into two groups-adjuvant pelvic radiation (116 patients) and no adjuvant treatment (114 patients). The propensity scores were employed to balance the 2 study groups with respect to distribution of confounding factors. The primary outcomes were disease-free survival (DFS) and overall survival (OS). The secondary outcomes included treatment complications and quality of life.

Results: The DFS were comparable between the groups with the adjusted hazard ratio (aHR) 0.46 (95% confidence interval [CI]=0.18–1.16; $p=0.1$) for adjuvant radiation. Similarly, the OS were not significantly different with the aHR 1.75 (95% CI=0.63–4.90; $p=0.3$) for adjuvant radiation. Serious side effects were reported in 4 patients, 3 in the adjuvant radiation group (2 lymphedema and 1 enterovesical fistula) and 1 in the no adjuvant treatment group (lymphedema). Quality of life scores were not significantly different.

Conclusion: The survival benefit of adjuvant pelvic radiation for intermediate-risk early-stage cervical cancer could not be demonstrated in this study.

Oral (OC5)
Cervical Cancer

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Therapeutic role of conization before radical hysterectomy in patients with early cervical cancer

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Objective: The aim of this study is to investigate the role of conization prior to radical hysterectomy in patients with early cervical cancer.

Methods: Patients who had radical hysterectomy for early cervical cancer at Samsung medical center from 2001 to 2020 were eligible. Patients were divided into 2 groups; patients with pre-operative conization or patients who had biopsy.

Results: A total of 1,826 patients were included; 294 patients with pre-operative conization (16.1%, group 1), and 1,532 patients without conization (83.9%, group 2). 255 patients in group 1 showed resection margin positives after conizations. Patients in group 1 were younger (46 years vs. 48 years, $p<0.001$). Non-squamous histology (29.9% vs. 22.8%, $p=0.014$) and bulky cervical mass (>4 cm, 16.9% vs. 4.1%, $p<0.001$) were more frequent in group 2. Laparotomy was more popular in group 2 (70.5% vs. 51.4%, $p<0.001$), the proportion of type of radical hysterectomy was similar (type 3, 98.2% vs. 97.6%,

$p=0.472$). On final pathology after radical hysterectomy, larger tumor size, depth of invasion more than 1/2, lymphovascular space invasion positive, pelvis lymph node (LN) positive, para-aortic LN positive, microscopic parametrial invasion were more frequently observed in group 2. When adjusting these factors in Cox model, patients with pre-operative conization showed survival benefit in progression free survival (hazard ratio [HR]=0.709; 95% confidence interval [CI]=0.480–1.045; $p=0.082$) and in overall survival (OS; HR=0.449; 95% CI=0.276–0.278; $p<0.001$).

Conclusion: Our data suggest the therapeutic role of conization before radical hysterectomy in early cervical cancer which showed better OS.

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Definitive radiotherapy for cervical adenocarcinoma: outcomes and immune-related factors

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Objective: Data on prognosis and immune-related factors specific for cervical adenocarcinoma (CA) treated with definitive radiotherapy (RT) were insufficient. To evaluate these, we conducted a multi-institutional retrospective analysis.

Methods: Patients with CA treated with definitive RT comprising external beam RT and intracavitary brachytherapy were included. Pretreatment biopsy samples were stained with programmed death-ligand 1 (PD-L1) and CD8 antibodies. Associations of these molecules with clinical outcomes were evaluated.

Results: A total of 71 patients were included in this study. Median follow-up period was 37 months (range, 5–194).