

**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

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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

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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.

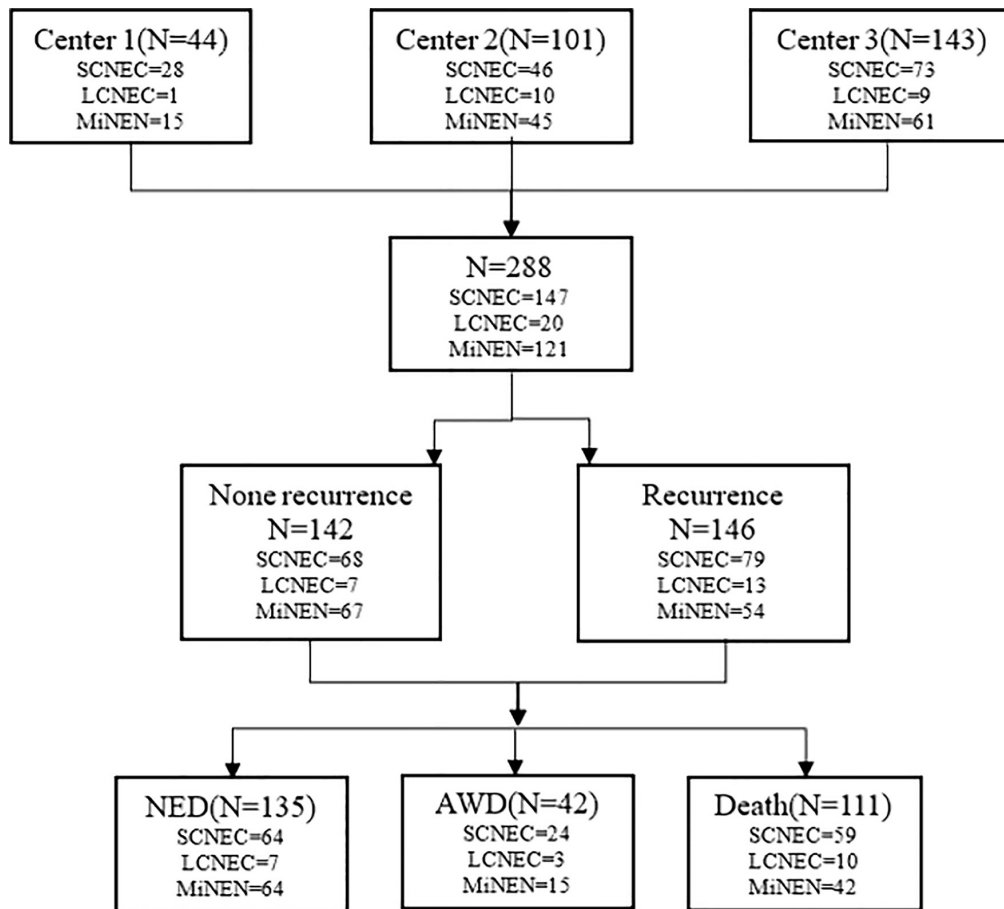
PRO10/#135

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

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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).



**Abstract PR010/#135 Figure 1** The flow diagram of the study. Center1: Shengji hospital of China medical university, Center2: Sichuan province Cancer Hospital; Center3: Peking union medical college hospital; SCNEC: small cell neuroendocrine carcinoma; LCNEC: large cell neuroendocrine carcinoma; MiNEN: mixed neuroendocrine-non-neuroendocrine neoplasm; NED: no evidence of disease; AWD: alive with disease

**Methods** This multicenter, retrospective study enrolled 288 patients. The primary outcomes were progression-free survival (PFS) and overall survival (OS). The Kaplan-Meier method and Cox proportional hazard analysis were performed to determine risk factors of PFS and OS.

**Results** With a median follow up of 25 months, the 5-year PFS of NECC, SCNEC, LCNEC and MiNEN was 40.2%, 40.4%, 30.3%, and 41.6%, respectively; and the 5-year OS was 45.4%, 44.0%, 32.3%, and 50.3%, respectively. In the whole cohort, it showed that LVSI (HR=1.996, 95%CI:1.275~3.126, p=0.003), NACT (HR=1.691, 95%CI:1.040~2.748, p=0.034), and >2/3 stromal invasion (HR=2.009, 95%CI:1.222~3.303, p=0.006) were independent risk factors of PFS; age>45 (HR=1.956, 95%CI:1.170~3.272, p=0.011), LVSI (HR=1.722, 95%CI:1.016~2.918, p=0.043) and >2/3 stromal invasion (HR=1.778, 95%CI:1.024~3.087, p=0.041) were independent risk factors for OS and that adjuvant chemoradiotherapy was an independent protective factor of OS (HR=0.175, 95%CI:0.079~0.388, p<0.001).

**Conclusion/Implications** This multicenter retrospective study first focused on three pathological subtypes of NECC including SCNEC, LCNEC and MiNEN. SCNEC has a worse biological behavior than the other two types. Patients with MiNEN did not have better prognosis compared to patients with SCNEC and LCNEC at the same stage. LVSI and >2/3 stromal invasion and adjuvant chemoradiotherapy are

prognostic factors for PFS; age, LVSI, and >2/3 stromal invasion and adjuvant chemoradiotherapy are prognostic factors for OS in patients with NECC.

PR011/#162

#### THE INCIDENCE OF PERIOPERATIVE LYMPHATIC COMPLICATIONS AFTER RADICAL HYSTERECTOMY AND PELVIC LYMPHADENECTOMY BETWEEN ROBOTIC AND LAPAROSCOPIC APPROACH: A SYSTEMIC REVIEW AND META-ANALYSIS

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**Introduction** Although many studies have reported perioperative complications after radical hysterectomy and pelvic lymph node dissection using robotic and laparoscopic approaches, the risk of perioperative lymphatic complications has not been well identified. The aim of this meta-analysis is to compare the risks of perioperative lymphatic complications after robotic radical hysterectomy and lymph node dissection (RRHND) with laparoscopic radical hysterectomy and lymph node dissection (LRHND) for early uterine cervical cancer.

**Methods** We searched the PubMed, Cochrane Library, Web of Science, ScienceDirect, and Google Scholar databases for