disease (risk of recurrence: 13.1%). While, having HPV persistence >12 months did not correlate with an increased risk of recurrence (HR: 1.34 (95%CI: 0.78, 2.32); p=0.336, log-rank test).

Conclusion HPV persistence is one of the most important factors predicting the risk of CIN2+ recurrence. The risk of CIN2+ recurrence increased by the increase of HPV persistence up to one year. The persistence of HPV after the first year does not appear as a risk factor.

IMPROVING RISK STRATIFICATION FOR COMPARISON OF PD-L1 STATUS BETWEEN PRIMARY AND PAIRED RECURRENT/METASTATIC CERVICAL CANCER

Introduction/Background BIOEMBRACE-I is a translational sub-study of EMBRACE-I, initiated to improve risk stratification for cervical cancer patients treated with chemoradiation and MRI-guided brachytherapy

Methodology Between 2018–2021, patients were included from EMBRACE study sites. Prognostic factors at baseline and brachytherapy (FIGO stage, nodal involvement, histology, necrosis on MRI, and p16 negative status predicted for HRCTV-BT > 40cc. For pelvic and disease control HRCTV-BT > 40cc and L1CAM > 50% were independent predictors, though reduced pelvic control was also observed at L1CAM >10% on univariate analysis. For DFS, nodal status and HRCTV-BT > 40cc were independent predictors (Table 1).

Conclusion FIGO stage, necrosis on MR and p16 negative status predicted for HRCTV-BT > 40 cc. HRCTV-BT > 40 cc and L1CAM are prognostic for pelvic and disease control. PDL-1 analysis is ongoing.