

Conclusion Black women had a 3.5-fold higher incidence of uterine carcinosarcoma as compared to Whites. The rate of carcinosarcoma diagnosis is increasing for higher-risk populations, such as Black and older women.

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NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SURGERY FOR ADVANCED-STAGE ENDOMETRIAL CANCER

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Introduction Endometrial cancer (ECa) usually presents as early stage disease when primary surgery is the recommended management. Patients with advanced disease pose a more challenging problem if disease is locally advanced, when primary surgery may be difficult and potentially morbid. Limited data exists regarding neoadjuvant chemotherapy (NACT) and surgery in this setting. We present our initial experiences with NACT and surgery in patients with endometrial cancer >stage 2. **Methodology** Data were collected retrospectively from patients with ECa treated between January 2015-June 2020. Outcome measures include response; survival; and treatment-related morbidity.

Results We identified 12 patients aged 39–70 yrs. Data is complete for 11 as one patient had surgery overseas. Histological type was: endometrioid (75%), serous (25%). 50% were stage IV; 42%stage III; 8% stage II.

All patients received combination Carboplatin/Paclitaxel chemotherapy. One patient received radiotherapy in addition prior to surgery. 67% had 3 cycles of chemotherapy; 17% had 4 cycles. One patient is recently diagnosed and still receiving treatment.

90% had optimal debulking surgery, 10% sub-optimal debulking and one patient has unknown operative findings.

Data regarding survival is available for 11 patients. Two have died. Nine are alive without recurrence with survival ranging 2–40 mth. Overall median survival is 18 mth.

70% had no complications post-treatment; 20% had wound infection; 10% had neuropathy.

Conclusions NACT and surgery can deliver high rates of optimal debulking in patients presenting with advanced stage ECa. There were acceptable levels of treatment-related morbidity. It is too early to assess the survival of patients with this strategy although our initial experience shows promising results.

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OUTCOMES OF MINIMALLY INVASIVE STAGING FOR CLINICAL STAGE I OVARIAN CLEAR CELL CARCINOMA

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Objectives Compare outcomes of open and minimally invasive staging (MIS) for patients with early stage ovarian clear cell carcinoma (OCCC).

Methods Patients with clinical stage I OCCC, no history of another tumor and known mode of surgery, diagnosed between 2012–2015 were drawn from the National Cancer Database. Impact of MIS on overall survival (OS) of patients who at least one month of follow-up was assessed with the log-rank test. A Cox model was constructed to control for confounders.

Results A total of 1402 patients were identified; 438 (31.2%) had MIS. Conversion rate was 11.6%. Laparotomy and MIS groups were comparable in terms of age, race, insurance, comorbidities, chemotherapy administration, rate of capsule rupture and final pathologic stage distribution. Patients who had MIS had shorter hospital stay (median 2 vs 4 days, $p<0.001$), smaller tumors (median 8.5 vs 12.5 cm, $p<0.001$) and were less likely to undergo lymphadenectomy (75.4% vs 82.5%, $p=0.002$), but had comparable number of lymph nodes removed (median 12 vs 14, $p=0.06$). Unplanned re-admission rates were comparable between MIS and open (2.1% vs 3.2%, $p=0.23$). There was no difference in OS between patients who had MIS ($n=374$) and open surgery ($n=858$), $p=0.64$; 3-year OS rates were 87.1% and 88.7% respectively. After controlling for confounders, MIS was not associated with worse survival (HR: 0.92, 95% CI: 0.65, 1.30).

Conclusions For patients with apparent early stage OCCC, open and MIS staging have similar oncologic outcomes.

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HRT IS NOT DETRIMENTAL TO SURVIVAL IN WOMEN DIAGNOSED WITH STAGE 1B–2B (FIGO 2009) ADENOCARCINOMAS OF THE CERVIX AGED LESS THAN 50

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Introduction Studies purporting the safety of HRT in cervical cancer have predominantly included patients with squamous disease. Pathological studies have identified increasing estrogen receptor positivity in cervical adenocarcinomas. A recent small case-control study suggested a trend towards reduced survival following HRT use in adenocarcinomas. The objective of this study was to assess if HRT use in patients treated for cervical adenocarcinomas was detrimental to survival.

Methods A retrospective review of all women aged ≤ 50 , with stage 1B–2B cervical adenocarcinoma diagnosed between 1/11/00–24/9/19. Women were categorized as: ovaries conserved (OVCON); or iatrogenic menopause with (IM-HRT) or without (IM-NOHRT) HRT. HRT use was defined on an intention to treat basis. Statistical analysis was performed using Kaplan-Meier and Cox proportional hazards methods.

Results 58 women with mean age 38.6 ± 6.5 yrs were included in the study. 25(43.1%) had OVCON, 12(20.7%) had IM-NOHRT and 21(36.2%) had IM-HRT. No menopause-associated deaths occurred. 5-year disease specific survival was 95% in OVCON, 95% in IM-HRT and 64% in IM-NOHRT ($p = 0.041$ and 0.016 between IM-NOHRT and IM-HRT and OVCON respectively). On multivariate analysis, adjusting for stage, grade, treatment approach and nodal status neither differences remained significant. 5-year progression free survival