Q12W thereafter. The primary endpoint is OS; secondary endpoints include PFS assessed by blinded independent central review, objective response, duration of response, safety, time to deterioration, and patient-reported outcomes. Enrolment began in Q3 2024.

**Results** N/A.

**Conclusion** N/A.

## #653

### Recurrent Vaginal Intraepithelial Neoplasia (VAIN 3) In The Setting Of Persistent HPV Infection Following Radical Abdominal Hysterectomy For Invasive Cervical Cancer: Case Report

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**Introduction/Background** Vaginal intraepithelial neoplasia (VAIN) recurrence is a rare but significant complication that can occur even after radical hysterectomy for invasive cervical cancer, particularly in patients with persistent high-risk human papillomavirus (HPV) infections. This case highlights the recurrence of VAIN 3 one year after radical abdominal hysterectomy (type C1) for stage IB1 cervical cancer in a patient with persistent HPV type 16, emphasizing the need for structured surveillance and timely intervention in high-risk cases.

**Methodology** A 65-year-old patient who underwent radical abdominal hysterectomy due to stage IB1 invasive cervical cancer presented with VAIN 3 and confirmed high-risk HPV type 16 infection preoperatively. Postoperative pathology showed clear resection margins. The patient was monitored through regular vaginal cytology and HPV testing as part of her follow-up regimen. On the third postoperative visit, a year later, a vaginal Pap smear and HPV testing confirmed recurrent VAIN 3 and persistent HPV type 16 infection. Histopathology findings from a vaginal biopsy corroborated the recurrence.

**Results** Pathological examination confirmed a VAIN 3 lesion in the proximal vagina, suggesting recurrence due to persistent high-risk HPV type 16 infection. This recurrence aligns with documented cases where high-risk HPV persistence, especially type 16, contributes significantly to VAIN recurrence despite previous radical surgery.

**Conclusion** This case underlines the importance of vigilant post-hysterectomy surveillance for patients with high-risk HPV infections. Regular HPV testing and cytological follow-up are crucial for early detection and management of VAIN recurrence. Given the potential progression to malignancy, particularly in the context of persistent HPV, early intervention strategies—such as laser ablation—may play a critical role in reducing recurrence and preventing progression.

## #671

### Could Surgical Treatment Be Considered For Patients With Locally Advanced Cervical Cancer Who Have Limited Access To Modern Image-Guided Radiotherapy And Brachytherapy(IGRT/IGBT)?

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**Introduction/Background** This study aimed to assess whether adding surgery after radical chemoradiotherapy (CCRT) could enhance outcome for locally advanced cervical cancer (LACC) with limited access to IGBT in the context of a low-middle income country

**Methodology** From july 2017 to october 2023, 65 patients with LACC were evaluated. Median age was 58 years [30— 83]. FIGO 2009 and 2018 stage distribution was as follows: IIA 1-2 (12.3%), II B(35.4%),III A-B (3%), III C 1-2 (35,3%) and IVA (13,8%). VMAT EBRT dose delivered to the pelvis was 45 Gy/25fr with nodal SIB (59.4Gy) in 32 % patients. Concurrent cisplatin was administered to 93% (median 4 cycles [1-5]). Low dose utero-vaginal brachytherapy was delivered (Median BT dose was 15 Gy, Median treatment time of RT (EBRT+BT) was 73 days). Surgrey was proposed to patients with partial response (PR) and complete response (CR) with non optimal BT (dose/delays). Disease-free survival (DFS) and overall survival (OS) related factors were analyzed.

**Results** Median follow up was 33 months [6,32-77,1 months]. At 3 months, imaging response assessment demonstrated CR in 44,6% (29/65),PR in 40% (26/65), and progressive disease in 15,4% (10/65).

Thirty-four patients (52.3%) underwent surgery (18 Piver III surgery and 16 Piver I), among them 19 (55,8%) were in CR. Postoperative grade 3 and 4 complications occurred in 6 out of 18 Piver III surgeries (17,7%), and none in the 16 Piver I surgeries.

The 3-years OS and DFS were 66,1% and 85,1% respectively. Surgery was associated with increased 3-years OS ( 95,8% for patients who underwent surgery vs 63,4% without surgery, $p<0.001$) but not DFS ($p=0.348$).

In the sub group of patients with CR, surgery was also associated with improved OS ($p=0,011$) and DFS ( $p=0,034$) whether it was a Piver I or Piver III surgery.

**Conclusion** Our findings suggest that in LACC patients treated with CCRT, adding limited surgery may improve survival and offer a viable alternative with acceptable postoperative toxicity in settings with limited access to modern IGBT techniques, potentially bridging the gap with the impressive outcomes reported in EMBRACE-1.

**Disclosures** No conflicts of interest to disclose.

## #675

### Analysis Of Tumour Characteristics Associated With Visceral Recurrence In Locally Advanced Cervical Cancer

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**Introduction/Background** Locally advanced cervical cancer (LACC) (FIGO 2018 stages IB3-IVA) accounts for approximately 40% of all cervical cancers. Although conformal radiotherapy techniques have improved local control and reduced toxicity, distant metastases are still responsible for most recurrences (30%). Visceral relapses present a significant clinical challenge with a worse prognosis. This study aims to explore the characteristics of patients with LACC associated with a visceral progression and to identify predictive factors.

**Methodology** Between January 2010 and December 2023, we conducted a monocentric retrospective study of 263 patients treated for LACC at the CHU of Liège. The median follow-up was 45 months. We defined visceral relapses as all distant recurrences with the exception of lymph node involvement.

**Results** Of the 263 patients, 24% experienced a relapse ($n=62$), of which 66% ($n=41$) developed a visceral relapse. The 5-year overall survival (OS) of the global cohort is 70.2%, with a median OS exceeding 120 months. In contrast, the 5-year OS is 19.44%, with a mOS of 33 months for patients with visceral relapse. Among these later cases, 80.95% have a squamous cell histology subtype, 77.7% exhibit vaginal and 88.10% parametrial involvement, compared to 87.2%, 56.3% and 74.4% in the no visceral relapse group, respectively. Tumour size influences the risk of visceral relapse (t-student analysis ; $p=0.0362$), while the FIGO stages does not ($p=0.3332$). Moreover, Chi-square analysis revealed a statistically significant association between visceral relapse and vaginal extension ($\chi^2 = 7.820$; $p=0.0499$). Indeed, patients with vaginal extension are approximately 2.5 times more likely to experience a visceral relapse (Reciprocal Odds Ratio OR: 2.498; 95% CI: 1.206—5.079; $p=0.0165$).