Introduction/Background To investigate the prognostic factors for survival, the long-term results and toxicities in elderly (≥65 years) patients with cervical cancer who underwent definitive radiotherapy/chemoradiotherapy with a cervical cancer diagnosis.

Methodology We reviewed the clinical records of 458 patients with cervical cancer. The median age was 71 (65–91). The median treatment dose was 50.4 Gy (45–64). Overall survival (OS), cancer-specific survival (CSS), disease-free survival (DFS), distant metastasis-free survival (DMFS), and local recurrence-free survival (LRFS) were evaluated using Kaplan-Meier, log-rank, and Cox regression analyses; p<0.05 was considered statistically significant.

Results Median follow-up 48 months (6-243); The 5-year OS, CSS, DFS, DMFS, and LRFS were 61.6%, 77.5%, 75.6%, 81.1%, and 91.6%, respectively. OS, CSS, DFS, DMFS influencing factors performance status (PS) (p<0.0001) in univariate analysis, tumor diameter (≤4cm, >4cm) (p=0.004, p=0.008, p<0.0001) histopathology (squamous, adeno and others) (p=0.001, p<0.0001), presence of lymph nodes (LN) (p<0.0001), treatment response (complete, partial, unresponsive) (p<0.0001) was statistically significant. For OS, age (65–70, 71–79, ≥80) (p<0.0001), type of treatment (CCRT, RT) (p<0.0001), Brachytherapy (BT) application (p<0.0001); BT application for CSS and DMFS (p=0.025, p=0.003) and treatment response for LRFS (p<0.0001) were significant parameters. In multivariate analysis, independent prognostic factors for OS, CSS, DMFS, and DFS, are treatment response (p<0.0001,p=0.003), LN (p<0.0001, p=0.007, p=0.002, p=0.003) and PS for OS, DFS (p=0.003, p=0.004), the age for OS (p=0.045), type of treatment (p<0.0001). For DMFS, histopathology (p=0.026) and BT application (p=0.049) were found to be significant.

Conclusion Curative treatments for geriatric patients, especially in locally advanced cervical cancer, have a low rate of side effects but have a favorable effect on survival and definite CRT should be recommended in geriatric age.

Disclosures Curative treatments for geriatric patients, especially in locally advanced cervical cancer, have a low rate of side effects but have a favorable effect on survival and definite CRT should be recommended in geriatric age.

#886 SUCCESSFUL TOPICAL IMMUNOTHERAPY WITH 5% IMIQUIMOD IN CERVICAL STUMP PREMALIGNANT LESION – A CASE REPORT

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Introduction/Background Imiquimod is an immune response modulator often used in the management of various clinical manifestations of human papillomavirus (HPV) infection. The aim of this case report is to present a possibility of non-surgical, pharmacotherapeutic approach with 5% imiquimod as an appropriate alternative to surgical procedures in selected patients with cervical premalignant lesions.

Results A 50-year-old female presented with cervical stump high grade squamous intraepithelial lesion (HSIL), seven years after laparoscopic supravacervical hysterectomy. Current guidelines recommend surgery as preferable treatment modality for histologically confirmed cervical HSIL, after 6 months follow-up Pap test. Initial approach to management of patients with cervical stump HSIL must consider treatment-related morbidity. The goal of treatment is to prevent disease progression to invasive disease. nonsurgical medical therapy with topical imiquimod appears to be more effective than no treatment, inducing regression of the disease in 73%, versus 50%. Considering these data, after biopsy and during 6 months’ period of follow-up, we decided to initiate imiquimod therapy until the follow-up Pap test. Imiquimod treatment was started with self-applied vaginal imiquimod suppositories three times

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