

advanced, previously untreated cervical cancer will be randomized 1:1 to receive either 5 cycles of pembrolizumab 200 mg Q3W plus CCRT followed by 15 cycles of pembrolizumab 400 mg Q6W or 5 cycles of placebo Q3W plus CCRT followed by 15 cycles of placebo Q6W. CCRT includes 5 cycles (optional 6th dose) of cisplatin 40 mg/m² Q1W plus EBRT followed by brachytherapy. Randomization is stratified by planned EBRT type (intensity-modulated radiotherapy [IMRT] or volumetric-modulated arc therapy [VMAT] vs non-IMRT or non-VMAT), screening cancer stage (IB2-IIB vs III-IVA), and planned total radiotherapy dose. Treatment will continue for 20 cycles or disease progression, unacceptable toxicity, or withdrawal. Primary endpoints are PFS per RECIST v1.1 by investigator and OS. Secondary endpoints include PFS by BICR, PFS at 2 years, OS at 3 years, CR at 12 weeks, ORR, OS and PFS by PD-L1 status, QoL, and safety. Enrollment began May 2020 and is planned for 193 sites in 30 countries. **Results** Not applicable
Conclusions Not applicable

EPV037/#157

INCIDENCE OF CERVICAL CANCER AND THE HPV VACCINE IN THE UNITED STATES: ARE WE SEEING RESULTS OF VACCINATION EFFORTS?

¹A Francoeur, ²C-I Liao, ¹D Wong, ³A Mann, ⁴MA Caesar, ⁵A Chan, ⁶B Monk, ⁷D Kapp, ⁸J Chan. ¹University of California Los Angeles, Obstetrics and Gynecology, Los Angeles, USA; ²Kaohsiung Veterans General Hospital, Obstetrics and Gynecology, Kaohsiung City, Taiwan; ³Palo Alto Medical Foundation, Research Institute, Palo Alto, USA; ⁴California Pacific Medical Center, Research Institute, San Francisco, USA; ⁵Palo Alto Medical Foundation Research Institute, Obstetrics and Gynecology, Palo Alto, USA; ⁶Arizona Oncology, Gynecologic Oncology, Obstetrics and Gynecology, Phoenix, USA; ⁷Stanford University School of Medicine, Department of Radiation Oncology, Stanford, USA; ⁸California Pacific Medical Center, Obstetrics and Gynecology, San Francisco, USA

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Objectives To determine the incidence and trends of cervical cancer in the United States in relation to the HPV vaccine.
Methods Data were obtained from the U.S. Cancer Statistics program from 2001–2017. SEER*Stat 8.3.8 and Joinpoint regression program 4.8.0.1 were used to calculate incidence trends.
Results Over the last 17 years, cervical cancer incidence is decreasing at an average annual percent change (AAPC) of -1.03% (p<0.001). We performed a subset analysis of women who were 9–13 years old in 2006 when the HPV vaccine was approved, now 20–24 years old in 2017. In the pre-vaccine era (2001–2011), the incidence of cancer decreased 2.3% annually (p=0.038). of note, after the introduction of the vaccine (2011–2017), it decreased at 9.6% per year (p=0.002). In the pre-vaccine era (2001–2012), the incidence of new diagnoses of squamous cell carcinoma observed a decrease of 3.1% annually (p=0.004). However, in the post-vaccine era (2012–2017), there was an 11.8% decline in new cases per year (p=0.007). Although there is a decrease in older age groups, there is no difference in the trends pre and post vaccine era, particularly in the age groups who were not eligible for vaccination at that time.
Conclusions In our population analysis, our data suggest that the HPV vaccination may have decreased in incidence of cervical cancer in the younger cohort after its approval.

EPV038/#163

NEUROTROPHIC TYROSINE KINASE RECEPTOR-1 (NTRK-1) REARRANGED CERVICAL SARCOMA WITH FIBROSARCOMA LIKE MORPHOLOGY PRESENTING IN A 13-YEAR-OLD MANAGED WITH A NEO-ADJUVANT TRK-INHIBITOR AND SURGICAL EXCISION

¹E Goulding*, ²P Morreau, ³M De Silva, ⁴M Watson, ⁵B Leung, ⁶C Van Vliet, ¹L Eva. ¹National Women's Health, Gynaecologic Oncology, Auckland, New Zealand; ²Starship Children's Hospital, Paediatric Surgery, Auckland, New Zealand; ³Starship Children's Hospital, Medical Oncology, Auckland, New Zealand; ⁴Auckland City Hospital, Anatomical Pathology, Auckland, New Zealand; ⁵Starship Children's Hospital, Radiology, Auckland, New Zealand; ⁶QEll Medical Centre, Anatomical Pathology, Perth, Australia

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Objectives Fibrosarcoma like tumours of the uterine cervix affecting premenopausal women with neurotrophic tyrosine kinase receptor (NTRK) gene rearrangements have recently been described in the literature. They are rare tumours and to our knowledge there are only 18 cases reported, none of which has occurred in the paediatric population. We describe the first case of a paediatric patient with a NTRK fusion positive fibrosarcoma-like tumour of the uterine cervix who was successfully managed with neo-adjuvant entrectinib and subsequently went on to have conservative, fertility sparing surgery.
Methods This case report reviews the case of a 13-year-old patient who presented with a 9cm NTRK-1 rearranged cervical sarcoma with fibrosarcoma like morphology. At presentation the lesion filled her vagina and pelvis and any attempt at surgical removal would have been morbid and led to loss of fertility.
Results Based upon evidence that has shown good tolerability and responses of paediatric solid tumours with NTRK gene fusions to NTRK inhibitors, both in the neoadjuvant and upfront setting, this patient was managed with neo-adjuvant entrectinib. Following a dramatic reduction in tumour size confirmed by imaging, she underwent conservative fertility sparing surgery with final histopathology showing no residual disease.
Conclusions This case highlights the importance of the investigation of NTRK fusions in fibrosarcoma like tumours of the uterine cervix, as this may open up treatment options for patients and avoids potentially morbid extensive surgery, which may impair fertility.

EPV039/#175

RELATIVE IMPORTANCE OF INDIVIDUAL INSURANCE STATUS AND HOSPITAL PAYER MIX ON SURVIVAL FOR WOMEN WITH CERVICAL CANCER

¹C Cherston*, ¹Y Huang, ¹A Melamed, ²V Prabhu, ²Y Li, ¹J Wright. ¹Columbia University, Gynecologic Oncology, New York, USA; ²Merck and Co., Inc., Outcomes Research, Kenilworth, USA

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Objectives Safety-net hospitals (SNH) are important sites of care especially for vulnerable groups (e.g., uninsured/Medic-aid). We examined the relative contributions of individual insurance status and hospital payer mix on quality of care and survival for women with cervical cancer.