bearing potential within an estimable risk of cancer recurrence? This study aims to measure the obstetric and oncologic outcomes among woman with early CC ≥2 cm treated by fertility-sparing management.

Methods This study is in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) to review cohorts from the last decade, focused on fertility-sparing intervention among woman with CC ≥2 cm. The obstetric outcome is consisted by pregnancy rate (PR), living-birth rate (LBR), and pre-term rate (PtR); supported by the recurrence rate (RR) and moderated by NACT status. The statistical analyses were performed with random-effect model (REM) in Comprehensive Meta Analysis (CMA) version 3.0.

Results We included 16 studies encompassed by 499 individuals to the final analysis. The estimated overall obstetrical outcomes were 32.4%, 58.5%, and 37.1%, respectively. Prior NACT administration proved to increase the outcomes e.g., PR (47.6% vs. 22.5%) and LBR (73.1% vs. 35.7%); though the findings were not observed on PtR (37.1% vs. 33.3%). Interestingly, we also found that the RR was higher among NACT+ populations (12.1%) compared to its control (5.1%).

Conclusion/Implications Fertility-sparing treatment may substantially affect the obstetric outcomes among women with CC ≥2 cm which can be improved by NACT administration, though our study revealed a possibility of worse oncologic outcomes among NACT-receiving individuals.

PR016/#541

DETECTION OF HUMAN PAPILLOMVIRUS CIRCULATING TUMOR DNA (CTDNA) AS A NOVEL APPROACH TO CERVICAL CANCER SCREENING AND MONITORING

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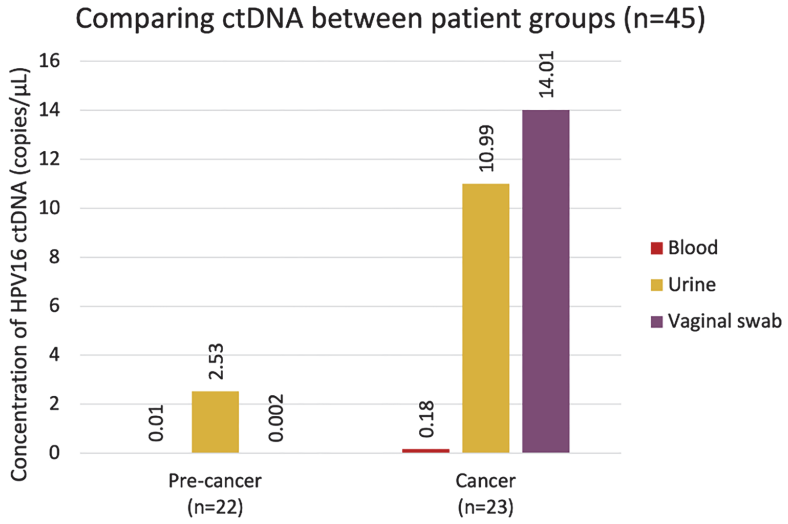
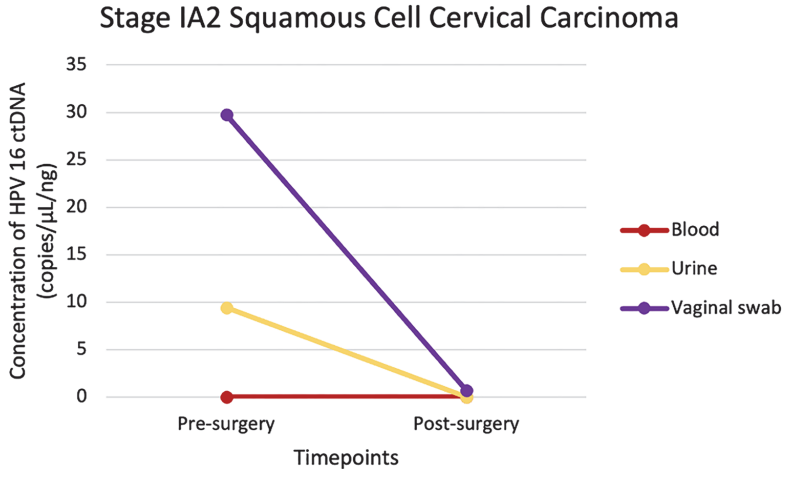
Introduction Cervical cancer is the 4th most common cancer in women worldwide. Majority of cases are caused by human papillomavirus (HPV) infection and early detection is possible with cytology and/or HPV-DNA. However, cytology has a low



Abstract PR016/#541 Figure 1



Abstract PR016/#541 Figure 2

sensitivity, and the HPV-DNA test has a low specificity in distinguishing transient from clinically significant HPV infections. Furthermore, there are limited non-invasive options for surveillance post-treatment. Liquid biopsy is a non-invasive approach aimed at addressing these limitations. This study aimed to demonstrate that HPV circulating tumour (ct)DNA levels in blood, urine, and vaginal swabs correlate with extent of disease.

Methods Using ddPCR, primers were designed to target the viral E7 oncogene sequence from high-risk HPV subtypes (hrHPV 16, 18 and 33). Samples were collected from patients with cervical dysplasia ranging from low to high grade (pre-cancer group, n=22) and patients with a new cervical cancer diagnosis (cancer group, n=23).

Results HPV ctDNA was detected in more cancer patients (13/23, 56.5%) than pre-cancer patients (1/22, 4.5%). Among the ctDNA-positive patients, the concentration was higher in the urine and vaginal swabs compared to blood. Furthermore, samples collected from cancer patients at multiple timepoints (n=7) showed that ctDNA decreased post-treatment.

Conclusion/Implications HPV ctDNA levels correlated to the extent of disease and was detectable in different liquid biopsy samples. Liquid biopsy has the potential to serve as a non-invasive complementary method to existing techniques both in screening and monitoring of cervical pre-cancer and cancer. Future work will explore other hrHPV subtypes and the performance of individual analytes.

PR017/#434 A PHASE II STUDY OF OXALIPLATIN WITH ORAL S-1 FOR PATIENTS WITH RECURRENT NON-SQUAMOUS CELL CARCINOMA OF UTERINE CERVIX (TOHOKU GYNECOLOGIC CANCER UNIT 206 STUDY)

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Introduction Recurrent cervical non-squamous cell carcinoma (non-SCC) is resistant to treatment and has a poor prognosis. The efficacy and safety of S-1/oxaliplatin (SOX) therapy in patients with recurrent non-SCC of uterine cervix were examined in a phase II study.

Methods Fourteen patients were enrolled from January 2013 to December 2022. S-1 was orally administered for 14 days at a dose of 80–120 mg/body/day with oxaliplatin being administered intravenously at a dose of 100 mg/m^2 on day 1. Each treatment cycle was 21 days, and repeated until disease progression or serious adverse events occurred. The antitumor effect, adverse events, progression-free survival (PFS), and overall survival (OS) were investigated.

Results The median age of the patients was 54 (41–73) years. The PS was 0 in 10 and 1 in 4 patients. The median number of prior regimens was 2 (1–5). The histological type was usual type adenocarcinoma in 10 patients, endometrioid carcinoma, clear cell carcinoma, signet-ring cell carcinoma and unclassified in 1. The overall response rate was 35.7%, and the disease control rate was 64.2%. As for hematologic toxicities of grade 3 or more severe, leukopenia, neutropenia, anemia and thrombocytopenia occurred in 21.4%, 35.7%, 42.8 and 35.7%, respectively, as for non-hematologic toxicities, fatigue occurred in 7.1%, of the patients. The median PFS and OS were 5 (1–17) months, 14 (3–23) months respectively.

Conclusion/Implications These results suggest that SOX therapy is useful for the treatment of recurrent non-SCC of uterine cervix, having a promising antitumor effect and minimal adverse effects.

PR018/#841 THE FEASIBILITY OF SENTINEL LYMPH NODE MAPPING USING INTRA-ABDOMINAL INDOCYANINE GREEN INJECTION IN OPEN SURGERY FOR PATIENTS WITH CERVICAL CANCER

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Introduction Recently, open radical hysterectomy in early-stage cervical cancer has been preferred after the LACC trial was published. Also, the role of sentinel lymph node (SLN) mapping is increasing in the surgical treatment of cervical cancer. We evaluated the feasibility of SLN mapping by intra-abdominal indocyanine green (ICG) injection during open surgery for cervical cancer.

Methods This single-center, retrospective study included all patients who underwent intra-abdominal SLN mapping followed by radical surgery (including hysterectomy and trachelectomy) and systematic pelvic lymphadenectomy at Asan Medical Center. The novel intra-abdominal SLN technique was conducted with injection of 2 mL of 0.5 mg/mL ICG into either side between isthmus and cervix after dissection of bladder peritoneum. SLN was detected using the SPY Portable Handheld Imager (Stryker, Kalamazoo, Michigan, US).

Results From June 2020 to April 2023, eighty-five patients, newly diagnosed FIGO 2018 stage IA1 to IIIC1p cervical cancer who underwent open radical hysterectomy or trachelectomy, were included in this study. Of these patients, 78 (91.8%) underwent radical hysterectomy and 7 (8.2%) underwent radical trachelectomy. The SLN detection rate was 98.8% (84/85), with 83.5% (71/85) bilateral detection. All the frozen pathology results were consistent with the final pathology, with 15 (17.6%) patients who had nodal metastasis. Intra-abdominal SLN mapping achieved the sensitivity of 100% and the negative predictive value (NPV) of 100%.

Conclusion/Implications Intra-abdominal SLN mapping with ICG seems to be a feasible and reliable technique in patients with cervical cancer who are planned to undergo open radical surgery.

PR019/#180 CLINICAL CHARACTERISTICS AND TRANSCRIPTOMIC ANALYSIS OF IMMUNE ACTIVE MICROENVIRONMENT IN PULMONARY METASTATIC CERVICAL CANCER

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Introduction Pulmonary metastasis, as the most common hematogenous site in cervical cancer, has limited therapeutic