

Results Responders to NACT (55.7%) showed a 5 years survival between 100% (complete response) and 85.7% (partial response). Clinical factors (age, body mass index (BMI) and grade) were the most important predictors of response at random forest analysis. Area under the curve was 0.8676. Tree based boosting analysis revealed a significant trend towards worse response with p53 expression. Whereas Bcl-1 and Bcl-2, were not predictors for response to NACT. It confirmed that after adjusting for other prognostic factors, age, grade, BMI and tumor size were independent predictor of response to NACT, while p53 was moderately related to response to NACT. The final logistic regression reported that age and grade were significant factors unlike p53.

Conclusion/Implications Combined model including clinical pathologic variables plus p53 did not predict NACT response. Although prognosticate chemoresponsivity is still an ongoing problem in LACC patients, NACT followed by surgery remain a safe treatment in young patients with brilliant oncologic outcome without clinical sequelae related to radio-chemotherapy.

PRO08/#805

EFFICACY AND SAFETY OF BVAC-C IN HPV TYPE 16 OR 18 POSITIVE CERVICAL CARCINOMA WHO FAILED 1ST PLATINUM BASED CHEMOTHERAPY: A PHASE I/IIA STUDY

¹Chel Hun Choi*, ²Jeong-Won Lee, ²Eun-Suk Kang, ²Duck Cho, ²Yong-Man Kim, ³Kidong Kim, ⁴Jae-Weon Kim, ⁵Hee Seung Kim, ²Young Tae Kim, ³Jung-Yun Lee, ⁴Myong Cheol Lim, ⁶Chang Yuil Kang, ⁷Byoung Gie Kim. ¹Samsung Medical Center, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; ²Research Institute for Future Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea, Republic of; ³Seoul National University Bundang Hospital, Department of Obstetrics and Gynecology, Seongnam, Korea, Republic of; ⁴Seoul National University Hospital, Clinical Trial Center, Seoul, Korea, Republic of; ⁵Konkuk University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; ⁶Cellid, Pharmacology, Seoul, Korea, Republic of; ⁷Samsung Medical Center, Sungkyunkwan University School of Medicine, Obygn, Seoul, Korea, Republic of

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Introduction BVAC-C, a B cell- and monocyte-based immunotherapeutic vaccine transfected with recombinant HPV E6/E7, has been shown to be well tolerated in HPV positive recurrent cervical carcinoma in a phase I study. This phase IIa study aimed to determine the antitumor activity of BVAC-C in patients with HPV 16 or 18 positive recurrent cervical cancer who had experienced recurrence after one prior platinum-based combination chemotherapy.

Methods Primary endpoints were safety and objective response rate (ORR) assessed by independent radiologist per RECIST version 1.1. Secondary endpoint included Disease control rate (DCR), progression-free survival (PFS), and overall survival (OS).

Results Of the 30 patients available for analysis, the objective response rate (ORR) was 19.2%, the disease control rate (DCR) was 53.8%, and the median progression-free survival (PFS) was 5.8 months. Median overall survival (OS) was 17.7 months. Immune responses of patients after vaccination were shown to be correlated with clinical responses of them.

Conclusion/Implications BVAC-C represents a promising treatment option in the second-line setting for this patient population, with a manageable safety profile. Further studies are needed to identify potential biomarkers of response.

PRO09/#1507

REAL-WORLD HEALTH ECONOMIC EVALUATION OF DNA METHYLATION MARKER FOR TRIAGE OF HRHPV-POSITIVE WOMEN IN CERVICAL CANCER SCREENING IN CHINA

¹Yu Ligh Liou, ²Hsiang Yu Chuang*, ²Pei Liu, ²Xitong Jin, ²Huiyun Fan, ³Lei Li. ¹The First Affiliated Hospital of Guangdong Pharmaceutical University, Clinical Precision Medicine Research Center, Guangzhou, China; ²Beijing OriginPoly Bio-Tec Co., Ltd, Medical, Beijing, China; ³Peking Union Medical College Hospital, Department of Obstetrics and Gynecology, National Clinical Research Center for Obstetric and Gynecologic Diseases, Beijing, China

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Introduction Cervical cancer is a leading cause of cancer death among women in China. High-risk human papillomavirus (hrHPV) testing is the gold standard for cervical cancer screening, but it has limited specificity, leading to over-referral of women to colposcopy. DNA methylation markers are emerging as promising biomarkers for the triage of hrHPV-positive women. This study aims to evaluate the health economic impact of using DNA methylation markers for the triage of hrHPV-positive women in cervical cancer screening, based on a large-scale real-world dataset in China. The study will also explore approaches to reduce the usage of colposcopy.

Methods The study enrolled 15,470 women and collected cervical cells to test for HPV and DNA methylation. The results showed that DNA methylation markers can identify CIN2+ and the study estimated the economic benefits of using this method.

Results The study enrolled 15,470 women aged 30–60. The DNA methylation markers had a high sensitivity and negative predictive value for identifying CIN2+ cases, meaning that they were good at identifying women who did and did not have CIN2+. The cost-effectiveness analysis showed that incorporating PAX1-JAM3 methylation testing into the screening program could significantly reduce unnecessary colposcopies and increase the detection rate of CIN2+ at an acceptable cost.

Conclusion/Implications The study found that PAX1-JAM3 methylation testing could significantly reduce unnecessary colposcopies and increase the detection rate of CIN2+ at an acceptable cost. These findings suggest that PAX1-JAM3 methylation testing is a promising new biomarker for the triage of hrHPV-positive women in cervical cancer screening in China.

PRO10/#135

CLINICOPATHOLOGICAL CHARACTERISTICS AND ONCOLOGICAL OUTCOMES OF THREE SUBTYPES OF NEUROENDOCRINE CARCINOMA OF THE CERVIX: A MULTICENTER RETROSPECTIVE STUDY OF 288 PATIENTS IN CHINA

Yu Gu*, Yang Xiang. Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Department of Obstetrics and Gynecology, Beijing, China

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Introduction Neuroendocrine carcinoma of the cervix (NECC) is a rare pathological classification of cervical cancer, and is divided into small cell neuroendocrine carcinoma (SCNEC), large cell neuroendocrine carcinoma (LCNEC) and mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN).