

Introduction/Background Our aim was to analyse the PTV used for cervical external beam radiotherapy and to determine whether smaller margins could be used without affecting clinical target volume (CTV) coverage to reduce toxicity.

The significant organ motion during pelvic radiotherapy is well recognised and locally the INTERLACE protocol for IGRT using intensity modulated radiotherapy (IMRT) has been adopted with 2cm or 3cm PTV set-up margin with a 'plan of the day' model.

Methodology All patients receiving radical definitive radiotherapy for cervical cancer at the Royal Devon and Exeter Hospital between 1/3/2021 and 31/12/2021 were included (n=13). They received 45 gray (6/13) or 55 gray (7/13) in 25 fractions. The radiographer-led choice between 2cm or 3cm margins with daily on-set cone beam computed tomography (CBCT) was reviewed. Based on CBCT, a margin calculation was performed to determine what margin was required to cover the disease.

Results Results showed 23.1% (3/13) of patients were adequately treated with 2cm margin throughout, described as non-movers. These 3 patients could have been adequately treated with a 1.5cm margin; a 1cm margin would cover 77.3% of fractions. The remaining 10 patients required the 3cm margin for 15.9% of fractions (mean 3.9/25, range 2–8). For these patients a 1cm margin would cover 31.8% of fractions and 1.5cm 66.6%.

Conclusion In conclusion a smaller set-up margin can be utilised, particularly in 'non-movers', without compromising disease coverage. Reducing the PTV allows decreased dose to organs at risk, reducing likelihood of toxicity but further analysis of dosimetry and radiographer plan selection is required

Disclosures Nil

#953

NEOADJUVANT DOSE-DENSE CHEMOTHERAPY WITH CARBOPLATIN AND PACLITAXEL IN FIGO 2018 STAGE IB1-IIA2 CERVICAL CANCER

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Introduction/Background In FIGO stages IB1-IB2 and IIA1 cervical cancer with suspected cervical stromal ring disruption on preoperative evaluation, radical surgery is indicated even though there is an increased risk of adjuvant chemo-radiotherapy (CCRT). While exclusive CCRT represents the gold standard for FIGO stages IB3/IIA2, subgroup analysis restricted to these stages of studies comparing CCRT vs neoadjuvant chemotherapy (NACT) showed similar outcomes between the two groups. The primary aim of this study is to evaluate the role of dose-dense NACT with carboplatin and paclitaxel in patients with FIGO stage IB1-IB2/IIA1 with preoperative stromal ring disruption or IB3-IIA2.

Methodology Patients with FIGO stages IB1-IIA2 undergoing dose-dense NACT at the European Institute of Oncology, Milan from 07/2014 to 12/2022 were retrospectively

identified. They received weekly dose-dense carboplatin + paclitaxel for 6–9 cycles followed by radical surgery or CCRT, depending on radiologic response as assessed by RECIST criteria. Predictors of radiologic response to NACT and follow-up data were evaluated with appropriate statistical analysis.

Abstract #953 Table 1 Univariate analysis of predictors of response to dose-dense at imaging (n=64). Abbreviations: CBDCA, carboplatin; PTX, paclitaxel; SD, standard deviation.

	Total N=64	No response to imaging (stable/progression) N=13	Response to imaging (complete/partial) N=51	P-value
Age years, mean (SD)	42 (9.2)	42.3 (2.5)	41.9 (1.3)	0.91
Histotype, n (%)				
Squamous	48 (75%)	10 (77%)	38 (74.5%)	1.00
Adenocarcinoma	16 (25%)	3 (23%)	13 (25.5%)	
Grading, n (%)				
1	5 (7.8%)	1 (7.7%)	4 (7.8%)	
2	23 (35.9%)	3 (23%)	20 (39.2%)	0.73
3	17 (26.5%)	4 (30.7%)	13 (25.5%)	
Unknown	19 (29.6%)	5 (38.5%)	14 (27.4%)	
Largest tumour diameter, mean (SD)	42.7 (11.3)	43.8 (9.6)	42.4 (11.7)	0.65
Disruption of stromal ring, n (%)				
No	26 (40.6%)	5 (38.4%)	21 (41.1%)	
Yes	34 (53.1%)	8 (61.5%)	26 (50.9%)	0.53
Unknown	4 (6.2%)	0	4 (7.8%)	
Stage FIGO 2018 at diagnosis, n (%)				
IB1	2 (3.1%)	0	2 (3.9%)	
IB2	20 (31.2%)	4 (30.7%)	16 (31.4%)	0.74
IB3	37 (57.8%)	7 (53.8%)	30 (58.8%)	
IIA1	3 (4.7%)	1 (7.7%)	2 (3.9%)	
IIA2	2 (3.1%)	1 (7.7%)	1 (1.9%)	
Days from diagnosis to start dose-dense, mean (SD)	42.5 (2.5)	53.4 (5.6)	43 (2.0)	0.10
Regimen of dose-dense, n (%)				
CBDCA2-PTX 80	39 (60.9%)	7 (53.8%)	32 (62.7%)	
CBDCA2.7-PTX 60	19 (29.7%)	4 (30.7%)	15 (29.4%)	1
Unknown	6 (9.4%)	2 (15.4%)	4 (7.8%)	

Abbreviations: CBDCA, carboplatin; PTX, paclitaxel; SD, standard deviation.

Results A total of 64 patients meeting inclusion criteria were included. Radiological response to NACT were the following: 10(15,6%) complete response, 41(64,0%) partial response, 11 (17,0%) stable disease, and 2(3,1%) progressive disease. None of the evaluated factors were associated with radiological response to NACT (table 1). After multidisciplinary team discussion, 6 (9,4%) patients were deemed inoperable and received CCRT. Among the remaining 58 (90,6%) patients undergoing surgery, 14 (24,1%) underwent CCRT, 2 (3,4%) radiotherapy alone, and 7 (12,1%) chemotherapy alone, while the remaining 35 (60,3%) were observed. Overall, NACT followed by surgery allowed us to avoid radiotherapy in 42 (65.6%) patients. Among them, during a median follow-up time of 52 months (range 6–94), 5 (11,3%) patients experienced a recurrence.

Conclusion Dose-dense NACT achieved a good response rate and could be considered an alternative approach, especially in young patients desiring to avoid radiotherapy.

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#987

CASE REPORT OF G3 SQUAMOUS CELL CERVICAL CANCER IN PREGNANCY

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Introduction/Background Cervical cancer is the most common cancer diagnosed in pregnancy with an estimated incidence between 2–4/100000 pregnancies. Squamous cell variant accounts for 80% of the cases. According to the literature approximately 30% of women diagnosed with cervical cancer are in the reproductive age, whereas 3% of cervical cancers are diagnosed during pregnancy. At the time of the diagnosis

around 70% of cervical cancers are staged as FIGO stage I-IIA.

Methodology We present the case of a 31-year old caucasian female patient with vaginal bleeding in the 15th gestational week (G3 P2). Vaginal and ultrasound examinations showed an intact pregnancy an exophytic tumour of the posterior cervical lip. The initial biopsy showed only a HSIL of the cervix. A cold knife cone biopsy was performed with diagnosis of a 5,9x4,9x3,2 cm squamous cell cervical cancer (HPV positive, G3). The termination of pregnancy, laparoscopic pelvic lymphadenectomy and chemoradiotherapy were offered and performed on the patient. The surgical-pathological staging was pT1b2, pN0, M0, G3, L1, V1, Pn0, R1. Unfortunately the planned brachytherapy after EBRT was not possible, instead we performed an external boost radiotherapy.

The patient was diagnosed with local recurrence eleven months after ending the radiotherapy. A salvage radical hysterectomy C2 (Querleu-Morrow) with iliac and paraaortic node dissection was performed with a surgical-pathological stage: rpT2a1, pN0, M0, G3, L1, V0, Pn0, R0. We decided for a postoperative treatment with six cycles of carboplatin-paclitaxel chemotherapy.

Results The follow-up controls up to 15 months after surgery showed no signs of cancer recurrence.

Conclusion The case illustrates the complexity of the topic, the difficult decisions needed to be made by the physicians and the pregnant patient. Multidisciplinary approach in cervical cancer and pregnancy is strongly recommended. The radical hysterectomy for local recurrent cervical cancer after radiotherapy seems to be a feasible treatment.

Disclosures -

#989

EPIDEMIOLOGIC, CLINICAL AND THERAPEUTIC ANALYSIS OF NO METASTATIC CERVICAL CANCER IN WEST OF ALGERIA

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Introduction/Background Cervical cancer is a preoccupant problem of public health in Algeria, because its frequency and especially its mortality. The objective of our study is to determine epidemiological, clinical and therapeutic aspect of cervical cancer in west of Algeria.

Methodology This is a retrospective study that took place in the radiotherapy department of EHSO of Emir Abdelkader in Oran in the period from 1st January 2015 to 31st December 2018. The number of patients included in the study is 409.

Results The average age was 56.49 ± 0.6 years old with extreme of 24 years and 93 years. Genital bleeding is the dominant reason for consultation found in 81% of cases, most patients are grand multiparous, 76% of women have four or more children. 28% of women were anaemic at diagnosis with haemoglobin <12g/dl. Almost all patient (78% of cases) presented with a cervix bourgeon a or ulcerate bourgeon. The most represented histological type was squamous cell carcinoma in 88.3% of cases and adenocarcinoma was represented by 37 cases (9%), the average radiological tumour size is 43.7 mm of which 64% of cases were greater than 4 cm. According to the Figo2009 classification, stage IIB represents 55.2% of cases followed by stage IB (25% of cases),

stage IV (8.1% of cases), stage III (5.1%), and stage IA (1.9% of cases), the average consultation time is 6.11 months. 4 therapeutic arms were used for the treatment of patients, radiotherapy used in 89.8% of cases, followed by surgery used in 54.3% of patients, brachytherapy in 52.5% of cases, and finally chemotherapy, of which 51.4% of women benefited.

Conclusion Cervical cancer is the third leading cause of mortality after breast cancer and colorectal cancer in Algeria. Despite efforts for an early detection program by cervico-vaginal smear, patients arrived in locally advanced stage, and consult doctors late.

Disclosures Cervical cancer, Radiotherapy

#997

THERAPEUTIC PARADIGM: NOTABLE EFFICACY OF PEMETREXED IN MANAGING RECURRENT CERVICAL CANCER AFTER A YEAR GAP OF TREATMENT – CASE REPORT

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Introduction/Background Managing patients with recurrent cervical cancer presents a substantial challenge. This case report about pemetrexed showing effectiveness in a patient with recurrent cervical cancer and a year gap in treatment due to financial constraints highlights the need for personalisation of treatment approaches.

Methodology In 2019, a 52-year-old woman was diagnosed with cervical squamous cell cancer (spindle-cell type) classified as cT4N1M0. The tumor measured 67*55*51 mm and exhibited infiltrative growth in the myometrium, parametria, and all layers of the posterior urinary bladder wall (confirmed mucous layer involvement through cystoscopy). Additionally, there were metastatic lesions in the iliac lymph nodes. CT scans of the chest and abdomen did not reveal any pathology related to the primary tumor. Initial chemoradiotherapy with paclitaxel and cisplatin resulted in disease stabilization by May 2020. However, a recurrence was observed in the clitoris, mediastinal lymph nodes, and liver one year later. The patient received additional cycles of Paclitaxel+Cisplatin and external beam radiation therapy (EBRT). Towards the end of 2021, disease progression was evident with new lesions in the lungs and inguinal lymph nodes (LNs). In early 2022, three cycles of pemetrexed were initiated, resulting in a significant reduction in the size of existing lesions and disappearance of some lung lesions. This was followed by three more cycles of pemetrexed in April and May 2022, leading to stabilization by June. However, the patient was unable to continue treatment beyond that point due to financial constraints.

Results Six months later, radiologic evaluation revealed disease progression, prompting the multidisciplinary team to initiate treatment with pemetrexed. As of the most recent update, the patient has achieved stabilization.

Conclusion Pemetrexed demonstrated effectiveness in managing recurrent cervical cancer in our patient despite a one-year gap in the course of the treatment. Further research is warranted to optimize the use of pemetrexed.

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