

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.

PRO21/#417

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

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10.1136/ijgc-2023-IGCS.63

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 radiochemotherapy group, and 152 people in the radiochemotherapy 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 PFS, the bevacizumab combined with chemoradiotherapy group was significantly higher than that of the radiochemotherapy 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.

PRO22/#469

CLINICAL AND DOSIMETRIC STUDY OF OCCULT UTERINE TANDEM IMPERFECT IMPLANTATION IN HDR-BRACHYTHERAPY FOR CERVICAL CANCER

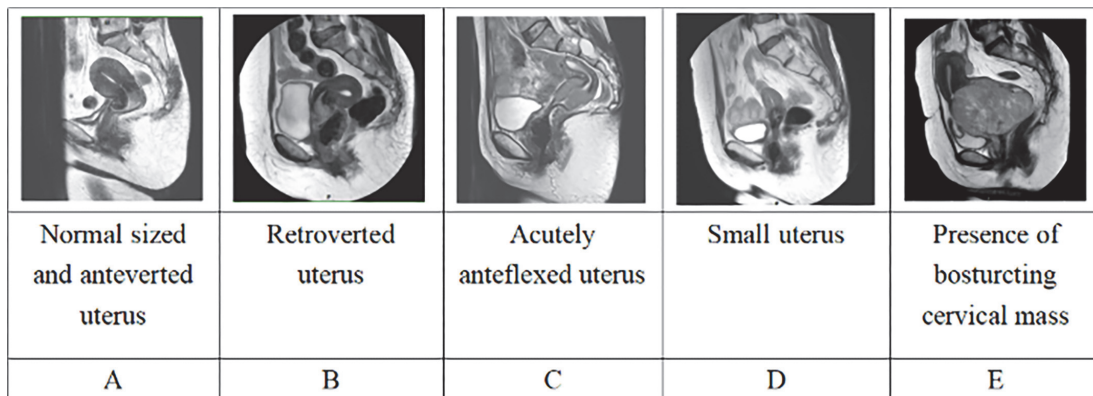
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10.1136/ijgc-2023-IGCS.64

Introduction To analyzed the clinical outcomes and dose changes imperfect uterine tandem implantation in HDR-brachytherapy for cervical cancer.

Methods We reviewed the imperfect intrauterine insertion images during November 2020 and July 2021. The physicist designed 2D and 3D plans on prescription (6Gy) for perfect and imperfect images. Evaluates the clinical outcome and predicts NTCP of perfect and imperfect placement. The CTV_{ref} , V_{ref} , COIN, EQD2 of OARs and NTCP were extracted using corresponding formulas. The differences two plans were compared using paired t-test.

Results 41 of 1742 brachytherapy images showed 24 of 319 patients(7.52%). According to imperfect position of uterine tandem, we divided it into four types: inadequate implantation, anterior, posterior wall and fundus perforation. CTV_{ref} and V_{ref} in PER-3D group is superior to PER-2D. COIN only met the requirements in the PER-3D group (>0.64). EQD2 of OARs and NTCP were the lowest in PER-3D group. In inadequate implantation, IM-group improves EQD2 and NTCP of rectum, sigmoid colon and small intestine($P<0.05$) in 3D; NTCP of bladder is added to IM-group($P<0.05$) in 2D. In anterior wall perforation, IM-group increases EQD2 of OARs and NTCP of rectum and small intestine in 3D, and IM-group increases EQD2 and NTCP of OARs (sigmoid and small intestine) ($P<0.05$) in 2D. In posterior wall perforation, IM-group increased EQD2 and NTCP of rectum and sigmoid in both plans. In fundus perforation, IM-group increased EQD2 of sigmoid.



Abstract PRO22/#469 Figure 1 Diverse anatomical situations during brachytherapy of cervix (sagittal view). A)Normal sized and anteverted, B) retroverted uterus, C)acutely anteverted uterus, D)short uterus, E)presence of obstructing cervical mass