Results 35 women fulfilled the criteria for enrolment. The median age at diagnosis was 43 years. FIGO stage was IA2 (75.8%) and IB1 (24.2%). Pelvic lymphadenectomy was performed in 53.4% of the cases. Lymphadenectomy omitted in 16 women with stage IA2 and LVS1-negative post-conization completely excised disease. Residual disease in the post-conization hysterectomy specimen was 1/35 (2.9%). Median follow-up was 83.00 (95% CI 24.00 – 159.00) months. During the follow-up period only one recurrence was observed, which resulted in a cumulative 2-year PFS of 97.1%. Mean PFS was 154.96 (95% CI 147.20 – 162.71) months. No severe (Clavien-Dindo >3) post-operative complications were noted.

Conclusion Our data demonstrated that Type A hysterectomy is safe and effective for selective women with early-stage low-risk CC. This evidence is in line with the recent prospective ConCerv trial. Further studies are warranted to draw firmer conclusions.

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**ASSOCIATION OF FOLATE RECEPTOR α EXPRESSION AND TUMOR IMMUNE MICROENVIRONMENT IN PATIENTS WITH CERVICAL CANCER**

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**Introduction/Background** Folate receptor α (FRα) is an attractive target for cancer treatment based on its expression profile. We previously reported that FRα expression was higher in cervical adenocarcinoma than in squamous cell carcinoma (SCC) and associated with poor survival (Takamizawa et al., AACR 2021). However, the relationship between FRα and the immune microenvironment remains unknown.

**Methodology** We performed immunohistochemical analysis of whole tumor sections from patients with cervical cancer who underwent primary surgery between 2000 and 2020 at our institution. FRα expression was evaluated using anti-FRα monoclonal antibody clone 26B3. FRα-positive and FRα-high were defined as ≥5% of tumor staining and as H-score ≥60. PD-L1 expression (clone 22C3) was assessed according to the combined positive score (CPS). The density of intratumoral CD3 and CD8 were calculated as the average number of positive cells in the five independent areas. The association between FRα expression and immune biomarkers was analyzed.

**Results** Overall, 123 patients were evaluated, and 67 were SCC and 56 were non-SCC. FRα-positive and FRα-high were identified in 72.4% and 27.6%. PD-L1 was positive (CPS ≥1) in 75.6% and more commonly expressed in SCC (SCC vs. non-SCC; 83.5% vs. 66.1%, p=0.02). FRα expression was evaluated using anti-FRα monoclonal antibody clone 26B3. FRα-positive and FRα-high were defined as ≥5% of tumor staining and as H-score ≥60. PD-L1 expression (clone 22C3) was assessed according to the combined positive score (CPS). The density of intratumoral CD3 and CD8 were calculated as the average number of positive cells in the five independent areas. The association between FRα expression and immune biomarkers was analyzed.

**Conclusion** In cervical cancer, FRα expression negatively correlates with PD-L1 expression and is more common in the PD-L1 CPS<10 groups. Our findings suggest that FRα-expression may be a potential therapeutic target for cervical cancer with low/negative PD-L1 expression.