survival (PFS) (adjusted hazard ratio (95% confidence interval (CI)) = 1.68 (1.17–2.40), p=0.025 and 1.935 (1.5–2.7), p=0.001, respectively). The 5-year DFS and 5-year OS were significantly higher among patients with lymphopenia ≥300 cells/µl than among those with >300 cells/µl lymphopenia (73% vs. 59%, p<0.02, and 67% vs. 50%, p=0.03, respectively).

Conclusions Severe lymphopenia related to treatment in locally advanced cervical cancer is an independent factor to predict poor survival.

EP051/#743 QUALITY OF LIFE FOLLOWING RADICAL HYSTERECTOMY FOR CERVICAL CANCER

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Objectives Cervical cancer patients have been found to have worse Quality-of-Life (QoL) scores due to disease and also to surgical and oncologic treatment.

Methods The authors aimed to evaluate the QoL of patients who had undergone type C2 radical hysterectomy (RH) ± oncologic treatment for FIGO 2018 stages IA2 – IIB using two translated standardized questionnaires EORTC QLQ-C30 and QLQ-CX24.

Results On 430 RH patients, the five-years overall survival (OS) was 72.4%. Of the alive patients (n=308), 208 answered the QoL self-assessment questionnaires. The mean age of the participants was 52 years (22–60). Of these, 59% of patients received concurrent adjuvant chemoradiotherapy (CCRT), 24% neoadjuvant chemoradiotherapy (CRT), 14% RH only and only 3% adjuvant CT. The questionnaires were sent after an average follow-up of 48 months. Regarding the QLQ-C30, the survivors revealed a relatively good global QoL of 64.6 (median) out of 100. The functional status represented by physical, role, cognitive, emotional, and social functioning also had satisfactory scores, symbolizing good functioning and good QoL. The symptoms that most frequently caused discomfort, but rarely led to significant problems were constipation, insomnia, and fatigue. The QLQ-CX24 questionnaire measures the specific symptoms of cervical cancer. The symptoms experience showed a good result with a value of 25.9. However, the body image, lymphedema, peripheral neuropathy, and menopausal symptoms showed above-average cervical cancer-specific symptoms. Concerning sexual activity, data indicated an unsatisfying level of sexual enjoyment with a worsening of sexual activity.

Conclusions Properly treated patients achieve a good 5-years OS, but with relatively negative repercussions on QoL.

EP052/#1125 EARLY STAGE CERVICAL CANCER AFTER THE LACC TRIAL, ARE WE IN THE RIGHT PATH? SINGLE CENTER EXPERIENCE IN ARGENTINA

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Objective The aim of this study is to describe two cohorts of patients and analyze variables associated with the risk of relapse in patients operated of cervical cancer after the LACC trial

Methods Retrospective observational study that included all patients with CC FIGO 2009 IA2-IB1, operated between April 2013–April 2021, with at least one year follow up. All patients underwent RH with SLN mapping, with/without pelvic lymphadenectomy. In the first cohort of patients (2013–2018) we did a laparoscopic RH (LRH), in the second cohort (2018–2021) we did a laparoscopic-abdominal RH (LARH)

Results 55 patients were included: 42 in LRH Group and 12 in LARH Group. Median follow up was 53.5 and 28 months respectively. Time to relapse was 8.5 months in LRH and 18 in LARH (P 0.14) -Regarding group 1 (LRH): 4 patients relapsed (9.3%), 3 (75%) died of the disease. 2 had local recurrences, 2 had distant metastases. Two patients had tumors <2 cm. They all had an adenocarcinoma. In group 2 (LARH): 2 patients relapsed locally (16.7%) without deaths. Both have initially tumors >2 cm. None of the patients that recurred had a previous conization. All patients in LRH were operated with an ureteric manipulator, none in LARH (p<0.00001)
Conclusions Even though we can’t compare groups, we can see a tendency of oncological behavior between them. Time to relapse was longer in LARH, without distant metastasis or deaths. Adenocarcinoma seems to have worst outcomes. We need more follow up and more patients to evaluate if this combination of techniques is safer than the MIS.

Objective **The objective of this study was to determine the timing and treatment duration of definitive radiation therapy and the factors affecting its delivery to women with cervical cancer in a tertiary referral hospital in the Philippines.**

**Methods** This was a single center, retrospective study performed among 107 women with newly-diagnosed, biopsy-proven bulky or locally-advanced cervical cancer (FIGO 2018 stage IB3 – IVA) seen from January 1 to December 31, 2019 and received radiation therapy. Individual medical records were reviewed to retrieve demographic information, pertinent clinical data, treatment details, and disease status of each patient.

**Results** Out of 456 new cases referred to the subspecialty clinic, 329 (72%) were candidates for concurrent chemoradiation (CCRT) and brachytherapy (BT). Only 107 (32.5%) women have received treatment at the time of the study. Among these, 51 (48%) completed treatment, while 28 (26%) received external radiation therapy only, and another 28 (26%) were still ongoing primary treatment. The median 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 56 days.

**Conclusions** 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 radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no radiation therapy in our cohort.

Objective **Little is known about the patterns of chemotherapy use in women with cervical cancer. We examined chemotherapy use in the primary setting and at the time of first recurrence.**

**Methods** We identified patients in the IBM MarketScan database with cervical cancer who underwent first-line hysterectomy or radiation therapy between 2011–2020. The use of clinically relevant therapeutic regimens was determined in the primary setting and at the time of first recurrence.

**Results** We identified a total of 5390 patients: 2667 (49.5%) underwent primary hysterectomy and 2723 (50.5%) received primary radiotherapy. Among patients who underwent primary hysterectomy, 36.7% received adjuvant radiation, and 23.1% received primary chemotherapy. The most common chemotherapy regimens were single agent platinum (51.7%), platinum combination therapy (35.2%) and non-platinum drugs (3.4%). Among patients treated with primary radiation, 73.6% received primary concurrently chemotherapy, either platinum alone (66.4%), platinum in combination with another agent (32.2%), or non-platinum drugs (1.4%). The median duration of primary chemotherapy was 1.2 months. Therapy for recurrent cervical cancer was initiated in 959 patients. The most commonly used regimens were platinum combination (63.9%), non-platinum cytotoxic agents (16.5%), single platinum agent (14.9%), targeted therapy with bevacizumab (6.0%) and immunotherapy with pembrolizumab (3.2%). The median duration of first-line chemotherapy for recurrence was 2.5 months (IQR, 1.2–5.1 months).

**Conclusions** Platinum-based chemotherapy is the most commonly used therapy in patients with cervical cancer in the primary setting and at the time of recurrence. The rate of utilization of non-platinum agents at first recurrence has increased over time.

**Objective** To analyze the main statistical indicators for cervical cancer in the Republic of Uzbekistan.

**Methods** The object of the study was statistical data on cervical cancer in Uzbekistan annual official report – ‘Information on diseases of malignant neoplasms’.

**Results** In the structure of the general oncological incidence, cervical cancer takes 3rd place, accounting for 7.1% of all newly diagnosed malignant neoplasms. At the same time, in the structure of oncological morbidity among women, cervical cancer occupies the 2nd place (12.1% of all new cases of malignant neoplasms). In 2021, 1827 new cases of cervical cancer were detected in the Republic, and the incidence rate was 5.3 per 100 thousand population. There were 66.1% cervical cancers in stages I-II, and 28.6% in III-IV stages. By the end of 2021, there were 9591 patients with cervical cancer. In the Republic, 1008 patients died from cervical cancer, while the mortality rate per 100 thousand population was 2.9. At the same time, in the overall structure of oncological mortality, cervical cancer takes 5th place, accounting for 6.9% of...