performed a meta-analysis for investigating the association between the extent of radical excision and survival after radical hysterectomy for early-stage cervical cancer.

Methods We searched studies which compared disease-free survival (DFS) or overall survival (OS) between type I (A) or II (B) and type III (C) hysterectomy reported till January 2022. In total, we used six studies including 1,010 patients with stage IB-IIB diseases in this meta-analysis. We compared DFS and OS, surgical outcomes, complications and the pattern of recurrence between the two groups.

Results There were no differences in DFS and OS (hazard ratios, 0.810 and 0.605; 95% confidence intervals [CIs], 0.539 to 1.215 and 0.324 to 1.130 between type I (A) or II (B) and type III (C) hysterectomy. Operation time and hospitalization were shorter, and blood loss and the rate of bladder dysfunction were less (standard difference in means, -1.213, -0.794, -1.010 and -0.855; 95% CIs, -1.360 to -1.065, -0.991 to -0.597, -1.170 to -0.850 and -1.233 to -0.558) in type I (A) or II (B) hysterectomy. However, there were no differences in surgical complications and the pattern of recurrence between the two groups.

Conclusions Type I (A) or II (B) hysterectomy may have the similar effect on survival to type III (C) hysterectomy for early-stage cervical cancer with an improvement of surgical outcomes and bladder dysfunction.

Objectives Patients with locally advanced cervical cancer (CC) have pre-treatment imaging before definitive chemoradiation. We aimed to evaluate the prognostic value of the maximal standardized uptake value (SUV(max)) of F-18 fluorodeoxyglucose (FDG) on positron emission tomography (PET), in patients with locally advanced CC treated by chemoradiation.

Methods We performed a retrospective study of 50 consecutive CC patients who underwent pretreatment FDG-PET, and were treated by chemoradiation. All medical records, imaging studies, and laboratory tests were reviewed. PET images were re-evaluated by blinded nuclear medicine radiologists. The analysis included measurement of SUV(max), tumor size, and lymph node involvement. Univariable analysis was performed using Mann-Whitney test. Kaplan-Meier curves were used for survival analyses.

Results Median tumor size was 4.8 cm [range 3.4–6.0]. Lymph node involvement was found in 35 (70.0%) of women. 20 patients (40.0%) had stage 2B disease. Median SUV(max) was 16.5 [range 4.6–30.0]. There were 14 (28.0%) recurrences, with a median PFS of 13 months. The mean SUV(max) was similar between stages of disease, involvement of adjacent organs and parametrium, lymph node involvement and tumor size. Mean SUV(max) did not differ between cases of
recurrence and no recurrence (p=0.239), but was higher in women who died of disease (17.7±4.8 vs. 14.6±4.8, p=0.037). A cut-off value of SUVmax=12.7 was found to predict recurrence (95% CI 0.453–0.763) but not Overall survival.

Conclusions The SUVmax cutoff value of 12.7, was correlated with an increased risk for recurrence and decrease in PFS in CC patients treated by chemoradiation, but did not correlate with overall survival.

**Abstracts**

**EP063/#799** RECURRENT RATE ACCORDING TO THE PERSISTENCE OF HPV IN PATIENTS WITH POSITIVE MARGIN AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP) FOR HIGH-GRADE CERVICAL INTRAEPITHELIAL LESION (HSIL)


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Objectives The purpose of this study was to evaluate the role of HPV by comparing HSIL recurrence rate according to the persistence of HPV in patients with positive margin after LEEP for HSIL.

Methods We performed a retrospective study of patients diagnosed with HSIL from January 2015 to December 2019 who underwent LEEP. In all patients, cytology, HPV, and colposcopy were performed to confirm HSIL residual lesions and the HPV persistence. We compared clinical pathological characteristics and HSIL recurrence rate according to HPV persistence in patients with positive margin after LEEP surgery.

Results During the study period, 538 patients received LEEP for HSIL. The mean age of the patients was 41.2 years. Among them, 179 patients (33.3%) had positive margins after LEEP. Of these, 40 (22.3%) had HPV persistence and 139 (77.7%) were negative. In patients with a positive margin after LEEP, the recurrence rate of HSIL was significantly increased in the HPV persistence group compared to the HPV negative group (20% vs 1.4%, P = <0.001). In patients with negative margin after LEEP, the recurrence rate of HSIL was increased in the HPV persistence group compared to the HPV negative group (4.5% vs 0.4%, P = 0.014).

Conclusions This study demonstrates that persistence of HPV in patients who are margin-positive after LEEP for HSIL is associated with relapse of HSIL. This suggests that HPV test as a postoperative follow-up in patients with positive margins is an important to monitor for recurrence of HSIL.

**EP064/#192** POTENTIAL MECHANISM FOR OCULAR ADVERSE EVENTS OBSERVED WITH TISOTUMAB VEDOTIN

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Objectives Tisotumab vedotin (TV), a tissue factor (TF)-directed antibody-drug conjugate (ADC) with a monomethyl auristatin E payload, received accelerated FDA approval for treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy. TV-associated ocular adverse events (OAEs) present as symptomatic ocular surface inflammations, dissimilar to microcystic keratopathies reported for other ADCs. We hypothesize TF expression in the eye may be linked to TV-associated OAE risk.

Methods In vitro human tissue cross-reactivity (TCR) and repeat-dose cynomolgus monkey toxicity studies were conducted. TV was evaluated for efficacy and safety in the pivotal innovaTV 204/GOG-3023/ENGOT-cx6 trial; patients performed mandatory eye care to mitigate OAE risk.

Results TCR results indicate TV binds to cryosections of human ocular tissues, including conjunctival epithelium (n=3 donors per tissue). Ocular findings from cynomolgus monkeys receiving TV Q3W for 5 doses (n=5M/5F per dose level) included partially closed eyes and reddened eyes and/or conjunctiva. Binding or inhibiting TF with unconjugated anti-TF antibody in cynomolgus monkeys did not lead to similar ocular findings. In innovaTV 204, 54% of patients exhibited OAEs (1.4-month median onset, IQR 0.7–2.0), mostly Grade 1–2 in severity. Common events included conjunctivitis, dry eye, and keratitis. Four patients experienced visual acuity changes; 3 resolved at last follow-up.