

all deaths from cancer, and among women, cervical cancer ranks 2nd (12.6% of all deaths of malignant neoplasms).

Conclusions The analysis showed that cervical cancer takes a leading position in the structure of oncological morbidity and mortality in the Republic of Uzbekistan. There are almost 10 thousand patients with cervical cancer in Uzbekistan. About one-third of primary patients with cervical cancer were diagnosed at early stages I-II, and just over 28% of patients were diagnosed at stages III-IV of the disease.

EP056/#1026

QUALITY OF LIFE AFTER RADICAL SURGERY FOR CERVICAL CANCER IN A PUBLIC HOSPITAL OF GUATEMALA: TIME TO ANALYZE OUR OWN DATA

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Objectives The study aimed to analyze for the first time at our institution the quality life in postoperative patients after radical hysterectomy type C1 of the Querleu-Morrow classification at Hospital General San Juan de Dios

Methods This is a nonexperimental, descriptive cross-sectional study of patients treated with radical hysterectomy type C1 between March 2021 and March 2022 in Hospital General San Juan de Dios. To assess quality of life, we used the EORTC QLQ-CX24 Questionnaire.

Results Eighty-five patients had a diagnosis of cervical cancer, 12 had a diagnosis of stage Ib1 and 73 patients had stage Ib2. Median of age is 45 years (21–79). Scores obtained in each of the scale domains were the following: Adequate physical well-being 74.1%, adequate social/family environment 67.1%, adequate emotional well-being 85.9%, adequate functional well-being 77.6%.

Conclusions Eight out of ten patients undergoing radical surgery for early-stage cervical cancer had an adequate quality of life. Nerve-sparing radical hysterectomy warrants better clinical outcomes.

EP057/#158

REAL-WORLD PATIENT PROFILES, TREATMENT PATTERNS, AND OUTCOMES AMONG RECURRENT, PERSISTENT, AND METASTATIC CERVICAL CANCER PATIENTS

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Objectives Real-world evidence among advanced cervical cancer (aCC) patients in the US is limited. This study evaluated patient characteristics, treatment patterns, and clinical outcomes among aCC patients under routine clinical care.

Methods This retrospective study used the ConcertAI Oncology Dataset which draws from US oncology electronic medical records. Patients were ≥ 18 years, diagnosed with persistent, recurrent, or metastatic cervical cancer, and initiated systemic anti-cancer therapy between August 2014 and June 2021. Descriptive statistics were generated for patient characteristics and treatments. Kaplan-Meier product limit estimator was used to characterize time on treatment and real-world overall survival (rwOS).

Abstract EP057/#158 Table 1

Patient Characteristics	Overall (N=325)	Bev1L (N=221)	Bev2L/3L (N=33)	NoBev (N=71)
Median age, years	51.5	50.3	46.9	56.0
Race, n (%)				
White	229 (70.5)	154 (69.7)	24 (72.7)	51 (71.8)
Black/African American	49 (15.1)	32 (14.5)	6 (18.2)	11 (15.5)
Other/Undocumented	47 (14.5)	35 (15.8)	3 (9.1)	9 (12.7)
Care Setting, n (%)				
Community	261 (80.3)	177 (80.1)	28 (84.8)	56 (78.9)
Academic	64 (19.7)	44 (19.9)	5 (15.2)	15 (21.1)
Charlson-Number of Comorbidity Conditions, n (%)				
0	229 (70.5)	162 (73.3)	25 (75.8)	42 (59.2)
1	79 (24.3)	50 (22.6)	8 (24.2)	21 (29.6)
2	13 (4.0)	8 (3.6)	0	5 (7.0)
3	3 (<1)	1 (<1)	0	2 (2.8)
4	1 (<1)	0	0	1 (1.4)
Stage, n (%)				
I	37 (11.4)	27 (12.2)	4 (12.1)	6 (8.5)
II	39 (12.0)	30 (13.6)	1 (3.0)	8 (11.3)
III	69 (21.2)	52 (23.5)	3 (9.1)	14 (19.7)
IV	8 (2.5)	4 (1.8)	1 (3.0)	3 (4.2)
IVA	6 (1.8)	5 (2.3)	0	1 (1.4)
IVB	155 (47.7)	94 (42.5)	23 (69.7)	38 (53.5)
Undocumented	11 (3.4)	9 (4.1)	1 (3.0)	1 (1.4)
Tumor Grade, n (%)				
Low (G1-G2)	100 (30.8)	69 (31.2)	12 (36.4)	19 (26.8)
High (G3-G4)	152 (46.8)	103 (46.6)	19 (57.6)	30 (42.3)
Undocumented	73 (22.5)	49 (22.2)	2 (6.1)	22 (31.0)
Histology, n (%)				
Adenocarcinoma (invasive)	70 (21.5)	55 (24.9)	6 (18.2)	9 (12.7)
Squamous cell	209 (64.3)	146 (66.1)	18 (54.5)	45 (63.4)
Other/Undocumented	46 (14.2)	20 (9.0)	9 (27.3)	17 (23.9)

Results There were 325 patients with median age 51.5 years, 70.5% were White, and 47.7% were stage IVB at diagnosis. About 68.0% initiated bevacizumab in first line (1L) (Bev1L), 10.2% in 2L/3L (Bev2L/3L), and 21.8% did not receive bevacizumab (NoBev). The NoBev group was generally older and had more comorbidities, compared to patients on bevacizumab (table 1). Overall, the most common regimen received in 1L was bevacizumab-carboplatin-paclitaxel (38.5%), with median duration 3.51 months, followed by bevacizumab-cisplatin-paclitaxel (19.7%) with median duration 3.48 months, and carboplatin-paclitaxel (10.5%) with median duration 2.31 months. Median rwOS from 1L start was 16.5 months [95% CI:14.2, 19.9] overall, and generally higher in patients receiving bevacizumab (Bev1L 17.9 [14.5, 21.4] months, Bev2L/3L 16.0 [10.8, 43.6] months, and NoBev 10.5 [7.4, 32.7] months).

Conclusions This study highlights burden of disease and unmet need for specific treatments in the real-world recurrent, persistent, and metastatic cervical cancer patients in the US.

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ALTERNATIVE FRACTIONATION MAY ENABLE DOSE ESCALATION WITH SBRT FOR RECURRENT GYNAECOLOGICAL CANCER

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Objectives Stereotactic radiotherapy (SBRT) and brachytherapy treatments usually entail a small number of fractions. Deliverable tumour dose can be limited by normal tissue tolerances which are more dependent on dose per fraction. Isotoxic planning is routinely used in brachytherapy. A similar approach with SBRT has potential to escalate tumour dose when brachytherapy is not feasible, but optimal fractionation is uncertain. Aim: To compare different fractionation schedules for isotoxic dose-escalation with SBRT for locally recurrent gynaecological cancer.