(LND). However, several low- and middle-income countries lack gynecological oncology expertise. We present our outcomes from treating patients with stage IA2-IB1 cervical cancer with neoadjuvant chemotherapy (NACT) followed by a simple hysterectomy and LND in absence of a gynecological oncologist.

Methods Between 2017 and 2019, 8 women with early stage cervical cancer (IA2-IB1) with tumor size less than 2cm and absence of lymphovascular invasion in Botswana were treated with 3 cycles of NACT (carboplatin and paclitaxel) followed by a simple hysterectomy and pelvic LND performed by a general gynecologist.

Results The median age at surgery was 50 years (42–63). Six women (75%) had stage IB1 disease. Six women (75%) were HIV-positive. Three patients (38%) had a pathological complete response with no detectable tumor on final pathology, and the other 5 patients (62%) had a partial response to chemotherapy and were able to undergo surgery. All patients completed chemotherapy as prescribed. None of the women had any high risk features consistent with Peters or Sedlis criteria. Median follow-up time was 3.5 years. One patient died 6 months after treatment due to a non-cancer related cause (accident). Overall survival for all patients was 87.5% and cause-specific survival was 100%.

Conclusions These pilot data suggest favorable outcomes with NACT followed by a simple hysterectomy and LND for women with early stage cervical cancer in Botswana.

EPV066/#382 PRELIMINARY RESULTS OF NIRAPARIB AND BRIVANIB DUAL THERAPY EVALUATION IN RECURRENT, METASTATIC AND PERSISTENT CERVICAL CANCER (CQGOG0101: AN OPEN-LABEL, SINGLE ARM, PHASE II CLINICAL TRIAL

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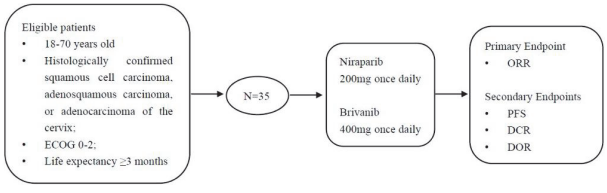
Objectives The aim of this study (CQGOG 0101) is to evaluate the safety and activity of Niraparib (an oral PARP1/2 inhibitor) combined with brivanib in patients with recurrent, metastatic, or persistent cervical cancer.

Methods The CQGOG0101 study is an open-label, single-arm, single-center, phase 2 trial.

Results Between May 8th, 2020 and Jan 22nd, 2021, 9 patients (median age, 50 years old [28–73]) were enrolled. Patients had received a median of two (1–3) previous lines of platinum-based therapy. All of nine patients had distant metastatic lesions and had underwent at least one post-baseline tumor assessment (To deadline for submission), including 1 confirmed partial response, 4 with stable disease, 4 with progressive disease. Median duration of treatment was 3.8 months (3–8.2), three patients were still on treatment. No drug-related grade 3 or worse treatment-emergent adverse events were detected, the most common grade 1–2 adverse events (AEs) included: neutropenia (4 of 9 patients), anemia (2 of 9 patients), thrombocytopenia (1 of 9 patients), hypertension (2 of 9 patients), proteinuria(1 of 9 patients), fatigue (1 of 9 patients), and increased ALT/AST (1 of 9 patients).

Conclusions This combo seems to show a similar efficacy compared to other recurrent cervical cancer late-line therapies. We are also seeking to amend the protocol and explore niraparib combined with immunotherapy in recurrent CC in our trial later. Clinical trial information: NCT04395612.



Abstract EPV066/#382 Figure 1 Study design

Abstract EPV066/#382 Table 1 Brief inclusion and exclusion criteria

Inclusion Criteria:	Exclusion Criteria:
1. Subjects join the study voluntarily and sign the informed consent; 2. The damage caused by other treatments has recovered (NCI CTCAE 5.0 version grade ≤ 1), ECOG physical status score is 0-2; 3. Life expectancy ≥3 months; 4. Female subjects are 18 to 70 years old; 5. Histologically confirmed squamous cell carcinoma, adenosquamous carcinoma, or adenocarcinoma of the cervix; 6. Subjects with recurrent, persistent or metastatic cervical cancer not amenable to curative treatment with surgery and/or radiation therapy; 7. measurable lesions must be required: a tumor lesion has a long diameter ≥5mm and a lymph node must be 10 mm in short axis when assessed by CT scan, CT scan slice thickness recommended to be no greater than 5 mm (defined by RECIST 1.1) 8. Subjects agree to take a blood sample; 9. Subjects have enough organ function; 10. Women of child-bearing age should have negative results of serum or urine pregnancy test within 14 days before recruited and must not be in lactation. Women are willing to adopt the appropriate methods of contraception during the trial and 3 months after last administration.	1. Patients who are known to be allergic to niraparib or the active or inactive ingredients of drugs with similar chemical structure to niraparib 2. Patients who are known to be allergic to toripalimab or the active or inactive ingredients of drugs with similar chemical structure to toripalimab 3. Factors that significantly affect the absorption of oral drugs, such as inability to swallow, chronic diarrhea, and intestinal obstruction with clinical significance; 4. Patients with symptomatic, uncontrol-lable brain metastases or pial metastases. 5. Major surgery was performed within 3 weeks before enrollment; 6. Palliative radiotherapy was performed on >20% bone marrow within 1 week before enrollment; 7. Aggressive cancer other than cervical cancer has been diagnosed within 2 years before enrollment (except for fully treated basal or squamous cell skin cancer); 8. Patients who have previously or currently diagnosed myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML); 9. Serious or uncontrolled diseases, including but not limited to: i. Uncontrollable nausea and vomiting, inability to swallow the study drug, any gastrointestinal disease that may interfere with the absorption and metabolism of the drug; ii. Active viral infections such as human immunodeficiency virus, hepatitis B, hepatitis C, etc, iii. Uncontrolled grand mal seizures, unstable spinal cord compression,

EPV067/#391 QUALITY CONTROL IN EARLY STAGE CERVICAL CANCER MANAGEMENT: A SINGLE-INSTITUTION'S EXPERIENCE

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Objectives Institutional quality control measures, such as monthly quality assessment meetings and stricter patient selection criteria for operation method, have been implemented since 2014 to better monitor cancer patient management. In this study, we evaluated effects of such monitoring on the clinical outcomes of cervical cancer patients.