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

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**Abstract 2022-RA-743-ESGO**

**IMPROVING RISK STRATIFICATION FOR CERVICAL CANCER IN PATIENTS TREATED WITH CONCURRENT CHEMORADIATION AND MRI-IMAGE GUIDED ADAPTIVE BRACHYTHERAPY IN EMBRACE STUDY: RESULTS FROM AN INTERNATIONAL COLLABORATIVE TRANSLATIONAL RESEARCH STUDY (BIOEMBRACE-I)**


**Methodology** Between 2018–2021, patients were included from EMBRACE study sites. Prognostic factors at baseline and MRI-guided brachytherapy (FIGO stage, nodal involvement, histology, necrosis on MRI, persistence >12 months did not correlate with an increased risk of 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.

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**Abstract 2022-RA-755-ESGO**

**COMPARISON OF PD-L1 STATUS BETWEEN PRIMARY AND PAIRED RECURRENT/METASTATIC CERVICAL CANCER**

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**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-positiv 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 and 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.