into two groups-adjvant 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

<https://doi.org/10.3802/jgo.2021.32.S1.OC5>

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.

Oral (OC6)
Cervical Cancer

<https://doi.org/10.3802/jgo.2021.32.S1.OC6>

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).

Platinum-based chemotherapy was concurrently administered for 44 (62%) patients. 3/5-year overall survival (OS) rate and progression-free survival (PFS) rate were 64/50% and 40/37%, respectively. Membranous expression of PD-L1 was positive in 8.5% of patients, and not associated with prognosis. The presence of tumor-infiltrating T cell positive for CD8 (CD8+TILs) in the tumor nest was positive in 83% of patients, and associated with favorable OS ($p=0.037$) but not with PFS ($p=0.52$). A Cox regression analysis showed that the presence of CD8+TILs was an independent predictor of favorable OS (hazard ratio=0.19; 95% confidence interval=0.065–0.57) as well as lower International Federation of Gynecology and Obstetrics stage (2008, I–II vs. III–IVA), maximum tumor diameter smaller than 40 mm, and use of concurrent chemotherapy.

Conclusion: We reported clinical outcomes of CA after definitive RT and expression of immune-related molecules using biopsy sample. Our findings suggested that CD8+TILs in the tumor nest was a potential predictor of favorable prognosis, although prognostic impact of membranous PD-L1 expression was unclear.

Oral (OC7)

Preinvasive Disease of Cervix, Vulva, and Vagina
<https://doi.org/10.3802/jgo.2021.32.S1.OC7>

Prognostic outcomes and risk factors for recurrence after laser vaporization for cervical intraepithelial neoplasia: a single-center retrospective study

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Objective: Cervical intraepithelial neoplasia (CIN) is a precancerous lesion that may progress to invasive cervical cancer without intervention. We aim to examine the prognostic outcomes and risk factors for recurrence after laser vaporization for CIN 3, CIN 2 with high-risk human papillomavirus (HPV) infection, and CIN 1 persisting for more than 2 years.

Methods: Between 2008 and 2016, a total of 1,070 patients underwent cervical laser vaporization using a carbon dioxide laser. We performed a retrospective review of their medical records to assess their clinical characteristics, pathologic factors, and prognostic outcomes.

Results: The mean patient age was 34 years (range, 18–64 years). The preoperative diagnosis was CIN 1 in 27 patients, CIN 2 in 485 patients, and CIN 3 in 558 patients. Over a median

follow-up period of 15 months, the 2-year recurrence rate was 18.9%, and the 5-year recurrence rate was 46.5%. The 2-year retreatment rate was 12.6%, and the 5-year retreatment rate was 30.5%. We diagnosed 9 patients with invasive cancer after treatment; all patients underwent combined multidisciplinary treatment, and there were no deaths during follow-up. The recurrence-free interval was correlated with patient age (hazard ratio [HR]=1.028; 95% confidence interval [CI]=1.005–1.051; $p=0.0167$), body mass index (HR=1.052; 95% CI=1.008–1.098; $p=0.0191$), and glandular involvement (HR=1.962; 95% CI=1.353–2.846; $p=0.0004$).

Conclusion: Cervical laser vaporization is effective and useful for patients with CIN who wish to preserve fertility. However, patients with glandular involvement, older age, and higher body weight require close follow-up for recurrence.

Uterine corpus cancer

Oral (OM1)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer
<https://doi.org/10.3802/jgo.2021.32.S1.OM1>

The real-world experience of pembrolizumab and lenvatinib in recurrent endometrial cancer: a multicenter study in South Korea

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Objective: To investigate real-world experience of pembrolizumab and lenvatinib (PEMBRO+LEN) in patients with recurrent endometrial cancer in South Korea.

Methods: This retrospective cohort study included patients with recurrent endometrial cancer who received PEMBRO+LEN from January 2020 to May 2021 in three tertiary hospitals in South Korea. We summarized patient characteristics and evaluated response rates, survival outcomes, and treatment-related adverse events (AEs).

Results: In total, 48 patients were included in the study. The median age was 62.5 (42–78) years. The most common histologic subtype was endometrioid (43.8%) followed by serous (25.0%). Most patients were MMR proficient (91.7%). Programmed death-ligand 1 and P53 status were positive