value which minimizes the p-value of the split in groups in terms of DFS. A Propensity Score Matching (PSM) was used to adjust the differences between the groups baseline characteristics.

Results 2,157 patients were initially included. The two most significant cut-offs for surgical volume were identified in 7 and 17 surgical procedures, dividing the entire cohort in low, middle, and high-volume centers. After PSM, 1,238 patients, distributed as 619 (50.0%) in high-volume, 523 (42.2%) in middle-volume and 96 (7.8%) in low-volume group, were analyzed. Patients operated in higher volume institutions had a progressively better 5-year DFS than those operated in lower volume centers (92.3% vs 88.9% vs 83.8%, p=0.029). No 5-year OS difference was noted (95.9% vs 97.2% vs 95.2%, p=0.70). Cox multivariate regression analysis for risk of showed that FIGO-stage >IB1, LVSI+, grade >1, tumor diameter >20 mm, minimally invasive approach, non-squamous cell histology, and lower volume centers represented independent risk factors for recurrence.

Conclusion Surgical volume represented an independent prognostic factor affecting DFS. Increasing number of RHs performed in each center every year was associated with improved DFS. Performance of at least 18 RHs per year may be considered the target volume of cases for referral centers associated with better DFS.

Methodology One hundred fifty-one LRACC patients, treated with curative intent between 1996 and 2014 were retrieved. Patients were classified to FIGO 2018 staging based on histopathology, MRI (for tumour volume and local compartmental spread) and PET (for measuring SUVmax and nodal spread). Association of SUVmax with known prognostic factors such as age, histology, FIGO stage, tumour volume and nodal spread was studied using relevant statistical tests and regression models. Cox proportional hazards model was used to evaluate predictors of relapse-free and overall survival.

Results SUVmax of the primary tumour was significantly higher (17.2 vs 13.8, p=0.012) in patients with positive nodes compared to those who were node negative. Similarly, SUVmax was 3.6 units higher in those with tumour volume above the median (34.3cc) compared to those with tumour volume below the median (p=0.007). There was no difference in the distribution of relapses and deaths by quartiles of SUVmax. There was no significant difference in FDG uptake by histology, p=0.2352. While node positivity and tumour volume were independent predictors of relapses, SUVmax was not. Tumour volume was an independent predictor of overall survival in LRACC.

Conclusion Prognosis in LRACC depends on the interplay between primary tumour (local control) and nodal disease (regional and distant relapse). SUVmax has limited independent prognostic value in LRACC. The primary role of FDG PET/CT remains detection of nodal and distant metastasis.
interval from first clinic consult to initiation of treatment was 85 days. The median total treatment duration was 81 days. Furthermore, only 4 women (8%) completed treatment within the recommended 56 days (8 weeks).

Conclusion This study showed that there was substantial delay in initiation and protraction in delivery of definitive radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no factors were identified affecting radiation therapy delivery. Apart from supplementing the existing institutional infrastructure, other opportunities to improve the gaps in treatment planning and delivery were identified in this study.

Introduction/Background NTRK genes encode tyrosine receptor kinases (TRK), proteins promoting cellular proliferation and survival. NTRK fusions are implicated in solid tumours including gynaecological sarcomas lacking diagnostic features of any sarcoma subtype. In 2020, UK NICE approved a histology-independent TRK-inhibitor drug, larotrectinib, for treatment of such tumours in both children and adults.

Methodology We present the case of a 49-year-old female who presented with recurrence of an NTRK1-TPM3 fusion positive cervical sarcoma nine months following primary total abdominal hysterectomy (TAH) and bilateral salpingo-oophorectomy (BSO).

Results The patient was initially referred with a large cervical mass measuring 9 cm on imaging. Biopsy demonstrated high grade malignant tumour of spindle cell morphology. She underwent TAH and BSO. Specimen microscopy revealed a poorly differentiated sarcoma composed predominantly of spindle cells, with moderate/severe pleomorphism and brisk mitotic activity. Pan-TRK immunohistochemistry was positive, FISH revealed an NTRK1 translocation and next-generation sequencing confirmed an NTRK1-TPM3 fusion. Postoperative CT revealed no residual tumour and next-generation sequencing confirmed an NTRK1-TPM3 fusion. The patient was placed under close surveillance. Nine months postoperatively, the patient remains stable and continues to be monitored.

Conclusion Excellent durable response and improved survival was achieved. Testing for NTRK should be done and NTRK inhibitors considered for advanced gynaecological sarcomas. Future research will further assess the efficacy of TRK-inhibition therapy as primary, neoadjuvant and adjuvant treatment.