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249 MINIMALLY INVASIVE SURGERY IMPROVES OVERALL SURVIVAL FOR ENDOMETRIAL CANCER

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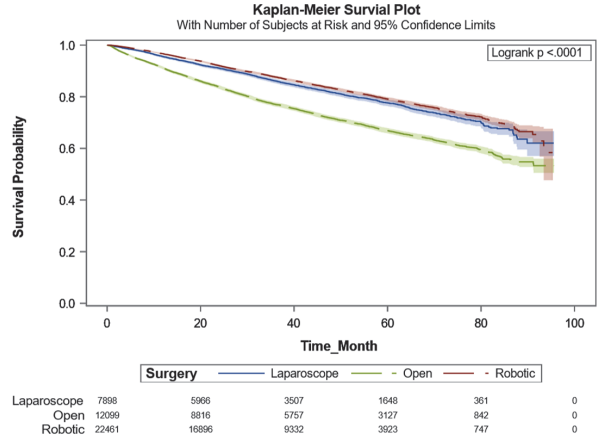
Objective To analyze the impact of surgical approach in survival of patients with endometrial cancer.

Methods Using the National Cancer Data Base, patients who underwent hysterectomy upon diagnosed of endometrial cancer from 2010 to 2015 were identified. Data collected were demographic, tumor characteristics, perioperative outcomes, adjuvant treatment, and survival. Univariable and multivariable Cox proportional hazard model was used to identify factors associate with survival. Survival (OS) was analyzed with the Kaplan-Meier curve and compared by the log-rank test.

Results 109,143 patients met inclusion criteria. Open surgery was performed in 30853 (28.3%), laparoscopy in 20344 (18.6%), and robotic in 57946 (53.1%). Laparoscopy improved survival 10% (HR=0.9; 95%CI 0.8–1.0; p=0.0009), and robotic improved survival 20% (HR 0.8; 95%CI 0.8–0.9; p≤0.0001) in hazard of death compared with open for the entire cohort. The 30-day and 90-day mortality rate favored laparoscopy and robotic approach. For patients younger than 65 years old, the 5-year survival was 86.9% (95%CI 0.863–0.875), 92.3% (95%CI 0.916–0.929), and 93.3% (95%CI 0.929–0.936) for open, laparoscopy and robotic approach, respectively (p<0.0001). For elderly population, 5-year survival was 66.9% (95%CI 0.658–0.679), 77.6% (95%CI 0.764–0.788), and 79.1% (95%CI 0.783–0.798) for open, laparoscopy and robotic, respectively (p<0.0001). The 5-year survival was higher in young patients when compared with the elderly (p<0.0001). Factors associated with survival were age, performance status, race, tumor characteristics, and adjuvant therapy. For elderly patients, laparoscopy, and robotic improved survival in hazard 10%, (p <0.0001) when compared with open surgery.



Abstract 249 Figure 1

Conclusion Minimally invasive surgery improved survival in patients with endometrial cancer.

IGCS20_1260

250 DIFFERING RISK OF OVARIAN CLEAR CELL CARCINOMA IN ASIAN SUBPOPULATIONS

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Introduction To determine the incidence of clear cell ovarian carcinoma in Asians vs. Whites and within Asian subpopulations.

Methods Data from 2004 to 2016 were obtained from the United States Cancer Statistics (USCS) and National Cancer Database (NCDB). Chi squared tests were used for statistical analyses.

Results Based on USCS, the overall age-adjusted incidence of epithelial ovarian cancer was 11.0 (per 100,000 women) compared to 0.56 with clear cell histology. Asians had a higher incidence of clear cell cancer compared to Whites (0.97 vs. 0.58). Of 200,790 women with epithelial ovarian cancer from the NCDB database, the mean age was 57. Asians presented at a younger age compared to Whites (53 vs. 58 years). Of all epithelial cancers, the proportion of clear cell cancer in Whites and Blacks was only 5.2% and 3.2% respectively. However, in the Asian subgroups, the proportion of clear cell histology were significantly higher: 16.6% in Vietnamese, 14.2% Chinese, 13.8% Japanese, 12.9% Filipino, 10.2% Korean, 7.5% Indian/Pakistani, 8.3% Pacific Islander. Geographically, the Northeast region of the U.S. contained the highest proportion of Indian/Pakistanis diagnosed with clear cell. All other Asian sub-populations were more likely to be diagnosed in the Western region.

Conclusions Our data suggested that Asians have a higher incidence of clear cell ovarian carcinoma compared to other races. Moreover, Vietnamese, Chinese, and Japanese demonstrate a higher proportion of clear cell cancer compared to other Asian sub-populations.

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251 PREGNANCY MANAGEMENT DURING THYROID CANCER IN POST CHERNOBYL AREA

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Introduction In Belarus, Thyroid cancer (TC) is the 4th most common cancer site among female population with incidence 15,7 per 100 000 (all ages) and the 2nd among women of reproductive age (15–49 years).

Objectives The study aimed to evaluate the potential of pregnancy prolongation during TC.

Methods This prospective case-control study was performed from January 2011 to December 2017. The study included 3 groups. Group A - pregnant women with TC, Group B -