

Abstract EPV069/#40 Figure 1

geography. Included guidelines were treatment-focused and represented the latest update.

Results Thirty-four guidelines were identified (figure 1), with the majority updated 2016–2021. Seven provided only high-level overviews of treatment modalities, and were excluded. Treatment recommendations were based on FIGO 2009 (n=20 guidelines), FIGO 2018 (n=6), and TNM (n=1) staging. For Stage IB2-IIA2, treatment options were diverse within/between guidelines and included radical hysterectomy (RH), cCRT, radiotherapy. The most common recommendation was a choice of RH/cCRT (IB2 n=12; IIA n=18), with variable treatment selection criteria between guidelines. Adjuvant cCRT/radiotherapy after RH was advisable with high/intermediate recurrence risk (n=23). For Stage IIB-IVA, cCRT was SoC, with ≥67% guideline consensus. However, for Stage IIB, surgery was SoC in Japan/Germany. Ten guidelines offered Stage IVA treatment alternatives. Kenya/Gambia recommendations were distinct, offering chemotherapy alone and/or excluding cCRT. Consensus cCRT regimen was weekly cisplatin (40mg/m²) concurrent with external beam radiotherapy followed by brachytherapy; for 6 guidelines it was unclear if cCRT included brachytherapy.

Conclusions With few exceptions, there is international consensus for cCRT as SoC for Stage IIB-IVA LACC, whereas recommendations for Stage IB2-IIA disease varied. Funding: AstraZeneca

EPV070/#401 **RANDOMIZED CONTROLLED TRIAL OF THE EFFICACY OF LYMPH NODE DISSECTION ON STAGE IIICr OF CERVICAL CANCER (CQGOG0103)**

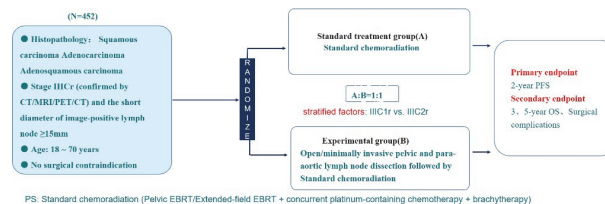
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Objectives Our goal is to assess the impact of lymph node dissection on stage IIICr of cervical cancer and to examine the specific complications of this therapy

Methods This is an national, prospective, multicenter and randomized clinical study designed to determine if patients with stage IIICr of cervical cancer have longer PFS and/or OS with lymph node dissection before Concurrent Chemoradiation therapy (cCRT) when compared to CCRT.

Results In our center, a study showed that surgical staging of women with locally advanced cervical cancer can provide more accurate information than CT/MRI scans and resulted in a longer PFS when the short diameter of image-positive lymph node ≥15mm (33m vs. 24m, p <0.05). Therefore, we designed the randomized controlled trial, CQGOG0103, to determine if patients with stage IIICr of cervical cancer have longer PFS and/or OS with lymph node dissection before CCRT when compared to CCRT. Up to today, 9 patients have



Abstract EPV070/#401 Figure 1 Study design

Abstract EPV070/#401 Table 1 Brief Inclusion and Exclusion Criteria

Inclusion Criteria:	Exclusion Criteria:
1. Histopathology: squamous cell carcinoma, adenocarcinoma, adeno-squamous cell carcinoma	1. Activity or uncontrol severe infection
2. Cervical cancer stage IIICr (confirmed by CT/MRI/PET/CT) and the short diameter of image-positive lymph node ≥15mm	2. Liver cirrhosis, Decompensated liver disease
3. ECOG score 0-1	3. History of immune deficiency, including HIV positive or suffering from congenital immunodeficiency disease
4. Expected survival over 6 months	4. Chronic renal insufficiency or renal failure
5. 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	5. Has combined with other malignant tumor which diagnosed within 5 years and/or needed to be treated
6. No surgical contraindication	6. Myocardial infarction, severe arrhythmia and NYHA (New York heart association) ≥2 for congestive heart failure
	7. A history of pelvic artery embolization
	8. A history of pelvic radiotherapy
	9. A history of partial hysterectomy or radical hysterectomy
	10. A history of severe allergic reaction to platinum drugs
	11. During the treatment for complications, the drugs which lead to serious liver and/or kidney function impairment need to be used, such as tuberculosis

been enrolled. This trial is currently open and enrolling patients.

Conclusions Lymph node dissection may improve the prognosis of stage IIICr of cervical cancer. We will report the primary, midterm and final results about this study in the future.

EPV071/#412 **DOSIMETRIC STUDY ON OCCULT UTERINE PERFORATION DURING IMAGE-GUIDANCE BRACHYTHERAPY OF CERVICAL CANCER**

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Objectives Based on occult perforation CT images during brachytherapy in cervical cancer, to evaluate the dosimetric parameters between 3D plan and 2D plan for providing clinical reference.

Methods The patients with cervical cancer who received intracavitary (intrauterine tandem + vaginal colpostats) were retrospectively reviewed between January 2019 to December 2020 at Chongqing University Cancer Hospital. Based on Oncentra Brachytherapy planing system, same prescription 6Gy, design 3D and 2D plan on perforated CT images respectively. Target volume, conformity index (CI), conformation index (COIN) and organs-at-risk (OARs) D2cc were assessed in two plans.

Results A total of 817 patients were included in this study. Perforations were observed in 16 patients (1.96%). The volume of prescription dose curve in the 3D plan was significantly reduced 50.72±4.73 cm³ than 2D plan (P<0.05), but there was a similar volume of HR-CTV; the CI and COIN of 3D plan were promoted 0.41±0.01 and 0.35±0.78 than 2D plan (P<0.05), respectively; the dose received by OARs (bladder, rectum, sigmoid, small intestine) D2cc in 3D plan were significantly decreased [(241.97±86.64) cGy, (158.89±46.14)