81.8% in the pembrolizumab arm and 75.1% in the placebo arm. Anaemia and neutropenia were the most common grade ≥3 AEs (30.3% vs 26.9% and 12.4% vs 9.7%, respectively).

Conclusion* Pembrolizumab plus chemotherapy ± bevacizumab significantly improves OS and PFS in patients with persistent, recurrent, or metastatic cervical cancer. Along with a manageable safety profile, the clinically meaningful survival benefits suggest pembrolizumab plus chemotherapy ± bevacizumab may be a new standard first-line therapy for this population.

1180 IDENTIFYING PREDICTORS OF LYMPH NODE METASTASES IN EARLY-STAGE CERVICAL CANCER BY TRANSFERRING PREDICTION MODELS ACROSS INTERNATIONAL REGISTRIES

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Introduction/Background* Identifying risk factors for lymph node metastases in early-stage cervical cancer may aid in tailoring treatment. Unfortunately, early-stage cervical cancer research is often hampered by small sample sizes.