Methodology The central radiotherapy prescribing system at a single institution was interrogated to identify patients with locally advanced cervical cancer who received SBRT boost to cervix in addition to or as a replacement for IBGT, from 1st July 2017 to 31st January 2021.

Results 17 patients were identified; median age was 68 years (range 32–77) and median follow up was 17 months. FIGO 2009 stage distribution was II (8/17), III (7/17), and IV (2/17). Mean tumour size was 4.5 cm. Indication for SBRT consisted of: medical contra-indication (9/17), unfavourable anatomy (5/17), and patient refusal (3/17). Median dose of external beam was 45Gy in 25 fractions (range 43–50Gy). SBRT boost PTV was delineated on CT (cervix and gross residual disease with a 4–5 mm margin), aiming for 24–28Gy in 4 fractions (range 27–28Gy). Median cumulative EQD2 (α/β= 10) was 75.2Gy (range 58–91), and median SBRT PTV size was 54 cm³ (range 12–126). Local control was 15/17 (88.2%). G3 toxicity occurred in 2/17 (11.8%); one rectovaginal-vaginal and one vesico-vaginal fistula (the latter had progressive disease). No G4–5 toxicity was reported.

Conclusion SBRT boost was effective and tolerable in this cohort, but EQD2 of 85–90Gy was not achieved in majority of cases. MRI based planning may improve target delineation and a consensus guideline on appropriate constraints would be advantageous.

Introduction/Background Objective to analyze the effect of pelvic floor muscle strengthening exercises on urinary incontinence in patients with cervical cancer.

Methodology This study included 45 cervical cancer patients undergoing radiation therapy using non-probability convenience sampling technique and design as quasi-experimental one-group pre-post design. Intervention consisted of four pelvic floor exercises The patient was assessed for urinary incontinence by using the ICIQ UI-SF tool and perineometer on pre-intervention mean 12.56 (SD±3.74), 8 weeks of intervention mean 11.33 (SD±3.48) and 12 weeks of intervention mean 8.86 (SD±2.97) and P-value was statistically significant (p <0.001). There was a significant (P <0.001) improvement in the quality of life of participants. The research hypothesis was accepted. There was significant (p <0.001) alleviation in urinary incontinence after pelvic floor muscle strengthening exercises in a patient with cervical cancer undergoing radiation therapy. The pelvic floor muscle contractility on perineometer on pre-intervention mean was 21.63 (SD±2.71), on post-intervention 8 weeks mean was 22.33 (SD±2.65) and 12 weeks mean was 23.49 (SD±2.16). The pelvic floor muscle strengthening exercises were statistically significant (p <0.001).

Conclusion Pelvic floor muscle strengthening exercises were effective for alleviating urinary incontinence which improved the quality of life of patients with cervical cancer undergoing radiation therapy. It is a statistically significant intervention.

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Introducing PD-L1 status comparison between primary and paired recurrent/metastatic cervical cancer.

**Introduction/Background**
Randomized trials established the clinical benefit of PD-1 inhibitors in recurrent/metastatic cervical cancer (CC). However, this benefit seems to be restricted mainly to PD-L1-positive CC. The purpose of this study was to compare the PD-L1 status in primary CC with a paired sample at the time of recurrent/metastatic disease.

**Methodology**
PD-L1 scoring was analyzed by immunohistochemistry (Ventana PD-L1 (SP263) in archived tumor tissue of primary CC and paired recurrent/metastatic CC (n = 24). PD-L1 positivity was defined as CPS (combined positive score) ≥1.

**Results**
50% (12/24) of patients were in FIGO stage IB1-IIA2 at primary diagnosis and the majority had squamous cell histology (87.5%; 21/24). Median PFS was 8.9 (95% CI: 7.8–10.0) months. PD-L1-CPS ≥1 was found in 96% (23/24) of primary and 92% (22/24) of paired recurrent/metastatic CC. The median CPS was 22 (range 0–80) in primary and 20 (range 0–90) in recurrent/metastatic CC. Correlation between primary and recurrent/metastatic CC was high (0.79). Only in one case a shift from a CPS-positive primary to CPS-negative relapsed disease was detected.

**Conclusion**
Comparing PD-L1 status (CPS) between primary and recurrent/metastatic CC demonstrated a high concordance. Our data indicate that PD-L1 testing in archival material from primary tumor is sufficient, if a fresh sample at relapse or of metastases is not available.