Abstract 734 Table 1

Variable name	Node status		p-value
	Positive nodes	Negative nodes	
Characteristics of the women			
Age	44.75 (8.95)	45.33 (10.34)	0.731
BMI	24.92 (4.85)	24.71 (4.35)	0.816
Performance status			0.037
ECOG 0	28 (87.5)	355 (90.8)	
ECOG 1	3 (9.4)	10 (2.6)	
Not reported	1 (3.1)	26 (6.6)	
Smoker			0.266
Yes	24 (75.0)	228 (58.3)	
No	4 (12.5)	70 (17.9)	
Not reported	4 (12.5)	93 (23.8)	
Characteristics of the tumor			
Volume of the tumor	3427.28 (6904.14)	1747.19 (5681.87)	0.189
Clinical size of the tumor			0.343
<30mm	22 (68.8)	306 (78.3)	
≥30mm	8 (25.0)	74 (18.9)	
Not reported	2 (6.2)	11 (2.8)	
Diameter of the tumor			0.006
≤20mm	21 (65.6)	329 (84.1)	
>20mm	11 (34.4)	60 (15.3)	
Not reported	0 (0.0)	2 (0.5)	
Histology of the tumor			0.555
Squamous carcinoma	1 (3.1)	18 (4.6)	
Adenocarcinoma	23 (71.9)	244 (62.4)	
Adenosquamous carcinoma	5 (15.6)	101 (25.8)	
Related to the conization proceedure			
Tumor volume	1489.49 (2188.48)	1378.20 (3898.83)	0.799
Dimension of tumor in cone	15.68 (6.82)	14.49 (6.87)	0.347
MRI done before cone			0.990
Yes	23 (71.9)	288 (73.7)	
No	5 (15.6)	63 (16.1)	
Not reported	4 (12.5)	40 (10.2)	
Type of cone technique			0.345
Cold knife	3 (9.4)	73 (18.7)	
Laser	1 (3.1)	21 (5.4)	
LEEP or LLETZ	25 (78.1)	268 (68.5)	
Margins in the cone			0.033
Not affected	2 (6.2)	87 (22.3)	
Uncertain	0 (0.0)	14 (3.6)	
Afected	28 (87.5)	253 (64.7)	
Linfovascular invasion in the cone			0.681
Yes	8 (25.0)	90 (23.0)	
No	5 (15.6)	44 (11.3)	
Not reported	19 (59.4)	257 (65.7)	
Tumor grade of differentiation in cone			0.963
Grade I	7 (21.9)	74 (18.9)	
Grade II	13 (40.6)	130 (33.2)	
Grade III	7 (21.9)	80 (20.5)	
Tumor histology in the cone			0.010
Squamous carcinoma	25 (78.1)	256 (65.5)	
Adenocarcinoma	5 (15.6)	109 (27.9)	
Adenosquamous carcinoma	2 (6.2)	3 (0.8)	
Depth of invasion the cone			0.002
Superficially invades stroma	1 (3.1)	81 (20.7)	
Invades 1/3 of stroma	2 (6.2)	51 (13.0)	
Invades 2/3 of stroma	13 (40.6)	76 (19.4)	
Endocervical curettage carried out			0.471
Yes	24 (75.0)	249 (63.7)	
No	7 (21.9)	100 (25.6)	
Not reported	1 (3.1)	42 (10.7)	
Positive endocervical curretage			0.499
Yes	3 (9.4)	56 (14.3)	
No	4 (12.5)	44 (11.3)	
Not reported	25 (78.1)	291 (74.4)	
Disease free survival	51.69 (21.64)	51.52 (19.47)	0.967
Overall survival	51.88 (21.37)	52.79 (18.45)	0.815

Result(s)* In the univariate analyses we found that large tumours (> 2 cm) and squamous or adenosquamous histopathology were associated with higher odds of positive nodes. Regarding characteristics of the cone biopsy, we observed that deep stroma invasion (2/3 of stroma) and positive margins were also associated with higher odds of positive nodes. In the multivariable adjusted model, we observed collinearity between the characteristics of the cone biopsy and therefore they were analysed separately. When accounting for tumour size and histopathology, deep invasion of the stroma was associated with 12-fold higher odds of positive nodes, but affected or uncertain margins was not.

Conclusion* In patients after cone biopsy, the association of tumors > 2cm plus deep stromal invasion (>2/3) is correlated with the higher risk of positive lymph node in early cervical cancer.

741 SAFETY PROFILE OF KEYTRUDA (PEMBROLIZUMAB) FOR THE TREATMENT OF PATIENTS WITH ADVANCED PD-L1 POSITIVE 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, U.S. Food and Drug Administration (FDA) approved pembrolizumab for the treatment of patients with advanced cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1. Herein, we present the first systematic review discussing the safety profile of this drug.

Methodology A systematic literature search was performed on March 2021 according to PRISMA statement using PubMed, Embase, Scopus, CINAHL, Cochrane, Google Scholar, and Clinicaltrials.gov databases without any filters. The medical search terms (MeSH) utilized to conduct the search are, ' uterine cervical neoplasms' AND 'Pembrolizumab'. After a detailed primary and secondary screening done by two members of 188 studies, only 4 studies were found that discussed the safety profile of pembrolizumab.

Result(s)* A total of 337 patients, mean age 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 was used as a single agent with a regimen of 200mg IV every 3 weeks. Cumulative treatment related adverse effect (AE) was reported in 60% (n=201/337). Most common grade 1-2 AEs were hypothyroidism 9.2% (n=29/313), diarrhea 8%(n=22/337), fatigue 6.59% (n=22/337) and rash 7% (n= 10/141). Treatment related grade $\geq$ 3 adverse reaction was reported in 8.6%. Most common grade 3-4 AEs presented were transaminitis, neutropenia, rash, colitis, Guillain-Barré syndrome (GBS), and proteinuria. Also, 3.5% of patient population (n= 5/141) discontinued therapy due to treatment-related adverse events. Immune-mediated AEs were seen in 27% (n= 31/118). The most common immune-mediated AEs were hypothyroidism, hyperthyroidism, rash, colitis and GBS.

Conclusion* While early-stage cervical cancer can be curable with surgery, prognosis of patients who recur remains poor, with limited treatment options. New effective treatments are therefore much needed in this setting. Pembrolizumab (Keytruda) monotherapy demonstrated manageable safety profile in patients with advanced cervical cancer. However, more randomized clinical trials are required to establish strong conclusions.

746 SENTINEL LYMPH NODE BIOPSY IN EARLY CERVICAL CANCER INCREASE THE LIKELIHOODS OF DISCOVERING POSITIVE LYMPH NODES COMPARED WITH PELVIC LYMPHADENECTOMY

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Introduction/Background* To assess the odds of having positive nodes in women who underwent a sentinel lymph node biopsy compared with those who underwent a lymphadenectomy in the SUCCOR study.

Methodology We used data from the SUCCOR study, a European multicentre study that collected retrospective information of 1272 women who underwent a radical hysterectomy by open or minimally invasive surgery for stage IB1 cervical cancer (FIGO 2009) between January 2013 and December 2014. After exclusions, the final sample included 1157 patients. Missing values were imputed with the median in quantitative variable and grouped in a new category in qualitative ones. The variables associated with the realisation of sentinel node biopsy were used to create a propensity score. When comparing both groups (sentinel vs non sentinel node) significant differences were found in the surgical experience, tumor size and

Abstract 746 Table 1

	Before IPW			After IPW		
	Was centinel node biopsy performed?		p-value	Was centinel node biopsy performed?		p-value
Variable name	Yes	No		Yes	No	
Characteristics of the women						
Age	46.57 (10.56)	47.25 (10.98)	0.395	45.86 (10.07)	46.91 (11.05)	0.348
BMI	24.93 (4.57)	25.43 (4.27)	0.139	24.89 (4.09)	25.39 (4.28)	0.265
Performance status			0.852			0.689
ECOG O	205 (91.5)	774 (90.1)		205 (90.6)	774 (90.5)	
ECOG 1	14 (6.2)	56 (6.5)		14 (7.0)	56 (6.1)	
Not reported	5 (2.2)	29 (3.4)		5 (2.4)	29 (3.4)	
Smoker			0.886			0.003
Yes	147 (65.6)	476 (55.4)		147 (60.5)	476 (55.5)	
No	49 (21.9)	163 (19.0)		49 (22.0)	163 (19.2)	
Not reported	28 (12.5)	220 (25.6)		28 (17.5)	220 (25.3)	
Characteristics of the tumor						
Volume of the tumor	7416.52 (9594.55)	8029.76 (11650.87)	0.417	9015.10 (11055.48)	7714.04 (11305.59)	0.445
Maximum diameter			0.163			0.689
≤20mm	136 (60.7)	477 (55.5)		136 (56.5)	477 (56.3)	
>20mm	88 (39.3)	382 (44.5)		88 (43.5)	382 (43.7)	
Linfovascular space invasion			0.682			0.064
Yes	125 (55.8)	464 (54.0)		125 (50.5)	464 (55.0)	
No	82 (36.6)	285 (33.2)		82 (41.8)	285 (32.7)	
Not reported	17 (7.6)	110 (12.8)		17 (7.7)	110 (12.3)	
Parametrial space invasion			0.071			0.284
Yes	221 (98.7)	823 (95.8)		221 (97.3)	823 (96.4)	
No	2 (0.9)	26 (3.0)		2 (2.2)	26 (2.6)	
Not reported	1 (0.4)	10 (1.2)		1 (0.6)	10 (1.0)	
Vaginal invasion			0.770			0.543
Yes	216 (96.4)	821 (95.6)		216 (94.1)	821 (95.8)	
No	5 (2.2)	22 (2.6)		5 (3.3)	22 (2.5)	
Not reported	3 (1.3)	16 (1.9)		3 (2.6)	16 (1.7)	