Abstracts

Methods Medical records of cervical cancer patients who received operation in our institution from January 2007 to December 2018 were retrospectively reviewed. Cases were divided into 2 period groups (group 1, 2007–2013, and group 2, 2014–2018), based on the date of operation. Between the two groups, clinical outcomes, including clinicopathologic variables, surgical methods, operative details, adjuvant treatments, 3-year recurrence rates and disease-free survivals (DFS) were compared.

Results A total of 331 cervical cancer patients were included in the study analysis, 224 patients in group 1 and 107 in group 2. Overall, minimally invasive surgery (MIS) was more frequently performed in group 2 (56.3% vs. 69.2%, $p=0.025$), especially in earlier stages (stage IA, 69.0% vs. 100.0%; stage IB1, 52.9% vs. 67.3%). However, the mean tumor size of stage IB cervical cancer cases treated by MIS was significantly smaller in group 2 (23.6 vs. 17.7 mm, $p=0.019$). In addition, adjuvant treatment was less frequently performed in group 2, especially in stage IB1 (52.9% vs. 32.7%, $p=0.015$). There was a trend of decreased 3-year recurrence rates (8.5% in group 1 vs. 4.7% in group 2, $p=0.211$).

Conclusions Institutional quality control monitoring positively affected clinical outcomes of cervical cancer patients.

EPV068/#398

RANDOMIZED CONTROLLED TRIAL OF THE EFFICACY OF ADJUVANT CHEMOTHERAPY IN PATIENTS WITH RESIDUAL LESIONS AFTER CONCURRENT CHEMORADIATION THERAPY FOR LOCALLY ADVANCED CERVICAL CANCER (CQGOG0102)

M He*, Z Lin, H Wang, Q Zhou, D Zou. Chongqing University Cancer Hospital, The Gynecologic Oncology Center, Chongqing, China

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Objectives The aim of this trial is to compare response rate and survivals of locally advanced stage cervical cancer patients with residual lesions who had Concurrent Chemoradiation therapy (CCRT) alone to those who had adjuvant chemotherapy after CCRT.

Methods The CQGOG0102 study is a single-center, randomized controlled trial. The patients who have residual lesions after CCRT are randomized to arm A by observation or arm B by adjuvant chemotherapy with paclitaxel plus cisplatin every 3 weeks for 3 cycles.

Results In our center, a retrospective study found that residual lesion after CCRT was one of the most important prognostic factors in patients with LACC. PFS and OS was decreased when the size of the residual lesion was over 10 mm. A

PS: All the patients with residual lesions of cervix will undergo the cervical biopsy by ultrasound localization.

Abstract EPV068/#398 Figure 1 Study design

Abstract EPV068/#398 Table 1 Brief inclusion and exclusion criteria

Inclusion Criteria:	Exclusion Criteria:
1. Cervical cancer stage IB2 to IVA with a histopathology of squamous cell carcinoma, adenosquamous cell carcinoma, adenocarcinoma	1. Activity or uncontrol severe infection
2. Complete CCRT(Radiation Dose: A point 85Gy(±10%), B point 50Gy(±10%), concurrent platinum-containing chemotherapy)	2. Liver cirrhosis, Decompensated liver disease
3. MRI is performed within 4 weeks after CCRT and shows residual lesions (non-lymph node ≥10mm, lymph node shortest diameter ≥15mm).	3. History of immune deficiency, including HIV positive or suffering from congenital immunodeficiency disease
4. ECOG ≤2	4. Patients who cannot tolerate chemotherapy because of chronic renal insufficiency or renal failure
5. Expected survival is longer than six months	5. Have suffered or combined with other malignant tumor
6. Hb ≥70g/L, WBC ≥3.5 × 10 ⁹ /L, ANC ≥1.5 × 10 ⁹ /L, PLT ≥80 × 10 ⁹ /L	6. Myocardial infarction, severe arrhythmia and NYHA (New York heart association) ≥2 for congestive heart failure
7. ALT and AST ≤2 × ULN, Serum creatinine ≤1.5 × ULN	7. A history targeted therapy or pelvic artery embolization
8. The serum or urine pregnancy test must be negative within 7 days before enrollment for the women of childbearing age who should agree that contraception must be used during the trial	8. Artery-venous thrombosis within 6 months
	9. Patients with autoimmune diseases
	10. Complications, need to be treatment with drugs which may lead to liver or kidney injury
	11. Patients with disease progression after chemoradiation

further study showed that patients with residual lesion after CCRT treated with ACT had a significantly longer PFS compared to patients without ACT (22.4m vs. 12m, $p < 0.05$). So, we designed the randomized controlled trial, CQGOG0102, to evaluate the efficacy of ACT in LACC with residual lesions after CCRT. At present, 30 patients have been enrolled. Pathological evidence of cervical residual lesion was identified in 23.3% (7/30). This trial is currently open and enrolling patients.

Conclusions ACT may improve the prognosis of LACC who has the residual lesion after CCRT. We will report the primary, midterm and final results about this study in the future. Clinical trial information: NCT04409860

EPV069/#40

SYSTEMATIC COMPARISON OF INTERNATIONAL TREATMENT GUIDELINES FOR LOCALLY ADVANCED CERVICAL CANCER

¹E Pujade-Lauraine*, ²A Leary, ³J Takyar, ⁴A Nunes, ⁴JD Hernandez Chagui, ⁴K Rabon-Stith, ⁵B Monk. ¹ArcaGineco, Medical Oncology, Paris, France; ²Gustave Roussy Cancer Center, INSERM U981, and Groupe d'Investigateurs Nationaux pour l'Etude des Cancers Ovariens (GINECO), Gynecological Unit, Villejuif, France; ³Parexel International, Evidence and Heor, Chandigarh, India; ⁴AstraZeneca, Global Medical Affairs, Gaithersburg, USA; ⁵Arizona Oncology (US Oncology Network), Gynecologic Oncology, Obstetrics and Gynecology, Phoenix, USA

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Objectives Globally, cervical cancer is a leading cause of death. Lack of international consensus on standard-of-care (SoC) treatment for locally advanced cervical cancer (LACC) (Stages IB2-IVA) may contribute to inconsistent treatment. We compared LACC treatment recommendations from international guidelines.

Methods Literature databases (1999–2020), national authority websites, and bibliographies were searched for English-language cervical cancer guidelines, with no restriction on