Conclusions Preclinical data suggest an ocular surface-expressed TF-dependent phenomenon and provide potential mechanistic rationale which may partly contribute to the inflammatory and symptomatic nature of clinically observed TV-associated OAEs. Clinical trial experience suggests adherence to required eye care and appropriate dose modifications reduce risk and severity of OAEs.

LAPAROSCOPIC RADICAL HYSTERECTOMY IS SAFE IN CERVICAL CANCER WITH TUMOR SIZE ≤2 CM, EVEN IF PARAMETRICAL INVASION OR LYMPH NODE METASTASIS IS FOUND AFTER SURGERY

Objectives Previously our research team suggested cervical cancer (CC) patients with tumor size ≤2 cm on preoperative MRI and who followed the guidelines for adjuvant treatment were included. Patients’ survival outcomes were compared between the laparoscopic and open RH groups. Subgroup analyses were conducted according to the parametrical invasion (PMI) and lymph node metastasis (LNM).

Results A total of 498 patients were included: 299 and 199 for laparoscopic and open RH groups, respectively. All study populations were managed properly in adjuvant treatment. After a median observation of 59.4 months, two groups showed similar progression-free survival (PFS; P=0.615) and overall survival (P=0.439). On pathologic examination, 16 (3.2%) and 49 (9.8%) had PMI and LNM, respectively, and 10 (2.0%) had both. In PMI subgroup, no differences in PFS was observed between the laparoscopic and open RH groups (P=0.893). In LNM subgroup, the two groups also showed similar PFS (P=0.169). Consistent results were also found in subgroups of non-PMI and non-LNM.

Conclusions Laparoscopic RH might be safe in tumor size ≤2 cm CC, regardless of PMI and LNM when adjuvant treatment is appropriately administered. Further large cohort studies are required.

EP066/#613 L1CAM AS PROGNOSTIC FACTOR FOR TYPE OF RECURRENCE IN EARLY-STAGE SQUAMOUS CELL CERVICAL CARCINOMA PATIENTS

Objectives L1CAM belongs to the immunoglobulin superfamily of cell adhesion molecules. In cancer cells, L1CAM promotes cell proliferation, migration, invasion, and metastasis. Its expression is associated with tumor progression in many types of cancer, including colorectal, gastric, renal, endometrial and breast cancer. In this study, we aimed to investigate how L1 cell adhesion molecule (L1CAM) positivity was associated with outcome and relapse pattern in early-stage stage cervical cancer.

Methods This is retrospective study. Total number of 251 patients who underwent surgical treatment for early-stage cervical carcinoma were enrolled into the study. Patients who underwent a minimally invasive procedure were excluded from the study. Tumor samples of 191 (76,1%) patients were available for L1CAM analysis by immunohistochemistry and total number of patients with squamous histology was 144.

Results Of the 144 tumor samples, 21 (14,6%) were found to be L1CAM positive. Recurrence was observed in 20 patients (13,8%) with no statistical significance between L1CAM positive and L1CAM negative tumors (p=0.766). Type of disease progression was clinically but not statistically significant for multiple and distant metastasis (p=0.11). Comparing of Progression free interval and Overall survival did not show statistical significance.

Conclusions In our study L1CAM is only clinically significant factor for distant type of recurrence and worse prognosis, but not statistically significant.

A COMPARISON OF AdVERSE OUTCOMES WITH THE USE OF BEVACIZUMAB WITH CISPLATIN/PACLITAXEL OR CARBOPLATIN/PACLITAXEL IN RECURRENT, PERSISTENT OR METASTATIC CERVICAL CANCER

Objectives Background: GOG-240 demonstrated improved oncologic outcomes with addition of bevacizumab to standard chemotherapy for metastatic or recurrent cervical carcinoma. Previously, JCOG0505 revealed non-inferior oncologic outcomes of carboplatin/paclitaxel(TC) compared to cisplatin/paclitaxel(TP). However, there is no recent data comparing adverse events and chemotherapy response rates between TC and TP.
LONG-TERM EFFECT OF HPV VACCINATION AGAINST HPV INFECTION IN JAPANESE YOUNG WOMEN

Megumi Kurosawa*, Masayuki Sekine, Manako Yamaguchi, Risa Kudo, Sharon Hanley, Megumi Hara, Sosuke Adachi, Yutaka Ueda, Sayaka Ikeda, Asami Yagi, Takayuki Enomoto, Niigata University, Obstetrics and Gynecology, Chuo-ward, Niigata city, Japan; Hokkaido University Graduate School of Medicine, Obstetrics and Gynecology, Chuo-ward, Niigata city, Japan; Hokkaido University Graduate School of Medicine, Obstetrics and Gynecology, Sapporo, Japan; Saga university, Preventive Medicine, Saga, Japan; Obstetrics and gynecology, Osaka University, Osaka, Japan; Obstetrics and gynecology, Yokohama City University, Yokohama, Japan; Institute for Cancer Control, National Cancer Center, Surveillance and Policy Evaluation, Tokyo, Japan

Objective In Japan, public funding for HPV vaccine began in 2010 for girls aged 13–16 (birth years 1994–1997), and women born in 1994 turned 25 in 2019. We aimed to verify long-term effect of bivalent HPV vaccine in women aged 25.

Methods The subjects were women aged 25–26 who underwent cervical cancer screening and HPV testing in Niigata from 2019 to 2020 (birth years 1993–1994). Vaccination status and sexual behavior were obtained from a questionnaire and municipal record. We compared the following groups regarding HPV infection rate: (1) the vaccinated group to the unvaccinated group, (2) the publicly funded generation (birth year 1994) to the pre-introduction generation (birth year 1993). The vaccination rate was 77.4% (96/124) for publicly-funded generation and 17.7% (54/305) for pre-introduction generation. HPV16/18 infection rate in the publicly-funded generation was significantly lower than that in the pre-introduction generation (0% vs 4.9%; p = 0.01).

Results A total of 63 cervix cancer patients with predominantly advanced stage disease (III and above, 62%) were identified. Among 26 patients tested for HPV genotype, 16 and 18 were the most common (21% and 13%, respectively). PD-L1 positive was identified in 8 out of 38 tested (20.5%). With respect to histology, PD-L1 positivity was 41% for SCC and 4.5% for non-SCC (p-value = 0.01). Among 63 patients, alteration in SNV was found in 49 patients (78%) and CNV in 10 patients (16%). Most SNP altered gene was significantly lower than that in the vaccinated group (3.3% vs 10.0%; p = 0.013). In an analysis by birth year, the vaccination rate was 77.4% (96/124) for publicly-funded generation and 17.7% (54/305) for pre-introduction generation. HPV16/18 infection rate in the publicly-funded generation was significantly lower than that in the pre-introduction generation (0% vs 4.9%; p = 0.01).

Conclusions The long-term effect of bivalent vaccine against HPV infection was confirmed 9 years after the vaccination for the first time in Japanese data.

Abstract EP069/#855 Figure 1

COMPREHENSIVE PROFILING OF CERVIX CANCER PATIENTS USING TUMOR NEXT-GENERATION SEQUENCING (NGS) AND IMMUNOHISTOCHEMISTRY (IHC)

Lee Kyunglim*, Yoo-Na Kim, Jung-Yun Lee, Sang Woon Kim, Sunghoon Kim, Eunjai Nam, Yong Jae Lee, Young Tae Kim. Severance hospital, Seodaemun-gu, Seoul, Korea, Republic of

Objectives To investigate the landscape of genomic alterations and immunohistochemistry based targetable characteristics in cervix cancer patients.

Methods Cervix cancer patients who underwent tumor NGS using TruSight Oncology 500 were analyzed. Clinical information including histology, stage, HPV genotype, serum tumor marker, IHC profile, and therapy outcome were reviewed. PD-L1 positive was defined as having CPS of 10 or higher based on 22C3 antibody.

Results A total of 63 cervix cancer patients with predominantly advanced stage disease (III and above, 62%) were identified. Among 26 patients tested for HPV genotype, 16 and 18 were the most common (21% and 13%, respectively). PD-L1 positive was identified in 8 out of 38 tested (20.5%). With respect to histology, PD-L1 positivity was 41% for SCC and 4.5% for non-SCC (p-value = 0.01). Among 63 patients, alteration in SNV was found in 49 patients (78%) and CNV in 10 patients (16%). Most SNP altered gene were