for the cohort as a whole, and stratified by stage of diagnoses in table 1 and 2 respectively. Decreased overall survival was associated with lymphovascular invasion and p16 negativity, however when stratified by stage, LVI significantly impacted survival in stage I to III patients only. Increased survival was associated with surgical resection, radical radiotherapy (RT), brachytherapy, concurrent cisplatin and 5 weeks of chemotherapy (vs. <5 weeks). When stratified by stage, surgical resection only improved survival in stage I patients, with no significant difference in any other stage. The use of radical RT, brachytherapy, and concurrent chemotherapy did not show survival differences in stage I disease, but did in stage II to IV. As a whole, peri-RT chemotherapy was not associated with survival benefit in adeno/adenosquamous carcinoma. 180 women recurred (23.1%), with mostly distant metastases (42.8%). There was lower incidence of recurrence after primary surgical resection in those with tumor size <2cm vs. tumors >2cm (4.1% vs 24.7%, p=0.0004). Though only 37.7% of recurrence/metastases was treated with first-line carboplatin/paclitaxel/bevacizumab, it was associated with better overall survival compared to other regimens (median OS 40.1 vs. 24.8 months, p=0.03).

**Conclusion** A significant number of women had recurrence (23.1%), and LVI and p16 negativity is associated with poor survival. Surgical resection in stage I is associated with improved survival but not in stage II to IV. Use of radical chemoradiation treatment is associated with survival differences in stage II to IV disease, but not stage I. First line carboplatin/paclitaxel/bevacizumab for recurrence shows improves survival but only a small proportion of women received it.

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### Abstract 143 Table 1 Five examples of repurposing candidates for cervical cancer

<table>
<thead>
<tr>
<th>Drug</th>
<th>Main approved indications</th>
<th>Proposed mechanism of action in cervical cancer</th>
<th>Potential role</th>
<th>Proposed setting(s)</th>
<th>Cervical cancer trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelfinavir</td>
<td>HIV</td>
<td>PI3K-Akt inhibition and induction of endoplasmic reticulum stress</td>
<td>radiosensitizer</td>
<td>with CRT</td>
<td>ongoing</td>
</tr>
<tr>
<td>Hydralazine &amp; valproate</td>
<td></td>
<td>HDAC and DNA methyltransferase inhibition</td>
<td>radiosensitizer</td>
<td>with CRT, adjuvant, recurrent/ metastatic</td>
<td>yes</td>
</tr>
<tr>
<td>Hypertension &amp; epilepsy, respectively</td>
<td>Sonidegib Basal cell carcinoma</td>
<td>smoothened inhibition and radiosensitizer</td>
<td>radiosensitizer</td>
<td>with CRT, adjuvant</td>
<td>no</td>
</tr>
<tr>
<td>Plerixafor</td>
<td>Mobilisation of haematopoietic stem cells</td>
<td>prevention of CRT-induced CXCL12/CXCR4 signalling</td>
<td>radiosensitizer</td>
<td>with CRT</td>
<td>no</td>
</tr>
<tr>
<td>Cetuximab</td>
<td>Squamous cell head and neck cancer</td>
<td>EGFR inhibition and radiosensitizer</td>
<td>radiosensitizer</td>
<td>with CRT, recurrent/ metastatic</td>
<td>yes</td>
</tr>
</tbody>
</table>
Abstract 148 Figure 1 Overall survival curve of treatment groups

148 OUTCOMES OF MANAGEMENT OF LOCALLY ADVANCED CERVICAL CANCER, NATIONAL CANCER INSTITUTE, CAIRO UNIVERSITY

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10.1136/ijgc-2021-ESGO.13

Introduction/Background Cervical cancer is the 4th most common cancer affecting females with 85% of cases occurring in developing countries. There is limited data available in the literature about locally advanced cervical cancer management outcomes from Egypt. This is the first and the largest study to describe locally advanced cervical cancer treatment outcomes from Cairo University National Cancer Institute (NCI), the largest tertiary center for cancer in Egypt.

Methodology A retrospective study was conducted including 160 patients with pathologically proven cervical cancer, locally advanced disease (FIGO stage IIB till IVA) who presented to gynecology group, Radiation Oncology Department, NCI from 2013 to 2017. Data were collected retrospectively from patients’ medical records. Demographic, clinicopathological, treatment, and survival outcome data were retrieved. Survival analysis was estimated using the Kaplan-Meier method and compared using the log-rank test.

Result(s) Data analysis showed a great disparity in management plans. Local control (LC) was achieved in 65.1% of the patients, and 31% had metastatic disease progression. Non-compliance to treatment was seen in 18.8% of the patients. Three years overall survival (OS) and five years OS were 45.6% and 35% respectively. Non-compliant patients had significantly lower 3 years OS (28.4%, P<0.001). The most common modality of treatment was concurrent chemoradiation therapy (CCRT/H) followed by radical surgery. There was no significant difference in OS, LC, and time to the distant metastasis between the different treatment modalities.

Conclusion Locally advanced cervical cancer management represents a challenging burden in developing countries like Egypt. Patient compliance was found to be the most important factor affecting survival in our population. Proper assessment of the factors causing low compliance should be properly evaluated. Strict follow-up and improving patient compliance are essential to achieve a favorable outcome.

164 PHASE 3 RECURRENT/METASTATIC CERVICAL CARCINOMA TRIAL: SUBGROUP EFFICACY ANALYSIS OF CEMIPLIMAB VERSUS INDIVIDUAL INVESTIGATOR’S CHOICE CHEMOTHERAPY

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10.1136/ijgc-2021-ESGO.14

Introduction/Background There is no standard of care regimen in the second-line setting for women with recurrent/metastatic (R/M) cervical carcinoma. Cemiplimab was recently shown to significantly improve overall survival (OS) compared with investigator’s choice (IC) chemotherapy in patients with R/M cervical cancer after first-line platinum-based chemotherapy (NCT03257267; ESMO-VP-2021). We present a pre-planned exploratory subgroup analysis comparing cemiplimab to individual IC chemotherapy options.

Methodology EMPOWER-Cervical 1/GOG-3016/ENGOT-cx9 is an open-label, randomised (1:1), multi-centre, Phase 3 clinical trial of anti-programmed cell death (PD)-1 cemiplimab vs IC single agent chemotherapy in R/M cervical cancer that has progressed after first-line platinum-based treatment. The selection of single-agent chemotherapy by the investigator (gemcitabine, pemetrexed, vinorelbine, topotecan or irinotecan) was not protocol-defined, but the regimen had to be