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

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Introduction/Background Adv. 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 45 Gy/25-28 fractions EBRT and 3-4 fractions of intracavitary brachytherapy at 7 Gy/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 85 Gy 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.
The D90% is often limited by doses to the Organs at Risk (OARs) however potential escalation of brachytherapy and introduction of interstitial brachytherapy could improve this. The 3 risk group classification for extending elective clinical target volumes may improve local control and overall survival. Limitations of this study include its retrospective nature and single-institution experience.

Disclosures Nil