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 IIIA, 1 (1.5%) stage IIIB, and 1 (1.5%) stage IVA. According to RECIST criteria, 6 (8.8%) had complete response, 49 (72.0%) partial response, 12 (17.6%) stable disease, and 1 (1.5%) progressive disease. After NACT, 13 (19.1%) patients were deemed inoperable and received chemoradiation (CRT). Among the remaining 37 (57.3%) 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 chemoradiotherapy (CCRT).

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 CCRT (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 CCRT and catch-up surgery and 120 only CCRT. 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 CCRT. Hysterectomy was extrafascial 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 CCRT for locally advanced cervical cancer improved local disease control, overall and recurrence-free survival.

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

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...
enlarged (> 1.0 cm) pelvic nodes (P=0.004), > 3 pelvic nodes (P<0.001), or involved common iliac (P<0.001), external iliac (P<0.001), internal iliac (P<0.001), or obturator (P=0.019) nodes, or prominent or enlarged paraaortic nodes at the time of CT-simulation (P<0.001). After a median follow-up of 11.3 months, there was no significant difference observed in terms of pelvic recurrence-free survival (77.4% vs 80.4%; P=1.000), paraaortic recurrence-free survival (93.6% vs 89.1%; P=0.95), distant metastasis-free survival (77.4% vs 80.4%; P=0.780) and disease-free survival (61.3% vs 69.6%; P=0.472) between patients receiving EFRT versus Pelvic EBRT. The presence of enlarged (> 1.0 cm) paraaortic lymph nodes during CT-simulation was independently associated with inferior disease-free survival (OR 8.45 [1.48 to 48.26]; P=0.016).

Conclusions Comparable survival outcomes were observed between cervical cancer patients receiving EFRT and Pelvic EBRT. Patients presenting with enlarged paraaortic nodes were found to have inferior disease-free survival despite having received EFRT.

OVERALL SURVIVAL AND TIME TRENDS IN CERVICAL CANCER IN ALMATY, KAZAKHSTAN

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Objectives In Kazakhstan standardized incidence of CC was 17.2 per 100,000, the mortality rate was 6 per 100,000 for 2020. The overall survival (OS) of CC in Kazakhstan was 52.5% (95%CI:50.7–54.2). The CC Screening program uses cytology (Pap-smear) from 2008 for women 30–70 years every 4 years. Almaty remains the country’s largest city with high cancer incidence and mortality. The purpose was to analyze time-trends for 2005–2020 and OS from CC in Almaty.

Methods Incidence and mortality were sourced from National Cancer Registry database. All rates were directly age-standardized. Data on survival were obtained from reports. OS was performed using the Kaplan-Meier method. The statistical analysis was performed with SPSS23.0.

Results The total number of registered women with CC in Almaty was 2462. CC incidence is decreased from 16 to 13.4 per 100000 female population for last 15 years, Mortality i from 5.8 to 4.6 per 100000 female population. The average age of women with CC in 2016 was 50.8±11.7. 241 (35.3%) in stage II, 18(7%) in stage III, 5(1.9%) in the stage IV. In an advanced stage. 38 women were dead from CC. The OS was 81.7±0.88% (95%CI: 80.82–82.58)

Conclusions The CC incidence and mortality is lower in comparison with the republican values associated with better screening service and control in Almaty. The OS from CC in Almaty was higher than Kazakhstan regional average. Despite of positive results of CC screening, mortality rate is high compared to developed countries, which makes it necessary to introduce HPV-screening and HPV-vaccination.