survival after two and three years. Furthermore, this trial will evaluate patients’ quality of life and ovarian function, and will explore the possibilities for disease monitoring in blood plasma (HPV ctDNA) and cervical scrapes (DNA hypermethylation).

Results Trial in progress: there are no available results at the time of submission.

Conclusions The CONTESSA/NEOCON-F trial is opened for accrual in the Netherlands, Canada, and the United States. Currently, 10% of the target accrual has been reached.

**TP006/#1423**

**ADDCHEMO CC TRIAL – ADJUVANT TREATMENT IN PLASMA HPV-DNA POSITIVE PATIENTS: A BIOMARKER FOR CHEMOTHERAPY IN LOCALLY ADVANCED CERVICAL CANCER**

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**Objectives** This study hypothesizes that patients with locally advanced cervical cancer (CC) who persist with positive expression of plasma cell-free HPV-DNA (cfDNA-HPV) after standard chemoradiation therapy, may derive benefit of using adjuvant chemotherapy. Thus, the objectives are: – Primary Objectives: To assess the progression free survival (PFS) of patients with advanced CC undergoing adjuvant chemotherapy from a biomarker. – Secondary objectives: To assess response rate, overall survival, and treatment toxicity.

**Methods** Multicentric, experimental, prospective study. The participants will receive the conventional treatment based on concomitant radiochemotherapy (ChRT), characterizing the descriptive phase of the research. In the second phase, the randomization of the study will be carried out, outlining an experimental study. Inclusion Criteria: Patients with CC FIGO 2018 IB3 to IVA, 18 years or older, immunocompetent, HPV types 16 or 18 positive in cervical tumor and plasma at diagnosis and adequate liver and kidney function. Patients should receive standard ChRT (EBRT 40–50Gy, brachytherapy 30–40Gy and weekly cisplatin). Four weeks after the end of treatment, plasma cfDNA-HPV will be performed. Those with a negative result will start an observation protocol, with imaging and clinical examination every four months in the first two years and every six months in the third year. Patients with positive cfDNA-HPV, will be randomized to receive two additional cycles of adjuvant chemotherapy with cisplatin 50 mg/m2 D1 and gemcitabine 1000 mg/m2 D1 and D8 every 21 days or observation.

**Results** Trial in progress: there are no available results at the time of submission.

**Conclusions** Trial in progress: there are no available conclusions at the time of submission.

**TP007/#1438**

**THERAPEUTIC EFFECT OF SURGICAL DEBULKING OF METASTATIC LYMPH NODES IN CERVICAL CANCER STAGE IIIC: A PHASE III, RANDOMIZED CONTROLLED CLINICAL TRIAL (DEBULK TRIAL)**

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**Objectives** Bulky or multiple lymph node (LN) metastasis has been reported to have poor prognosis in cervical cancer and the size or number of LN metastasis is not yet reflected in both the staging system and the treatment modality. The therapeutic effect of surgical resection of bulky or multiple LNs prior to concurrent chemoradiation therapy (CCRT) improves the survival rate in cervical cancer IIICr as diagnosed by imaging.

**Methods** The KOGO 1047/DEBULK trial is to investigate whether the debulking surgery of bulky or multiple LNs prior to concurrent chemoradiation therapy (CCRT) improves the survival rate in cervical cancer IIICr as diagnosed by imaging.

**Objectives** Bulky or multiple lymph node (LN) metastasis has been reported to have poor prognosis in cervical cancer and the size or number of LN metastasis is not yet reflected in both the staging system and the treatment modality. The therapeutic effect of surgical resection of bulky or multiple LNs prior to concurrent chemoradiation therapy (CCRT) improves the survival rate in cervical cancer IIICr as diagnosed by imaging.

**Methods** The KOGO 1047/DEBULK trial is a phase III, multicentre, randomized clinical trial of patients with bulky or multiple LN metastasis in cervical cancer IIICr. This study included patients with a short-axis of a pelvic or paraaortic LN ≥ 2 cm or more than 3 LNs with a short axis ≥ 1 cm and for whom CCRT is planned. The treatment arms will randomly be allocated to undergo either CCRT (control arm) or surgical debulking of bulky or multiple LNs prior to CCRT (experimental arm). Total 234 patients will be included from sixteen Korean institutions (117 patients per each group) within 4 years. The primary endpoint is 3-year progression free survival (PFS) rate.

**Results** Trial in progress: there are no available results at the time of submission.

**Conclusions** Trial in progress: there are no available conclusions at the time of submission.