

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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OUTCOMES OF PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER (LACC) WITHOUT NODAL 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 1.8–2 Gy fractions) followed by intracavitary/interstitial image guided adaptative brachytherapy (IGABT) (4 x 7Gy tu 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 control 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 0.98–2.78, 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

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TREATMENT RESULTS OF STAGE IIIC2 LOCALLY ADVANCED CERVICAL CANCER PATIENTS TREATED WITH RADIOCHEMOTHERAPY

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Introduction/Background The aim is to analyze treatment results and prognostic factors of stage IIIC2 cervical cancer patients treated with radiochemotherapy.

Methodology 21 out of 239 Stage IIIC2 cervical cancer patients treated between 2012–2021 were included. Patients with paraaortic lymph nodes (PALN) prophylactically irradiated, with PALN recurrences, with PALN metastases found at PALN dissection and patients with distant metastases were excluded. A total of 21 locally advanced cervical cancer patients with PALN metastases initially diagnosed with PET-CT were evaluated. Radiotherapy was 3D conformal/IMRT-VMAT, concurrent chemotherapy was weekly 40mg/m² cisplatin or 2AUC carboplatin. Primary tumor, pelvic LNs and parametrium were treated with 50.4Gy (1.8Gy per fraction) then parametrium and metastatic pelvic/PA LNs were boosted up to 54–60Gy. Extended RT field was up to level of T12/L1. Brachytherapy (4x7Gy or 5x5Gy) was applied to 18 patients.

Results Median age was 54 (range: 29–89). Sixteen (76.2%) patients had SCC. Median tumor size was 4.9cm (range: 2.4–10cm). Thirteen patients (61.9%) had vaginal, 19 (90.5%) had parametrial infiltration. Three patients had hydronephrosis. Four (19%) patients had single, 17 (81%) had multiple PALN metastases. Median diameter of PALN is 1.5cm (1–3.9 cm).

Twelve (57%) patients had complete response, and 9 patients (43%) had either partial response/progressive disease. Eight patients received chemotherapy due to the residual/progressive disease. Among 12 patients with complete response to RCT; 5 patients died. One is due to local recurrence, 2 due to the distant metastases, 1 due to the primary lung cancer with brain metastases and 1 due to the complication.

OS was 24 months (8–112 months). Two-year DFS was 52% and OS was 47%. Presence of hydronephrosis (p:0.004), poor response/progressive disease at 3 months (p:0.000), radiotherapy without brachytherapy (p:0.002) were found unfavorable prognostic factors for DFS. Size of the PALN metastases (p:0.006), poor response/progressive disease at 3 months (p: 0.002) and radiotherapy without brachytherapy (p:0.006) were found unfavorable prognostic factors for OS.

Conclusion Even in the modern staging and treatment era, outcome of treatment in stage IIIC2 cervical cancer patients is still disappointing. Systemic treatment approaches with cytotoxic drugs, immunotherapy and/or targeted therapy agents should be integrated to new treatment protocols.

Disclosures None