Conclusion Given the third trimester diagnosis in both cases, pregnancy was continued until 36 weeks balancing the risks to maternal health and prematurity. Peripartum radical hysterectomy is a rarely performed procedure. Timely involvement of the MDT is essential, to tailor management in such unique circumstances.

Disclosures Nil
in the pattern of recurrence between the two groups, with only 1 (6%) patient in the MIRH group experiencing a peritoneal recurrence.

**Conclusion** In contrast to previous studies, in our population we observed no significant difference in the pattern of recurrence of CC following ARH or MIRH. This result that may be attributed to the selection criteria used for the surgical approach.

**Disclosures** None.

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**Abstracts**

### #529 OUTCOMES OF PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER (LACC) WITHOUT NODEAL INVOLVEMENT

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**Introduction/Background** Cervical tumor size ≥ 3 cm has been shown as poor prognostic factor in LACC. To assess the efficacy and safety of patients treated for cervical cancer ≥ 3 cm N0 and evaluate prognostic factors.

**Methodology** Retrospective, monocentric study. Inclusion criteria were patients older than 18-y, biopsy-proven carcinoma of the uterine cervix, tumour size ≥ 3 cm, N0, M0. Between 01/2016 and 12/2021, 253p were included and treated with Radiochemotherapy (RCT) (weekly intravenous cisplatin 40 mg/m², 5–6 cycles, 1 day per cycle, plus 45–50 Gy external-beam radiotherapy delivered in 1–8 Gy fractions) followed by intracavitary/interstitial image guided adaptive brachytherapy (IGABT) (4 x 7 Gy to High Risk Clinical Target Volume).

**Results** Median follow-up was 37.7 months. In all population DFS at 1-year (95%CI) was 88.8% (84.2–92.1), DFS at 3-year (95%CI) 75.2% (69.0–80.4), DFS at 5-year (95%CI) 67.5% (59.6–74.2). OS at 1-year (95%CI) was 97.3% (94.5–98.7), OS at 3-year (95%CI) 82.3% (77.4–87.3), OS at 5-year (95%CI) 77.1% (70.3–82.5). Cumulative incidence of local recurrence at 1-year (95%CI) was 4.4% (2.3–7.4), at 3-year (95%CI) 10.3% (6.8–14.6), at 5-year (95%CI) 16.9% (11.4–23.4). The most frequent acute toxicities were rectitis (59.6%) including 2.4% of grade 3 then cystitis 38.4% then pain 30.9%. Late grade 3 rectitis or cystitis and fistula toxicities affected 1.3%, 0.9%, 6.5% of patients respectively. A quarter of the patients (25.2%) have chronic sexual dysfunction. Univariate analyses revealed that poor DFS was associated with adenocarcinoma (HR 1.65, 95% CI 0.96–2.28, p = 0.016), favourable DFS was associated with lymph node dissection (HR 0.33 95%CI 0.19–0.55, p < 0.001).

**Conclusion** Patients treated by RCT and IGABT for cervical cancer ≥ 3 cm N0, presents an excellent local control. We find a benefit in terms of DFS for patients who performed aortic lymph node dissection.

**Disclosures** No disclosures.