

**Introduction/Background** For several decades, laparotomy radical Wertheim hysterectomy, also known as Wertheim, has been the traditional surgical approach for early stage cervical cancer. However, many established cancer centres around the world have recently demonstrated that this procedure is laparoscopic and is a safe alternative, having already started in the West and America three decades ago. This technique has entered the implementation phase in Cameroon in 2019, which is why we proposed to evaluate the contribution of laparoscopy in the management of localized cervical cancer.

**Methodology** This was a comparative study with retrospective and prospective data collection, over a 3-year coverage from January 1, 2019 to July 31, 2022. All women who had a C1 radical hysterectomy for early stage cervical cancer were included in our study, divided into two arms, the laparotomy arm and the laparoscopy arm. Data on socio-demographic, clinical, para-clinical and therapeutic characteristics were collected using a questionnaire. The collected data were entered and analysed using SPSS version 25.0 software.

**Results** From January 2019 to July 2022, a total of 10 HTRs by laparoscopy and 22 HTRs by laparotomy were performed. The median blood loss in the laparoscopy group was significantly lower than in the laparotomy group (190 ml vs. 400 ml;  $p = 0.01$ ). Furthermore, there was no statistically significant difference between the two techniques in terms of operative time, total lymph node yield or adjuvant treatment. Postoperative complications occurred, most of which were in the laparotomy group: digestive complications, visceral complications at 18% and postoperative infections at 18%.

**Conclusion** The results of our study suggest that with appropriate patient selection and increased experience, laparoscopic total radical hysterectomy can be a safe and effective procedure for the management of early cervical cancer in Cameroon.

**Disclosures** no disclosures

#### #1089 BEVACIZUMAB FOR RECURRENT, PERSISTENT OR ADVANCED CERVICAL CANCER: EXPERIENCE OF THREE PORTUGUESE INSTITUTIONS

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**Introduction/Background** Advanced cervical cancer (ACC) continues to represent a significant cause of morbidity and mortality worldwide. The GOG-240 trial indicated that anti-angiogenesis therapy can have clinically meaningful therapeutic benefit in this population. However, the population represented in the trial was the 'healthiest' cohort of a population with poor prognosis. We analyzed our experience and outcomes in terms of efficacy and safety of bevacizumab in patients with ACC to obtain real-world data.

**Methodology** This is a cross-sectional retrospective study of patients with ACC treated with carboplatin plus paclitaxel for 6–10 cycles and bevacizumab every 3 weeks up to progression or unacceptable toxicity in three Portuguese institutions, between April 2016 and December 2022. Clinicopathological

data and clinical outcomes were extracted from medical records. Response rates were determined according to RECIST 1.1 criteria.

**Results** Eighteen patients were included, with a median age of 58 years-old [34–77]. Thirteen presented ECOG PS 0, the remaining ECOG PS 1. Three patients had recurrent/persistent disease, 83,3% had metastatic disease at diagnosis. Ten patients had previously received cisplatin, 7 with radiotherapy. All of them had pelvic disease at the beginning of treatment. Median cycles of Carboplatin-paclitaxel were 8 [6–10]. Median cycles of bevacizumab were 13 [5–43]. Thirteen patients suspended treatment due to disease progression, five due to G3 toxicity. Of these, 3 patients presented complete response. Two patients had fistula G3, both had performed chemoradiotherapy (radiotherapy dose of 50.4 Gy in 28 fractions). Seven patients died but none due to treatment. The median Progression Free Survival and Overall Survival were 10,5 [3–79] and 32,5 months [6–87], respectively.

**Conclusion** We believe that, despite its limitations, this study can provide useful information and encouraging evidence that the routine use of bevacizumab as part of first-line treatment of patients with ACC may be associated with outcomes comparable with those obtained in GOG-240 study.

**Disclosures** Nothing to declare.

#### #1091 CLINICAL OUTCOMES AND PATTERNS OF RECURRENCE IN THE TREATMENT OF LOCALLY ADVANCED CERVICAL CANCER: A SINGLE INSTITUTION EXPERIENCE

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**Introduction/Background** Locally advanced cervical cancer (LACC) is a major global health issue and optimal treatment includes concurrent chemoradiotherapy (CCRT) followed by brachytherapy. In this study, we retrospectively evaluated the clinical outcomes of LACC patients over a five year period, treated with External Beam Radiotherapy (EBRT) and MRI based Adaptive Brachytherapy (IGABT), with a focus on survival outcomes and patterns of recurrence.

**Methodology** We reviewed data from 71 patients treated for LACC in our institution between 2017 and 2021. All eligible patients were treated with CCRT and IGABT with 45Gy-50.4 Gy/25–28 fractions EBRT and 3–4 fractions of intracavitary brachytherapy at 7Gy/fraction.

Histology, staging, dose-volume constraints (DVC), EBRT plans and sites of recurrence were analysed using electronic records, imaging and planning software and medical notes.

**Results** The optimal treatment time of <55 days was achieved in 93% of cases. At a mean follow-up time of 36 months, 16 (22.5%) patients had recurred, with a mean time to recurrence of 21.3 months. Six patients (8.5%) had pelvic recurrences with 2 having local relapse at the cervix and 4 having regional-nodal recurrences.

Five patients (7%) had distant metastasis and a further 5 had both loco-regional and distant progression. The D90% of the high-risk clinical target volume (HR-CTV) was below the recommended 85Gy for the 2 patients with local cervical recurrence. Analysis of the 4 nodal failures demonstrated recurrence above the cranial pelvic field.

**Conclusion** Our findings suggest that further improvements in LACC treatment are possible.