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.

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

1Jyoti Mayadev*, 2Wei Deng, 3Dmitry Zamarin, 4Heather Lankes, 4Hyeon Kim, 5Junzo Chino, 6Barbara Banberry, 6Heather Lankes, 4Hayeon Kim, 5Junzo Chino, 6Barbara Banberry, 6Ned Sherry, 7Sharad Ghamande, 7Catherine Ferguson, 1Loren Mell, 8Laura Hollman, 9Cara Matthews, 10David Omalley, 4Alexander Olawaiye, 11Elizabeth Hopp, 12Roisin O’Cearbhaill, 13Carol Aghajanian, 14Russell Schilder.

1UCSD, Radiation, La Jolla, USA; 2NRG Oncology, Statistics, La Jolla, USA; 3MSKCC, Med Onc, New York, USA; 4U Pittsburgh, Radiation, pittsburgh, USA; 5Duke, Radiation, durham, USA; 6Adaptive Biotechnology, Adaptive, Seattle, USA; 7Georgia Cancer Center, Augusta University, Gynecologic Oncology, Augusta, USA; 8University of OK, Gyn Onc, OK, USA; 9Brown University, Gyn Onc, Providence, USA; 10OSU, Gyn Onc, Columbus, USA; 11MCOW, Gyn Onc, MILWaukee, USA; 12Memorial Sloan Kettering Cancer Center, Gynecologic Medical Oncology Service, New York, USA; 13Memorial Sloan Kettering Cancer Center, Department of Medicine, New York, USA; 14Thomas Jefferson University, Med Onc, Philadelphia, USA

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.

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

1Isao Murakami*, 2Ryoko Chiyokura, 3Sayaki Shimada, 3Kyoko Tanaka. 1Toho University Ohashi Medical Center, Department of Obstetrics and Gynecology, Tokyo, Japan; 2Keio University School of Medicine, Department of Obstetrics and Gynecology, Tokyo, Japan

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

Abstract EP074/#1447 Figure 1