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.

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

Diane Sayadi, Sérénie Risbourg, Alexandre Noeuvegise, Florence Le Tirier, M Cecile Le Delai, Carlos Martinez, Delphine Hudry, Fabrice Narducci, Abel Cordoba*. Centre Oscar Lambret, Lille, France

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 Gv external-beam radiotherapy delivered in 1.8–2 Gy fractions) followed by intracavitary/interstitial image guided adaptive brachytherapy (IGABT) (4 x 7 Gv 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 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 then 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 0.9–2.8, 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