Conclusions According to our study, FSE constitutes a reliable method in detecting unsuspected invasive cervical cancer. Despite the increased surgical duration and the potential to augment intraoperative complications, FSE can be used in the interest of optimal management by preventing bimodal treatment and long-term morbidity.

EPV083/#547

LOCALLY ADVANCED CERVICAL CARCINOMA (LACC) SUBMITTED TO CHEMORADIATION FOLLOWED BY SURGERY: A PROPENSITY SCORE ANALYSIS OF RESPONSE AND SURVIVAL ACCORDING TO HISTOTYPE

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Objectives The frequency of adenocarcinoma (AC) of the uterine cervix, although considered a rare entity, increased over the last 4 decades and, notwithstanding previous studies reported a worse outcome compared to squamous cell carcinoma (SCC), standard treatment remains identical. Insight in the impact of histological types on biological behavior and pathological complete response rates might result in a treatment paradigm shift.

Methods Beginning with 548 locally advanced cervical cancer (LACC) patients submitted to chemoradiation (CTRT) plus radical surgery (RS), propensity score matching resulted in 320 cases (240 in the SCC and 80 in the AC group), balanced for age, grade, stage and lymph node status.

Results AC and SCC groups did not differ in terms of baseline characteristics as well as rates of surgical complications. Pathological response rates to CTRT were significantly lower in the ADC vs SCC arm with complete response rates of 20% vs 36.2% ($p=0.001$). AC showed worse survival outcomes with median disease-free survival (DFS) of 119.5 vs 151.6 months ($p=0.019$) and median overall survival (OS) of 134.5 vs 162.9 months ($p=0.048$) in AC vs SCC, respectively. In the multivariate analysis, AC histotype ($RR=1.939$; $p=0.005$), nodal status at imaging ($RR=1.769$; $p<0.001$), and stage III or greater ($RR=2.172$; $p=0.003$) were associated with worse DFS, whereas only stage and nodal status at imaging were independent risk factor for poorer OS.

Conclusions The lower response rate to chemoradiation and the higher independent risk of recurrence showed by AC with respect to SCC patients could be useful to tailor different therapeutic strategies for LACC according to histotype.

EPV084/#549

ROLE OF DOSE-DENSE NEOADJUVANT CHEMOTHERAPY WITH PACLITAXEL AND CARBOPLATIN IN LOCALLY ADVANCED CERVICAL CANCER

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Objectives To evaluate the role of dose-dense neoadjuvant chemotherapy (NACT) with paclitaxel and carboplatin before surgery in locally advanced cervical cancer (LACC).

Methods Patients with LAAC (Stage Ib2-IVa) undergoing dose-dense NACT at the European Institute of Oncology, Milan from July 2014 to February 2019 were identified. Patients received weekly dose-dense carboplatin (AUC2 or AUC2.7) and paclitaxel (80 or 60 mg) for 6–9 cycles followed by surgery. Radiological response was evaluated by RECIST. Pathologic response was evaluated based on the final pathology report.

Abstract EPV084/#549 Table 1 Baseline characteristics of the overall population (n=68)

	Median (range)	
Age, years	43 (26-67)	
Tumor diameter, mm	15 (0-70)	
Time to chemotherapy, days	41 (6-405)	
	n.	%
Histotype	Squamous	51 75.00
	Adenocarcinoma	14 20.59
	Adeno-Squamous	2 2.94
	Other	1 1.47
Tumor Grade	G1	6 11.32
	G2	23 43.40
	G3	24 45.28
	Unknown	15
LVSI on biopsy	Yes	4 7.02
	No	53 92.98
	Unknown	11
Performance Status	0	66 98.51
	2	1 1.49
	Unknown	1
Site of chemotherapy	IEO	45 66.18
	Non-IEO	23 33.82
Number cycle dose-dense	5	7 10.45
	6	41 61.19
	7	3 4.48
	8	4 5.97
	9	12 17.91
Dose Carboplatin (AUC)	2	51 83.61
	2.7	10 16.39
	Unknown	7
Dose Paclitaxel, mg/mq	80	11 18.03
	60	50 81.97
	Unknown	7
Stage FIGO 2018 at diagnosis	IB2	18 26.47
	IB3	28 41.18
	IIA1	3 4.41
	IIA2	3 4.41
	IIB	6 8.82
	IIIC1	10 14.71
Disruption of stromal ring	Yes	31 48.44
	No	33 51.56
	Unknown	4

Abbreviations: LVSI: Lymphovascular space invasion; IEO: European Institute Oncology