negative), regrouped cohort A (all node positive cases with FIGO stage IA2 to IIB), IIIA and IIIB patients, respectively (P < 0.001).

Conclusion/Implications The prognosis of early-stage cervical cancer with nodal metastases is significantly better than that of stage IIIA and worse than IIB. The findings support to stratify these patients into a new substage IIC in FIGO staging system.

EP075/#462 RADIATION QUALITY AND WORKFLOW IN NRG GY017: ANTI PD-L1 (ATEZOLIZUMAB) AS AN IMMUNE PRIMER OR CONCURRENTLY WITH RT FOR NODE POSITIVE LOCALLY ADVANCED CERVICAL CANCER

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Introduction Advances in RT planning enhance the need for uniform quality oversight on clinical trials. NRG GY-17 was a randomized trial of the anti PD-L1 antibody, atezolizumab, before and concurrent (Arm A) or concurrent with CRT (Arm B). We describe the prospectively collected pre-treatment RT quality and workflow.

Methods 40 patients were consented; 36 patients with locally advanced, LN+ cervical cancer were randomized. IMRT contouring guidelines and dose specifics were outlined in the protocol with deviations specified as per protocol and major. Each site had to pass a rigorous IMRT credentialing process. Sites were required to submit a pre-treatment IMRT plan for physician expert contour target and organ at risk review in a rapid pre-treatment manner. The expert physician then scored the contours and plan as per protocol or as a major deviation. For major deviations the sites were required to revise and resubmit the plans which were then re-reviewed prior to protocol start.

Results The median follow-up time was 20 months. 37 participants had central review of the pre-treatment EBRT plan. 13 plans (35%) were scored as a major deviation requiring revision: 11 due to contours (5 bowel and 6 LN) and 2 due to incorrect expansion/dose. The major deviation plans were resubmitted and passed; 2 required revisions for a total of 3 plans.

Conclusion/Implications Our data indicate that 35% of the submitted advanced technology IMRT plans required revision and resubmission in order to meet per protocol standards. Pre-treatment plan review is an important quality measure for cervical cancer clinical trials.

EP077/#1445 THE HPV E4 IS A CANDIDATE BIOMARKER IN CERVICAL INTRAEPITHELIAL NEOPLASIA GRADE 2

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Introduction HPV E4 protein is synthesized as a E1^E4 fusion protein as a result of mRNA splicing. The knowledge regarding the functions of E1^E4 during the viral life cycle remains incomplete. It is safe to suggest that the protein is involved in virus release and transmission and that it is a marker of the onset of productive infection. However, the potential role of E4 as a tool to stratify cervical intraepithelial