

Results A total of 68 patients meeting inclusion criteria were included. Baseline characteristics are displayed in Table 1. According to FIGO stage(2018), the stage distribution of disease was the following: 18(26.5%) stage IB2, 28(41.2%) stage IB3, 6(8.8%) stage IIA, 6(8.8%) stage IIB, 10(14.8%) stage IIIC1. According to RECIST criteria, 6(8.8%) had complete response, 49(72.0%) partial response, 12(17.6) stable disease, 1(1.5%) progressive disease. After NACT, 13(19.1%) patients were deemed inoperable and received chemoradiation(CRT). Among the 55 (80.9%) undergoing surgery, 7(12.7%) had pathologic complete response. Due to the presence of positive lymph nodes and/or close resection margins, 17(31%) received postoperative radiotherapy. Among the remaining 37(67.3%) avoiding additional radiotherapy, during a median follow-up of 36 months(range 6–63), the recurrence rate was 13.5% (5/37).

Conclusions Dose-dense NACT achieved a good response rate. Although CRT remains the standard treatment of LACC, dose-dense NACT followed by surgery can be considered an alternative approach and allows to avoid radiotherapy in over 50% of the patients without affecting recurrence rate.

EPV085/#566 IS A 'CATCH UP' SURGERY AFTER CHEMORADIATION THERAPY FOR LOCALLY ADVANCED CERVICAL CANCER STILL AN OPTION?

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Objectives The aim of this study was to evaluate the surgical morbidity and oncologic results on patients undergoing completion surgery for locally advanced-stage cervical cancer after initial concurrent chemo-radiotherapy (CCR).

Methods It is a retrospective case/control study including all patients from 01/01/2000 to 31/12/2014 with advanced cervical cancer (stage IIB–IVA) treated with CCR (45 Gray pelvic external radiation therapy with concomitant chemotherapy (Cisplatin 40 mg/m² per week) followed or not by uterovaginal brachytherapy) followed or not by surgery. Disease-free and overall survival rates at 3 and 5 years were compared.

Results We included 170 patients of whom 50 had CCR and catch-up surgery and 120 only CCR. The two groups were comparable in terms of age at diagnosis, socio-economic characteristics of the patients, characteristics of the disease at diagnosis and after CCR. Hysterectomy was extra-fascial in 66% of cases. It was laparoscopic in 6% of cases. Pelvic lymphadenectomy was performed in 20% of cases. The operative complication rate was 23% with 12 immediate complications in 8 patients. The reoperation rate was 6%. The recurrence rate was 96% in the exclusive RCC group versus 66% in the surgery group with a significant difference in favor of surgery ($p < 0.0001$). The overall survival at 5 years after surgery was 55% versus 16% in the control group with a significant difference in favor of surgery ($p < 0.0001$).

Conclusions The therapeutic impact of surgery based on completion hysterectomy with or without pelvic lymphadenectomy after CCR for locally advanced cervical cancer improved local disease control, overall and recurrence-free survival.

EPV086/#567 CERVICAL CANCER: WHO IS MOST AFFECTED BY NONCOMPLIANT SCREENING

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Objectives Our objective is to determine demographic and clinical factors associated with noncompliant cervical cancer screening (5 or more years) in the US.

Methods Pap smear rates were evaluated using the Behavioral Risk Factor Surveillance System (BRFSS). SEER*Stat 8.3.8 and Joinpoint regression program 4.8.0.1 were used to calculate incidence trends.

Results From 2001–2016, the overall rate of noncompliant care increased from 6.7% to 19.5% ($p < 0.001$). Based on age, noncompliance was greatest in the 60–64 year old age group (22.8%). Adjusted by race, Whites had the highest rate of noncompliance at 26.7% in 2016. The intersection of Whites in the 60–64 year old age group had the highest rate of non-compliance at 23.9%. We evaluated trends in noncompliant cervical cancer screening over the last 16 years and show that 25–29 year old Blacks had the greatest trend in the increase of noncompliant care at 14.6% annually ($p = 0.004$). In a projected model, nearly 50% of this highest risk subgroup will have noncompliant care in 15 years.

Conclusions Increasing numbers of women are being screened at time intervals noncompliant to national guidelines. Although Whites are the most noncompliant, Blacks have the greatest trend in the increase of noncompliance.

EPV087/#57 RETROSPECTIVE REVIEW OF THE MANAGEMENT OF THE PARAAORTIC REGION IN PATIENTS DIAGNOSED WITH CERVICAL CANCER REFERRED FOR DEFINITIVE PELVIC EXTERNAL BEAM RADIOTHERAPY

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Objectives The general objective of this study was to evaluate the management of the paraaortic lymph node region in patients with locally advanced cervical cancer for definitive EBRT with concurrent chemotherapy.

Methods Records of patients with cervical cancer treated with definitive EBRT with concurrent chemotherapy from 2017–2019 were retrospectively reviewed, and relevant data were tabulated.

Results A total of 150 patient records were reviewed. Survival outcomes were available for 77 patients; 31 were treated with EFRT and 46 were treated with Pelvic EBRT. Patients were more likely to receive EFRT if they were staged as having more advanced (> Stage IIIB) disease, or if there was note of