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43 SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC): P53 SIGNATURE IN WOMEN WITHOUT HIGH RISK OF OVARIAN CANCER

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Objectives To evaluate the presence of tubal serous intraepithelial neoplasia and p53 expression in women submitted to bilateral salpingectomy due to benign disease.

Methods Histological and immunohistochemical study of the distal portion of the uterine tubes of women submitted to bilateral salpingectomy due to benign diseases.

Results We studied uterine tubes of 82 patients submitted to benign gynecological surgery and who agreed to perform prophylactic salpingectomy. Tubas were studied histologically with hematoxylin/eosin staining and by p53 immunohistochemistry. None of studied tuba presented a histological alteration suggestive of tubal serous intraepithelial neoplasia. Of these 82 cases studied 33 (40.24%) presented positivity (strong and diffuse) for p53.

Conclusions Although p53 positivity was high in the present study (40.24%), no tubal serous intraepithelial neoplasia was diagnosed (p53 signature). New data are needed to evaluate the effectiveness of p53 research in the STIC.

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44 CLINICAL ALERT UPON CERVICAL CANCER SITUATION IN THE METROPOLITAN AREA OF BUENOS AIRES: ONE OUT OF TWO WOMEN DIES WHEN DIAGNOSED UNDER 35 YEARS OLD

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Objectives To analyze our data collected at the referral Cancer Hospital of Buenos Aires City in order to describe demographic and clinical patterns.

Methods Frequency, survival and demography retrospective assessment (2007–2011) of those patients admitted with a diagnosis of invasive cervical cancer. It was understood by the Metropolitan Area of Buenos Aires, the Buenos Aires City together with the 24 districts that surround it. Age, type and histological grade and clinical stage were considered in the analysis analysis. Survival rates (5-year disease-free and cause-specific) was performed using Kaplan-Meier method and Log-Rank test methods. To investigate the independent effect on the survival, function Cox regression was performed.

Results 748 were assessed. 84% resided in the Metropolitan Area of Buenos Aires; 77% were admitted at an advanced stage. Regarding tumor size, 53.6% had tumors >4 cm diameter and 24.2% >6 cm. The lowest rates of disease-free survival and cause-specific survival were observed for tumor sizes >6 cm and the age subgroup <35. Both tumor size and age retained their prognostic value after multivariate analysis adjustment. When focusing in patients under 35 years old, 48% (n=70) died within 5 years following diagnosis with 5-years survival <50%.

Conclusions It is generally accepted that cervical cancer frequency among young women is low, being the most exposed those over 35 years old. Nevertheless, as gynecologic oncologists, we daily accompany young patients to their death. These figures raise a public health alert on young women in the Metropolitan Area of Buenos Aires, which concentrates almost one third of the country population.

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45 BORDERLINE OVARIAN TUMORS – 10 YEARS SINGLE CENTER EXPERIENCE

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Objectives To evaluate the prevalence, subtypes and features of borderline ovarian tumors accordingly to the 2014 World Health Classification in the Oncology Institute of the State of São Paulo - São Paulo Faculty of Medicine.

Methods A retrospective analysis of patients diagnosed with borderline ovarian tumors (BOTs) included in the database of the institute. From January 2006 to June 2017 a total of 209 patients were included in the database. All diagnosis were reviewed and confirmed by the pathology department. All patients were submitted to preoperative workup and multidisciplinary evaluation. Patients submitted to surgery elsewhere were evaluated and submitted to complimentary surgery if needed. Accordingly to their age and pregnancy desire, they were submitted to a radical or fertility sparing approach if feasible. Stage at presentation, borderline subtype, size of tumors, tumor markers, route of surgery, complete or fertility sparing approach were analyzed.

Results From 2006 to 2017, 209 patients presented with Borderline ovarian tumors. Stage I represented 94% of all cases, Stage II and III appeared with 5% and 11% respectively. Subtypes were serous in 55%, 37% mucinous and 6% seromucinous. Micropapillary variant was found in 13% of cases. Fertility sparing approach was performed in 12% of all patients. Mean follow up was 111weeks.

Conclusions Borderline ovarian tumors represent an isolated entity among ovarian tumors. The majority of patients present at early stage thus permitting a minimally invasive approach. Behavior and recurrence depends on the characteristics of each tumor and should be considered when planning a conservative or radical approach.