after 45 Gy EBRT, doses between 8–9.5 Gy/fx were selected keeping bladder point <7.5 Gy/fx and rectal point < 6.5 Gy/fx.

**Results**
152 patients met study eligibility. At a median follow-up of 57 months, 24 patients relapsed. 8 patients (5.2%) experienced isolated central failures, 6 patients (3.95%) had regional nodal failures (inguinal, pelvic, paraaortic lymph nodes) and 5 patients each (3.29%) had distant failures and combined loco regional and distant failures. Local relapse free survival was 94.7% and overall survival was 77% at 4 years.

**Conclusions**
Volumetric dose prescription instead of dose to point A yielded excellent local control and comparable overall survival.

**EP082/#1043**

CERVICAL CANCER TREATED BY NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADICAL SURGERY: A CASE SERIES FROM MIREBALAIS, HAITI

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**Abstracts**

**EP082/#389**

ISO-PROGNOSTIC CLUSTERS IN ADVANCED CERVIX CANCER TREATED WITH CURATIVE INTENT

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**Objectives**
The new (2018) FIGO staging has led to a total of 11 categories of loco-regionally advanced cervical cancer (LRACC). While incorporating imaging in an improvement to pure clinical staging (2009 FIGO) this had led to more categories which are not necessarily prognostically discrete groups. We aimed to analyse survival according to 2018 FIGO staging in curatively treated cervix cancer patients and identify iso-prognostic groups based on primary tumour volume and nodal status.

**Methods**
Patients referred for radiotherapy with curative intent between 1996–2014 were eligible. Baseline clinicopathological and follow up information was retrieved from an ethics-approved institutional prospective database. Patients were classified to FIGO 2018 staging based on histopathology, MRI (for tumour volume and local compartmental spread) and PET (for nodal spread). Kaplan-Meier method was used to estimate survival at five years. Following survival analysis using recognised prognostic factors, iso-prognostic categories were identified and merged to form 5 iso-prognostic clusters.

**Results**
Seven hundred and forty-four LRACC patients met eligibility criteria were analysed. Median follow-up was 6 years. Iso-prognostic groups (Clusters) cross-tabulated against 2018 FIGO stages shows heterogeneous 5 years survival (last column; table 1) across the FIGO stages, as compared with progressively worsening prognosis in the iso-prognostic clusters (last row; table 1).

**Conclusions**
Prognosis in LRACC depends on the interplay between primary tumour characteristics; type of local spread and nodal disease. A study of survival and patterns of failure according to iso-prognostic clusters would be useful in selection of appropriate treatment modality; estimating survival as well as better patient selection for clinical trials.

**Abstract EP082/#389 Table 1** Cross tabulation of iso-prognostic clusters against 2018 FIGO stages

<table>
<thead>
<tr>
<th></th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
<th>Cluster 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>38/90</td>
<td>29/57</td>
<td>55/78</td>
<td>32/64</td>
<td>43/73</td>
</tr>
<tr>
<td>T &gt; 3 cm (Loc.)</td>
<td>90%</td>
<td>89%</td>
<td>90%</td>
<td>90%</td>
<td>98%</td>
</tr>
<tr>
<td>N &gt; 2 cm (Nod.)</td>
<td>64%</td>
<td>64%</td>
<td>63%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>1st (PA node)</td>
<td>31/71</td>
<td>31/71</td>
<td>31/71</td>
<td>31/71</td>
<td>31/71</td>
</tr>
<tr>
<td>2nd (PA node)</td>
<td>68%</td>
<td>61%</td>
<td>69%</td>
<td>68%</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Group 1,** Tumor 3 cm or less and > 2 cm diameter or > 1 cm node and no node negative.
**Group 2,** Tumor 3 cm or less and > 2 cm diameter or > 1 cm volume and node negative.
**Group 3,** Tumor > 3 cm and < 2 cm diameter and node negative.
**Group 4,** Tumor > 3 cm and > 2 cm diameter with no node negative.
**Group 5,** Any tumour with meta-aortic node positive.

*Numbers of patients relapsed.
†Total number of patients in that category.