approach increased from 39.2% to 76.1% (p < 0.001). Recurrence was observed in 36 patients (8%) within the first 2 years following surgery. No recurrences were observed in patients treated with robotic-assisted surgery during the post-LACC period. No difference in 2-year recurrence-free survival was observed between the pre-and post-LACC period (p=0.45).

Conclusion/Implications The LACC trial led to a significant change in the surgical approach to cervical cancer. The decreased use of robotic surgery did not have an impact on the 2-year recurrence-free survival in our population.

A RETROSPECTIVE STUDY OF BEVACIZUMAB COMBINED WITH CHEMORADIOTherapy IN PRIMARY TREATMENT OF STAGE III-IVA CERVICAL CANCER

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Introduction While bevacizumab inhibits tumor angiogenesis, it can temporarily ‘normalize’ tumor blood vessels, improve tumor blood flow and oxygen supply, thereby enhancing the effects of radiotherapy and chemotherapy. Therefore, bevacizumab as neoadjuvant therapy or radiosensitizer on the prognosis of patients with locally advanced cervical cancer (III-IVA stage) deserves further study.

Methods This study retrospectively analyzed and compared the prognosis of patients with locally advanced (III-IVA stage) cervical cancer who were diagnosed and treated in our hospital from 2019 to 2022. The primary endpoint was progression-free survival, and the secondary endpoint was overall survival.

Results There were 57 people in the bevacizumab combined with chemoradiotherapy group, and 152 people in the chemoradiotherapy group during the same period. There was no significant difference in OS between the two groups. At 12 months, 18 months, 24 months, and 36 months, the progression-free survival rate of the bevacizumab combined with chemoradiotherapy group was significantly higher than that of the chemoradiotherapy group, and the comparison between the two groups was statistically significant.

Conclusion/Implications The recurrence rate within 3 years of patients with locally advanced (III-IVA stage) cervical cancer treated with bevacizumab combined with radiochemotherapy was significantly lower than that of patients with radiochemotherapy. The primary treatment with bevacizumab combined with radiochemotherapy can significantly improve the prognosis of locally advanced (III-IVA stage) cervical cancer patients.