the tumors (66%) were of Luminal B and the mean ki67 was 26%. Adjuvant protocol was chemotherapy for 119 patients, sequential in 80.3% of cases and Docetaxel-Cyclophosphamide (TC) in 13.4% of cases. Twenty-four cases were reviewed by the medical committee, and a therapeutic de-escalation was decided for 12 patients among them, based on TC (6 patients) and hormone therapy for 6 patients. The patients characteristics are resumed in table 1. Concerning toxicity, we observed a higher rate of neutropenia (47.5% vs 11.8% p = 0.04) and febrile neutropenia G3–4 (20.6% vs. 0% p = 0.02) with sequential chemotherapy. With a median follow-up of 51 months, overall survival was 94% at 5 years. The choice of adjuvant treatment didn’t significantly influence overall survival.

**Conclusion/Implications**

De-escalation of adjuvant therapy in patients with intermediate risk localized breast cancer didn’t impair overall survival.

### Abstract EP035/#866

**Table 1 Clinico-pathological characteristic of the patients**

<table>
<thead>
<tr>
<th></th>
<th>Sequential chemotherapy</th>
<th>TC chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>50 years</td>
<td>60 years</td>
</tr>
<tr>
<td>Premenopausal Status</td>
<td>51%</td>
<td>30%</td>
</tr>
<tr>
<td>3 positive axillary nodes</td>
<td>17.6%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Grade III</td>
<td>32%</td>
<td>5.9%</td>
</tr>
<tr>
<td>mean ki67</td>
<td>25%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Beliefs about breast and gynecologic cancer causation: A trip into the Tunisian context**


10.1136/ijgc-2023-IGCS.160

**EP040/#789 Predictive factors of complete histological response in patients managed by chemoradiotherapy followed by radical surgery for locally advanced cervical cancer**

Ines Zemni, Manwa Aloui*, Souha Jazouli, Saida Sakhri, Riadh Chargui, Tarek Ben Dhiab, Salah Azaiez Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia

10.1136/ijgc-2023-IGCS.161

**EP041/#685 Predictive factors of pelvic lymph nodes metastases in locally advanced cervical cancer**

Marwa Aloui*, Ines Zemni, Houda Mansouni, Nedia Boujellbine, Mohamed Ali Ayadi, Tarek Ben Dhiab, Salah Azaiez Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia; Salah Azaiez Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Pathology, Tunis, Tunisia

10.1136/ijgc-2023-IGCS.162

**AS03. Cervical cancer**

**Introduction**

Exclusive chemoradiation represents the standard of treatment for locally advanced cervical cancer (LACC). Chemoradiation (CT/RT) followed by radical surgery (RS) may play a role for patients with a suboptimal response to CT/RT. This study aimed to identify predictive factors for complete histological response after CT/RT followed by RS.

**Methods**

We conducted a retrospective study at the Salah Azaiez Institute of Oncology from January 1, 2010, to December 31, 2020, including 118 patients with locally advanced cervical cancer treated with curative intentions. They underwent CT/RT followed by RS. Histologic assessment was made on the surgical specimen.

**Results**

Among 118 operated after CT/RT; 52 had Radical hysterectomy with pelvic lymph node dissection (RHPND), 1 patient underwent RHPND with paraaortic lymph node dissection, 4 patients underwent Radical hysterectomy, and 2 patients had hysterectomy with pelvic lymph node dissection. 59 patients (50.4%) presented complete responses on histological examination of the specimen. In our study, lymphovascular space involvement p (0.016) was identified as a predictive factor for complete histologic response after CT/RT. In contrast, tumor size p (0.794), parametrial involvement p (0.382), histologic grade p (0.959), FIGO stage p (0.520), type of CP (0.150) and dose of RT p (0.990) were not factors affecting complete histologic response to CT/RT.

**Conclusion/Implications**

Lymphovascular space involvement was identified as a prognostic factor for complete response on the surgical specimen in locally advanced cervical cancer managed by CT/RT followed by surgery.