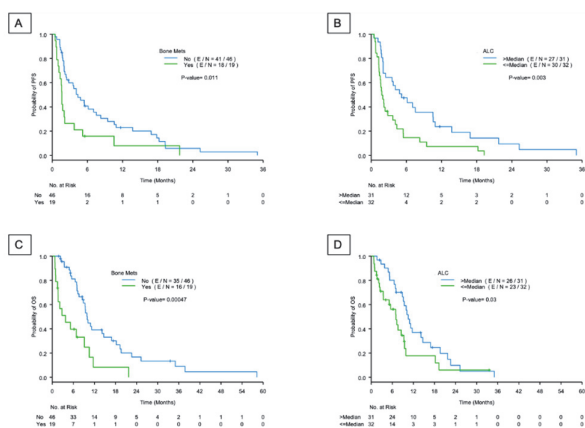


and CREBBP (23.1%). 23.1% received a prior check point inhibitor. The phase 1 trials were immunotherapy (58.5%) and targeted therapy (41.5%). In all, objective response rate was 10.8%, median PFS 3.6 months, and OS 9.3 months. On multivariable analysis of significant covariates, factors at study entry that were associated with worse survival were the presence of bone metastasis (PFS 1.6 vs 4.4 months, HR 2.8; OS 3.8 vs 10.0 months, HR 3.9; both $p < 0.001$), and absolute lymphocyte count (ALC) $< 1\text{k}/\mu\text{l}$ (PFS 1.8 vs 5.2 months, HR 2.9; OS 7.0 vs 10.6 months, HR 3.2; both $p < 0.0009$). Other factors associated only with negative OS were Hb $< 11\text{g}/\text{dl}$, absolute neutrophil count $> 4.7\text{k}/\mu\text{l}$, and current or former smoking status. The rate of grade 3+ treatment-related adverse events was 16.9%.



Kaplan Meier curves for the effect of bone metastasis and ALC < 1 on progression free survival (A and B) and overall survival (C and D), respectively, for cervical cancer patients in 1 clinical trials

Abstract 2022-RA-262-ESGO Figure 1

Conclusion The presence of bone metastasis and ALC below normal range at phase 1 study entry portend poor survival in recurrent cervical cancer patients.

2022-RA-265-ESGO

A CLINICAL STUDY ON THE APPLICATION OF 3D PRINTING TEMPLATE IN BRACHYTHERAPY OF PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER

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Introduction/Background To explore the clinical application of 3D-printing minimally invasive-guided template in brachytherapy of patients with locally advanced cervical cancer. **Methodology** From May 2016 to December 2018, 59 patients with locally advanced cervical cancer with clear pathological diagnosis and initial treatment. All patients were treated with radical radiotherapy, intensity-modulated radiotherapy was carried out with a radiation dose of 45 Gy in 25 fractions. The included patients were randomly divided into 2 groups. In the template group, 29 patients assisted by 3D-printing templates to place intrauterine tubes and implant for insertion of needles. In the free implantation group, 30 patients were assisted with free-hand implanted intrauterine tubes and implant needles. All patients underwent CT to adjust the position and depth of

the insertion needle, and the final CT image was transmitted to the Oncentra brachytherapy planning system, to outline the target area and organs at risk, make treatment plans, and perform treatment.

Results A total of 283 times of combination of intra-luminal and interstitial insertion radiotherapy were undertaken, including 141 times in template group and 142 times in free insertion radiotherapy. Importantly, D_{90} of HR-CTV and IR-CTV in the template group were significantly higher than those in the free implantation group ($P < 0.05$). $D_{2\text{cm}3}$ of bladder, rectum and sigmoid colon was significantly reduced ($P < 0.05$). The incidence of radiation cystitis and radiation proctitis was 14.3% and 17.9% lower in the template group than in the free implantation group. Therefore, the incidence of grade 1, 2 and 3 acute radiation proctitis in the template group was noticeably lower than that in the free transplantation group ($P < 0.05$).

Conclusion For large-block or eccentric cervical cancer, application of the 3D-printing template in brachytherapy of patients with locally advanced cervical cancer can reflect its dose-based advantages, associating with a remarkable reduction of patients' adverse reactions and a satisfactory therapeutic effect.

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POTENTIAL ROLE OF PARA-AORTIC LYMPH NODES DISSECTION IN EARLY-STAGE CERVICAL CANCER

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Introduction/Background Standard treatment for early-stage cervical cancer patients is radical hysterectomy (RH) with pelvic lymphadenectomy. Even in the absence of pelvic lymph nodes involvement, para-aortic lymph nodes (PAN) may include the first draining nodal metastasis, setting survival rates at 20–45%. Primary aim of our review was to investigate whether PAN sampling has an impact on metastases detection and/or disease recurrence in early-stage cervical cancer.

Methodology We systematically explored 4 search engines to establish eligible studies: PubMed, EMBASE, Scopus, and Cochrane Library. We adopted the following string of idioms: 'Uterine Cervical Neoplasms'[Mesh] AND 'Lymph Node Excision'[Mesh] early-stage AND para-aortic. We focused on patients with IB1-to-IIA1 stages of cervical cancer who underwent PAN sampling.

Results According to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), full-text studies assessed for eligibility were 9 (Table 1). Matsuo et al. demonstrate that early-stage cervical cancer is associated with PAN positivity in 1.2% of patients ($p < 0.001$) and with recurrence of disease in 2.7% of patients ($p < 0.001$) in 62.2 months on average. In Li et al. prospective trial, neither patient with stage I developed PAN positivity nor para-aortic recurrence, with an overall recurrence-free survival rate of 100% during a median follow-up (FU) of 38 months. On the contrary, Barquet-Muñoz et al. identified more elevated rates of PAN positivity (35%) and disease recurrence (35%) in a median FU time of 32.2 months. Those data positively correlate with stage of disease ($p < 0.001$). Ouldamer et al. do