

**Objectives** Women with cervical cancer who undergo radical hysterectomy are often treated postoperatively with chemoradiation. The patient selection that minimizes adjuvant treatment is valuable. We compared two methods for predicting postoperative adjuvant treatment of patients with stage IB2 cervical cancer.

**Methods** This multicenter retrospective study included 272 women with IB2 tumors. A receiver operating characteristic curve (ROC) analysis was used to determine the optimal tumor cutoff size to predict adjuvant treatment. A second analysis compared the rate of adjuvant treatment between women with and without lymph vascular space involvement (LVSI).

**Results** According to the ROC, the optimal cutoff value of tumor size for predicting adjuvant treatment was 2.95 cm (sensitivity 0.70, specificity 0.67). Tumors were  $\geq 3.0$  cm in 166 (61.0%) women. The rate of adjuvant treatment was higher in women with larger tumor diameter (73.8% vs. 47.9%,  $p < 0.0001$ ). of the 241 women with a LVSI record, LVSI was present in 81 (34%) women. Among women with LVSI, rates were higher of positive lymph nodes (41.0% vs 14.5%,  $p < 0.0001$ ) and postoperative adjuvant treatment (83.3% vs. 53.7%,  $p < 0.001$ ). Among women with tumor size  $\geq 3.0$  cm and LVSI, the rate of adjuvant treatment was 90.0%. In the multivariate analysis, both tumor size  $\geq 3.0$  cm and the presence of LVSI were independently associated with adjuvant treatment (OR 3.9, 95% CI 2.1–7.1;  $p < 0.0001$  and OR 4.9, 95% CI 2.4–10.0;  $p < 0.0001$ , respectively).

**Conclusions** These data should be weighed in multidisciplinary consultation with radiation oncologists when deciding treatment strategy.

#### EPV035/#138 RADICAL TRACHELECTOMY. EXPERIENCE IN KAZIOR

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**Objectives** To investigate pregnancy outcomes in women after radical trachelectomy (RT) in KazIOR for early-stage cervical cancer

**Methods** Systematic analysis of the data of the cancer register of the Republic of Kazakhstan

**Results** Since 2013, radical trachelectomy has been performed at KazIOR. From 2013 to 2021, 8 operations were performed, 7 of them by abdominal access, 3 by laparoscopic approach. 6 (75%) of the patients had stage 1 B1 from 2 to 4 cm; 2 (25%) had a 1a1 stage. The average age of patients was 28 years (from 26 to 37 years). 5 (62.5%) patients were nulliparous, 2 patients had 2 children, 1 patient had 1 child.

LVSI was negative in preoperative histological examination, and resection margins were also negative. The histological form of the tumor in all cases was squamous cell carcinoma. On average, 11 lymph nodes were removed. In 1 patient (12.5%) after histological examination LVSI was positive, in 7 it was negative. None of the patients had metastases to the pelvic lymph nodes. During express histology, the resection margins were negative in all patients. Patients in the

postoperative period were not prescribed chemoradiation therapy. of the 8 patients who retained fertility, there were 5 pregnancies, 2 miscarriages at 9–10 weeks, and 3 deliveries at 36–37 weeks of gestation.

**Conclusions** Thus, in 2013–2021, 8 radical trachelectomy operations were successfully performed. The data presented in this publication demonstrate that patients with stage IB1 tumors ranging in size from 2 to 4 cm and with favorable histology are acceptable candidates for attempted radical trachelectomy.

#### EPV036/#142 EUROPEAN NETWORK FOR GYNAECOLOGICAL ONCOLOGICAL TRIAL (ENGOT)-CX11/ GYNECOLOGIC ONCOLOGY GROUP (GOG) 3047/ KEYNOTE-A18: PHASE 3 TRIAL OF PEMBROLIZUMAB PLUS CHEMORADIOTHERAPY IN HIGH-RISK LOCALLY ADVANCED CERVICAL CANCER

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**Objectives** High-risk locally advanced cervical cancer has a poor prognosis. External beam radiotherapy (EBRT) with concurrent chemotherapy followed by brachytherapy is the standard of care. The immunostimulatory activity of pembrolizumab may be enhanced by concurrent chemoradiotherapy (CCRT). Pembrolizumab monotherapy is approved for patients with PD-L1–positive recurrent or metastatic cervical cancer that progressed during or after chemotherapy. The phase 3 ENGOT-cx11/GOG 3047/KEYNOTE-A18 (NCT04221945) study is evaluating pembrolizumab with CCRT in patients with locally advanced cervical cancer.

**Methods** ~980 patients with high-risk (FIGO 2014 stage IB2–IIB with node-positive disease or stage III–IVA), locally