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 factor 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.

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

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

9Supriya Chopra, 2Ekaterina S Jordanova, 3Nanda Horeweg, 4Kedar Dedhia, 5Santosh Menon, 6Venkatesh Pai, 7Sirena Rafael, 8Imesh Mahantshetty, 9Barbara Segedin, 10Li Tee Tan, 11Maximilian Schmid, 12Kari Tanderup, 13Richard Potter, 14Bhavana Rai, 15Remi A Nout.

1Taj Memorial Hospital, Tata Memorial Centre, Mumbai, India; 2Leiden University Medical Centre, Leiden, Netherlands; 3Tata Memorial Hospital, Tata Memorial Centre, Mumbai, India; 4Tata Memorial Hospital, Tata Memorial Centre, Mumbai, India; 5ACTREC, Tata Memorial Centre, Carbon, Mumbai, India; 6Institute of Oncology, Ljubljana, Slovenia; 7Cross Cancer Institute, Edmonton, AB, Canada; 8Oslo University Hospital, Oslo, Norway; 9Navarrabiomer-Centro De Investigacion Biomarica, Pamplona, Spain; 10Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India; 11Cambridge University Hospital, Addenbrooke, UK; 12Medical University Vienna, Vienna, Austria; 13Aarhus University Hospital, Aarhus University, Denmark; 14Medical University of Vienna, Vienna, Austria; 15Erasmus University Medical Centre, Rotterdam, Netherlands.

Abstract 2022-RA-743-ESGO Table 1

Conclusion FIGO stage, necrosis on MR and p16 negative status predicted for HRCTV-BT > 40 cc. For pelvic and disease control HRCTV-BT > 40 cc and LICAM > 50% were independent predictors, though reduced pelvic control was also observed at LICAM >10% on univariate analysis. For DFS, nodal status and HRCTV-BT> 40 cc were independent predictors (table 1).

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

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

1Beyhan Ataseven, 2Timoleon Doges, 3Fhasan Heiz, 4Nicole Concin, 5Theresa Thomas, 6Majdi Imterat, 7Nina Pauly, 8Sebastian Heilkaus, 9Alexander Traut, 10Malak Moubarak, 11Philipp Harter, 12Gynecology and Gynecologic Oncology, Klinikum Essen-Mitte, Essen, Germany; 13Klinikum Essen-Mitte, Essen, Germany; 14Centrum of Pathology Essen-Mitte, Essen, Germany.

Abstract 2022-RA-755-ESGO Table 1

Conclusion 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.