

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.

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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

Variable name	Before IPW		p-value	After IPW		p-value
	Was sentinel node biopsy performed?			Was sentinel node biopsy performed?		
	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 0	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)	

Uterine invasion			0.954			0.397
Yes	203 (90.6)	785 (91.4)		203 (88.2)	785 (91.6)	
No	15 (6.7)	57 (6.6)		15 (8.3)	57 (6.3)	
Not reported	6 (2.7)	17 (2.0)		6 (3.5)	17 (2.1)	
Margins on the final specimen			0.424			0.257
Free	212 (94.6)	800 (93.1)		212 (94.1)	800 (93.4)	
Free but close (<2mm) or positive	8 (3.6)	49 (5.7)		8 (2.7)	49 (5.5)	
Not reported	3 (1.3)	9 (1.0)		3 (2.5)	9 (1.0)	
Macroscopic appearance			0.111			0.595
Exophytic	100 (44.6)	365 (42.5)		100 (45.7)	365 (43.0)	
Endophytic ulcerative	34 (15.2)	182 (21.2)		34 (14.3)	182 (21.0)	
Endophytic barrel-shaped	22 (9.8)	66 (7.7)		22 (8.5)	66 (7.4)	
Histology of the tumor			0.514			0.231
Squamous carcinoma	153 (68.3)	588 (68.5)		153 (71.9)	588 (68.1)	
Adenocarcinoma	66 (29.5)	239 (27.8)		66 (26.0)	239 (28.3)	
Adenosquamous carcinoma	5 (2.2)	32 (3.7)		5 (2.1)	32 (3.5)	
Tumor grade of differentiation			0.355			0.456
Grade I	32 (14.3)	132 (15.4)		32 (13.3)	132 (15.8)	
Grade II	89 (39.7)	372 (43.3)		89 (46.4)	372 (43.4)	
Grade III	73 (32.6)	239 (27.8)		73 (28.5)	239 (28.0)	
Characteristics of the procedure						
Uterine manipulator used			0.000			0.000
Yes	91 (40.6)	631 (73.5)		91 (67.0)	631 (66.7)	
No	94 (42.0)	149 (17.3)		94 (22.3)	149 (22.4)	
Not reported	39 (17.4)	79 (9.2)		39 (10.8)	79 (10.9)	
Surgical approach			0.000			0.933
Laparoscopic or robotic	162 (72.3)	325 (37.8)		162 (45.4)	325 (44.9)	
Open	62 (27.7)	534 (62.2)		62 (54.6)	534 (55.1)	
Surgical experience of surgeon in charge			0.000			0.783
Fellow in gyn oncology	3 (1.3)	44 (5.1)		3 (3.8)	44 (4.4)	
Junior surgeon in gyn oncology	66 (29.5)	135 (15.7)		66 (19.7)	135 (18.7)	
Senior surgeon in gyn oncology	155 (69.2)	680 (79.2)		155 (76.5)	680 (76.9)	
Type of radical hysterectomy performed			0.763			0.959
Modified radical hysterectomy	63 (28.1)	255 (29.7)		63 (24.5)	255 (30.7)	
Classical radical hysterectomy	151 (67.4)	581 (67.6)		151 (73.5)	581 (66.4)	

surgical approach. To account for these differences, inverse probability weighting was performed to consider both groups fully comparable.

We used inverse probability weighting to define two comparable groups (sentinel node biopsy vs lymphadenectomy). We performed a logistic regression to calculate the odds of having positive nodes after a sentinel node biopsy compared with a lymphadenectomy in the weighted sample. We also compared the disease-free survival and the overall survival between groups in the weighted cohort.

Result(s)* We found that women who underwent a sentinel node biopsy had smaller tumours and were more using minimally invasive surgery. In the weighted cohort we found that women who underwent a sentinel node biopsy had a 15.7% of positive nodes vs. 10.7% in the lymphadenectomy arm. Sentinel node patients had 1.63-fold higher odds (95% CI: 1.00-2.64) of having a diagnosis of positive nodes. We did not find that undergoing a sentinel node biopsy had any association neither with disease free survival nor with overall survival.

Conclusion* After applying an Inverse Probability Weighting using a propensity score, the use of Sentinel Lymph Node Biopsy increased the detection of positive nodes by 63% in the SUCCOR study. The standard pelvic lymphadenectomy might underdiagnose the nodal status in early cervical cancer.

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PREVALENCE OF NEW CERVICAL CANCER CASES IN AN ESGO ACCREDITED CANCER CENTER IN ATHENS; A MULTIDISCIPLINARY TUMOR BOARD RETROSPECTIVE ANALYSIS

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Introduction/Background* Cervical cancer represents the fourth most common malignancy in women, with more than half a million new cases each year worldwide. Despite HPV-based screening programs, liquid-based cytology and national vaccination programs, a significant number of patients present with advanced stage disease, beyond the ability to be provided with surgical treatment.

Methodology We conducted a retrospective analysis of new cervical cancer cases presented in our multidisciplinary tumor board from 2005 to 2018. Patients were offered pelvic examination and biopsy, with or without colposcopy. In certain cases, examination under anesthesia was mandatory, in order to assess parametrial involvement. Magnetic resonance imaging of the pelvis and computed tomography of the upper abdomen are part of the obligatory initial investigation for